

Flat Fee (FF) Section

BOX_00A

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, PROV.PROVNAME, |  
| EVPV.EVNTTYPE, EVPV.EVNTBEGM, EVPV.EVNTBEGD, |  
| EVPV.EVNTBEGY, EVPV.EVNTENDM, EVPV.EVNTENDD, |  
| EVPV.EVNTENDY, FFEE.FFEENAME |  
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| IF OMTYPE = 4-11, 91 USE "JAN 01" FOR START DATE. |  
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BOX_01

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| IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE- |  
| GROUPS-ROSTER, GO TO FF02 |  
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| OTHERWISE, CONTINUE WITH FF01 |  
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FF01
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}

Let me review the groups of health care events I have recorded for (PERSON). Please tell me if any of these groups include the charge that covered {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)}.

REVIEW FLAT FEE GROUPS WITH RESPONDENT.
SELECT FLAT FEE GROUP COVERED BY SAME CHARGE AS EVENT BEING
ASKED ABOUT.

- [1. Flat Fee Group]
- [2. Flat Fee Group]
- [3. Flat Fee Group]

[Code One]

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-----  
| DISPLAY `(PERSON)'s stay at (HOSPITAL) that began |  
| on (ADMIT DATE)' IF EVENT TYPE IS HS. |  
| |  
| DISPLAY `(PERSON)'s visit to (PROVIDER) on (VISIT |  
| DATE)' IF EVENT TYPE IS ER, OP, MV, OR DN. |  
| |  
| DISPLAY `the {OME ITEM GROUP NAME} used by |  
| (PERSON) since (START DATE)' IF EVENT TYPE IS OM. |  
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| FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF |
| THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED |
| ABOUT FOR THIS EVENT: |
|
| DISPLAY 'glasses or contact lenses' IF EVENT |
| TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
| OR CONTACT LENSES). |
|
| DISPLAY 'ambulance services' IF THE OM ITEM |
| GROUP IS '4' (AMBULANCE SERVICES). |
|
| DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
| IS '5' (ORTHOPEdic ITEMS). |
|
| DISPLAY 'hearing devices' IF THE OM ITEM GROUP |
| IS '6' (HEARING DEVICES). |
|
| DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' |
| (PROSTHESES). |
|
| DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
| '8' (BATHROOM AIDS). |
|
| DISPLAY 'medical equipment' IF THE OM ITEM GROUP |
| IS '9' (MEDICAL EQUIPMENT). |
|
| DISPLAY 'disposable supplies' IF THE OM ITEM |
| GROUP IS '10' (DISPOSABLE SUPPLIES). |
|
| DISPLAY 'alterations or modifications' IF THE OM |
| ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|
| DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |
| GROUP IS '91' (OTHER). |
|
| FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE |
| TEXT CATEGORY ENTERED IN THE OTHER SPECIFY |
| FIELD FOR OM EVENTS. |
|
| FOR '{START DATE}', DISPLAYED IN THE CONTEXT |
| HEADER, DISPLAY THE START DATE OF THE CURRENT |
| ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE |
| (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM |
| EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2). |
|
| DISPLAY 'services received at home from (PROVIDER) |
during (MONTH) for (PERSON)' IF EVENT TYPE IS HH.

| SINCE THIS ROSTER WILL INCLUDE ALL FLAT FEE |
| GROUPS, CURRENT ROUND SINGLE EVENTS CAN BE ADDED |
| TO ANY FLAT FEE GROUP CREATED DURING THE CURRENT |
ROUND OR A PREVIOUS ROUND.

DISPLAY AN 'ADD GROUP' OPTION ON THIS SCREEN.

IF A FLAT FEE GROUP IS SELECTED, GO TO BOX_02

IF 'ADD GROUP' IS SELECTED, CONTINUE WITH FF02

| ROSTER DETAILS: |
| TITLE: PERS_FFEE_GROUPS_1 |
| |
| COL # 1 HEADER: FLAT FEE GROUP |
| INSTRUCTIONS: DISPLAY FLAT FEE GROUP NAME |
(FFEE.FFEENAME)

| ROSTER DEFINITION: |
| DISPLAY THE PERSON'S-FLAT-FEE-GROUPS-ROSTER FOR |
SELECTION.

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. ADD ALLOWED. |
| |
| 3. MULTIPLE SELECT, MULTIPLE ADD, DELETE, AND EDIT |
DISALLOWED.

| ROSTER FILTER: |
NO FILTER; DISPLAY ALL.

