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-|
| 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 [this hospital stay/this visit/the {OME
ITEM GROUP NAME}/the services received at home].

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]

--------------------------------------------------------------------------------
| DISPLAY 'this hospital stay' IF EVENT TYPE IS HS. |
| DISPLAY 'this visit' IF EVENT TYPE IS ER, OP, MV, |
| OR DN.                                           |
| DISPLAY 'the {OME ITEM GROUP NAME}' IF EVENT TYPE |
| IS OM.                                           |
| DISPLAY 'the services received at home' IF EVENT |
| TYPE IS HH.                                       |
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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 {YEAR}’
FOR OM EVENTS THAT ARE ‘ADDITIONAL’ GROUP TYPE
(EV02A=2).
(FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): 'YEAR' IN CONTEXT HEADER IS FIRST CALENDAR YEAR OF PANEL IF ROUND 3. 'YEAR' IS SECOND CALENDAR YEAR OF PANEL IF ROUND 5.

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_FEE_GROUPS_1
COL # 1 HEADER: FLAT FEE GROUP
INSTRUCTIONS: DISPLAY FLAT FEE GROUP NAME (FEE.FEEENAME)

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.
FF02

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVEN-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 {this hospital stay/this visit/the {OME ITEM GROUP NAME}/the services received at home}.

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

<table>
<thead>
<tr>
<th>ROSTER. PROVIDER</th>
<th>FF02_02. EVENT TYPE</th>
<th>FF02_03. ADMIT DATE</th>
<th>FF02_04 DISCH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
</tbody>
</table>

| DISPLAY 'this hospital stay' IF EVENT TYPE IS HS. |
| DISPLAY 'this visit' IF EVENT TYPE IS ER, OP, MV, OR DN. |
| DISPLAY 'the {OME ITEM GROUP NAME}' IF EVENT TYPE IS OM. |
| DISPLAY 'the services received at home' IF EVENT TYPE IS HH. |
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 {YEAR}’ FOR OM EVENTS THAT ARE ‘ADDITIONAL’ GROUP TYPE (EV02A=2).
(FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): ‘YEAR’ IN CONTEXT HEADER IS FIRST CALENDAR YEAR OF PANEL IF ROUND 3. ‘YEAR’ IS SECOND CALENDAR YEAR OF PANEL IF ROUND 5.

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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)

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

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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.

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FF03
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{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]

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WRITE FLAT FEE GROUP TO PERSON’S-FLAT-FEE-GROUPS-ROSTER.

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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)?

NUMBER OF VISITS:

   [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
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{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
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{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
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{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}

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| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT,      |
| DISPLAY THE SECOND YEAR OF THE PANEL.             |
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FF10
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{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}?

NUMBER OF VISITS:

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

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| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT,      |
| DISPLAY THE SECOND YEAR OF THE PANEL.             |
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FF11
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{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.

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| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT,    |
| DISPLAY THE SECOND YEAR OF THE PANEL.          |
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FF12
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{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
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| 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.
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