FF02
 =====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
 PROVIDER.} {EV} {EVN-DT}

Let me review the list of health care events I have recorded
 for (PERSON). Please tell me which of these were included in
 the same charge that covered {(PERSON)'s stay at (HOSPITAL)
 that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on
 (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since
 (START DATE)/services received at home from (PROVIDER) during
 (MONTH) for (PERSON)}.

REVIEW EVENTS WITH RESPONDENT.
 SELECT EVENTS COVERED BY SAME CHARGE AS EVENT BEING ASKED
 ABOUT.

ROSTER. PROVIDER	FF02_02. EVENT TYPE	FF02_03. ADMIT DATE	FF02_04 DISCH DATE
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]
[Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Month Day Year-4]

```

-----
| DISPLAY `(PERSON)'s stay at (HOSPITAL) that began |
| on (ADMIT DATE)' IF EVENT TYPE IS HS. |
|
| DISPLAY `(PERSON)'s visit to (PROVIDER) on (VISIT |
| DATE)' IF EVENT TYPE IS ER, OP, MV, OR DN. |
|
| DISPLAY `the {OME ITEM GROUP NAME} used by |
| (PERSON) since (START DATE)' IF EVENT TYPE IS OM. |
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-----  
| FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF |  
| THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED |  
| ABOUT FOR THIS EVENT: |  
| |  
| DISPLAY 'glasses or contact lenses' IF EVENT |  
| TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |  
| OR CONTACT LENSES). |  
| |  
| DISPLAY 'ambulance services' IF THE OM ITEM |  
| GROUP IS '4' (AMBULANCE SERVICES). |  
| |  
| DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |  
| IS '5' (ORTHOPEdic ITEMS). |  
| |  
| DISPLAY 'hearing devices' IF THE OM ITEM GROUP |  
| IS '6' (HEARING DEVICES). |  
| |  
| DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' |  
| (PROSTHESES). |  
| |  
| DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |  
| '8' (BATHROOM AIDS). |  
| |  
| DISPLAY 'medical equipment' IF THE OM ITEM GROUP |  
| IS '9' (MEDICAL EQUIPMENT). |  
| |  
| DISPLAY 'disposable supplies' IF THE OM ITEM |  
| GROUP IS '10' (DISPOSABLE SUPPLIES). |  
| |  
| DISPLAY 'alterations or modifications' IF THE OM |  
| ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |  
| |  
| DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |  
| GROUP IS '91' (OTHER). |  
| |  
| FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE |  
| TEXT CATEGORY ENTERED IN THE OTHER SPECIFY |  
| FIELD FOR OM EVENTS. |  
| |  
| FOR '{START DATE}', DISPLAYED IN THE CONTEXT |  
| HEADER, DISPLAY THE START DATE OF THE CURRENT |  
| ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE |  
| (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01' FOR OM |  
| EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2). |  
| |  
| DISPLAY 'services received at home from (PROVIDER) |  
| during (MONTH) for (PERSON)' IF EVENT TYPE IS HH. |  
| |  
|-----
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| ROSTER DETAILS: |
| TITLE: PERS_MED_EVNT_1 |
| |
| COL # 1 HEADER: PROVIDER |
| INSTRUCTIONS: DISPLAY THE NAME OF PROVIDER |
| ASSOCIATED WITH THIS EVENT (EVNT.LORPNAME) |
| |
| COL # 2 HEADER: EVENT TYPE |
| INSTRUCTIONS: DISPLAY THE TWO-LETTER EVENT |
| ABBREVIATION (EVNT.EVNTTYPE) |
| |
| COL # 3 HEADER: ADMIT DATE |
| INSTRUCTIONS: DISPLAY THE MONTH, DAY, AND YEAR OF |
| MEDICAL EVENTS (EVNT.EVNTBEGM, EVNT.EVNTBEGD, |
| EVNT.EVNTBEGY) |
| |
| COL # 4 HEADER: DISCHARGE DATE |
| INSTRUCTIONS: DISPLAY THE DISCHARGE DATE FOR |
| HOSPITAL STAY EVENTS (EVNT.EVNTENDM, |
| EVNT.EVNTENDD, EVNT.EVNTENDY) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON'S- |
| MEDICAL-EVENTS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

-
- | ROSTER FILTER: |
- | 1. EVENT HAS CP STATUS OF 'PROCESSED' OR |
| 'UNPROCESSED' (DISPLAY EVENT REGARDLESS OF CP |
| STATUS). |
 - | 2. EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE |
| GROUP OR A REPEAT VISIT GROUP. |
 - | 3. EVENT IS NOT ALREADY CODED (VERIFIED) AS A |
| COPAYMENT. |
 - | 4. EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), |
| OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR |
| EQUIPMENT). |
 - | 5. EVENT IS NOT AN HS EVENT WITH A DISCHARGE DATE |
| CODED '95' (STILL IN HOSPITAL). |
 - | 6. EVENT IS NOT AN MV OR OP EVENT THAT WAS A |
| TELEPHONE CALL (OP02 OR MV01 CODED '2'). |
 - | 7. EVENT IS NOT A HH EVENT WITH EVENT DATE = |
| INTERVIEW MONTH. |
 - | 8. DISPLAY 'EVENT OUTSIDE REFERENCE PERIOD' AS THE |
| LAST ENTRY IN THE 'PROVIDER' COLUMN. |
-

FF03
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.} {EV} {EVN-DT}

INTERVIEWER: RECORD 'NAME OF FLAT FEE GROUP' FOR EVENTS
SELECTED IN PREVIOUS QUESTION:

[Enter Flat Fee Group]

| WRITE FLAT FEE GROUP TO PERSON'S-FLAT-FEE-GROUPS- |
| ROSTER. |

| IF ROUND 1, CONTINUE WITH FF04 |

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| IF ROUND 5, GO TO FF09 |  
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-----  
| OTHERWISE, GO TO BOX_02 |  
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FF04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Did the charge which included the services for (FLAT FEE
GROUP) cover any visits before (START DATE)?

YES 1 {FF05}
NO 2 {FF06}
REF -7 {FF06}
DK -8 {FF06}

FF05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

How many visits did (PERSON) have before (START DATE)?

[Enter Number] {FF06}
REF -7 {FF06}
DK -8 {FF06}

FF06
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Did the charge that included the services for (FLAT FEE GROUP)
cover any surgical procedures before (START DATE)?

- YES 1 {FF07}
- NO 2 {BOX_02}
- REF -7 {BOX_02}
- DK -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

FF07
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY
PART OF THE FLAT FEE GROUP?

- YES 1 {BOX_02}
- NO 2
- REF -7
- DK -8

FF08
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Was this the kind of surgery for which (PERSON) had to stay in
the hospital at least one night or (were/was) (PERSON) allowed
to go home the same day of the surgery?

- AT LEAST ONE NIGHT 1 {BOX_02}
- SAME DAY 2 {BOX_02}
- REF -7 {BOX_02}
- DK -8 {BOX_02}

[Code One]

FF09
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Will the charge which includes the services for (FLAT FEE GROUP) cover any visits after December 31, {YEAR}?

YES 1 {FF10}
NO 2 {FF11}
REF -7 {FF11}
DK -8 {FF11}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR', DISPLAY THE SECOND |
YEAR OF THE PANEL.

FF10
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Approximately, how many visits will (PERSON) have after December 31, {YEAR}?

[Enter Number] {FF11}
REF -7 {FF11}
DK -8 {FF11}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR', DISPLAY THE SECOND |
YEAR OF THE PANEL.

FF11
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Will the charge that includes the services for (FLAT FEE GROUP)
cover any surgical procedures after December 31, {YEAR}?

- YES 1 {FF12}
- NO 2 {BOX_02}
- REF -7 {BOX_02}
- DK -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR', DISPLAY THE SECOND |
YEAR OF THE PANEL.

FF12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

INTERVIEWER: IS THE VISIT THAT INCLUDES SURGERY ALREADY
PART OF THE FLAT FEE GROUP?

- YES 1 {BOX_02}
- NO 2 {FF13}
- REF -7 {FF13}
- DK -8 {FF13}

FF13
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Will this be the kind of surgery for which (PERSON) has to stay
in the hospital at least one night or will (PERSON) be allowed
to go home the same day of the surgery?

AT LEAST ONE NIGHT 1 {BOX_02}
SAME DAY 2 {BOX_02}
REF -7 {BOX_02}
DK -8 {BOX_02}

[Code One]

BOX_02
=====

| RETURN TO THE EVENT DRIVER FOR THIS EVENT-PROVIDER|
| PAIR. IF EVENT-PROVIDER PAIR BEING ASKED ABOUT WAS|
| PART OF AN EXISTING FLAT FEE GROUP (A NAME WAS |
| SELECTED AT FF01), FLAG THE CP STATUS OF THE |
| EVENT-PROVIDER PAIR AS 'PROCESSED'. IF A NEW FLAT |
| FEE GROUP WAS FORMED AT FF02, THE COMPLETE (FROM |
| THE BEGINNING) CP SECTION WILL BE ASKED FOR THIS |
FLAT FEE GROUP.