<table>
<thead>
<tr>
<th>Route Details:</th>
<th>01 Box = BOX_00, BOX_10, BOX_20, BOX_30, BOX_40, BOX_50, BOX_60, BOX_70, BOX_80, BOX_90, BOX_100, BOX_110, BOX_120, BOX_130, BOX_140, BOX_150</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>04 Single Select = CP20, CP40, CP60, CP70, CP100, CP110, CP160, CP170, CP180, CP190, CP210, CP240</td>
</tr>
<tr>
<td></td>
<td>06 Single Select with Fill in Answer Text = CP10, CP80, CP120, CP130, CP140</td>
</tr>
<tr>
<td></td>
<td>11 Multiple Select with Add/Edit/Delete = CP220</td>
</tr>
<tr>
<td></td>
<td>18 Dollar Items Not Allowing Cents = CP30, CP150, CP200, CP230</td>
</tr>
<tr>
<td></td>
<td>23 Text Field = CP90</td>
</tr>
<tr>
<td></td>
<td>24 Information Screen = CP50</td>
</tr>
<tr>
<td></td>
<td>Grid 2 = CP230</td>
</tr>
</tbody>
</table>
Route Details: Context header display instructions:

Display PROV.PROVNAME, EVPV.EVTTYPE, EVPV.EVTBEGM, EVPV.EVTBEGY, EVPV.EVTENDM, EVPV.EVTENDY, EVPV.EVTENDD, PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY, EVPV.RVNAME

Display {NAME OF MEDICAL CARE PROVIDER} in the context header if the event type is not 'OM' (Other Medical Expenses). Otherwise, use null value.

Display {EVT-DT} in the context header if event type is not ‘OM’ (Other Medical Expenses).

Display {REF-DT} in the context header if event type is ‘OM’ (Other Medical Expenses).

Display ‘repeat visit: {NAME OF REPEAT VISIT GROUP}’ in the context header if this event is a repeat visit stem.

For ‘{REF-DT}’, displayed in the context header, display the start date of the current round.

Display {OME ITEM GROUP NAME} in the context header if the event type is OM. 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 this is an OM event for ‘GLASSES OR CONTACT LENSES’ (EE40='1' YES, EE50='1' YES, or OM10 = '1' YES).

Display ‘Ambulance Services’ if this is an OM event for 'AMBULANCE SERVICES' (OM30='1' YES).

Display 'Disposable Supplies’ if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40='1' YES).

Display ‘Long-term Medical Equipment’ if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50='1' YES).
Throughout the Charge/Payment (CP) section, entry of all dollar amounts will include only whole dollars. Entry of cents will be disallowed.

Some items (CP220) in this section allow the addition of a source of payment for the RU. When the interviewer presses CTRL-A, CAPI displays a pop-up with a blank entry field and a selectable pick list of some common sources as follows:

**What is the source of payment?**

*Government Sources*
- 'Medicare'
- 'Medicaid[/STATE NAME FOR MEDICAID]'
- 'SCHIP[/STATE NAME FOR CHIP]'
- 'VA (VETERAN'S ADMINISTRATION)/CHAMPVA'
- 'Tricare'
- 'Military Facility'
- 'Indian Health Service'
- 'Worker's Compensation'

*Private Sources*
- 'AARP'
- 'Aetna'
- 'Blue Cross/Blue Shield'
- 'Cigna'
- 'Delta Dental'
- 'Kaiser/Kaiser Permanente'
- 'United Healthcare'
- 'Other Source not listed'
- When 'Other Source not listed' is selected, CAPI should display a text box for entry

Display '/STATE NAME FOR MEDICAID' (substituting the real state name for program) if the state in which interview being conducted does not use the name 'Medicaid'. Otherwise, use a null display. For the specific name to use by state, see the plan fill file.

Display 'STATE NAME FOR CHIP' under all conditions (substituting the real state name for program). For the specific name to use by state, see the plan fill file.

The pick list expedites the entry of one of these common sources. Once the interviewer selects from the pick list (or types an entry) and returns to the main screen, the added source of payment appears in the roster as selected. If a source already listed in the roster is added at the pick list pop-up for a second time, CAPI should display the following error message: "SOURCE ALREADY ADDED. VERIFY. IF SAME SOURCE, CANCEL POP-UP AND SELECT SOURCE AT MAIN QUESTION."

If event type is HH
and
HH provider associated with the event being asked about is coded 'AGENCY' (EV60 = 1 'WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME'), 'INFORMAL' (EV50= 1 'FRIEND/NEIGHBOR', 2 'RELATIVE', 3 'VOLUNTEER') or 'VOLUNTEERED: MEAL DELIVERY SERVICE' (EV50=5 VOLUNTEERED MEAL DELIVERY SERVICE) go to BOX_150.

<table>
<thead>
<tr>
<th>BOX_20</th>
<th>(CP1005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Type: Route</td>
<td>Type Class: IfThen</td>
</tr>
</tbody>
</table>
### BOX 30  (CP1050)  
**Item Type:** Route  
**Type Class:** If Then

**Route Details:**  
If event type is ER, OP, MV, or DN, and is first time through charge payment for this person-provider pair and pair was flagged as ‘COPAYMENT SITUATION’ during the previous round (Provider.PersonProvider (CoPaySituation)) (OM events can’t be flagged as a copayment situation), continue with BOX_40.

Otherwise, go to CP50.

**NOTE:** Copayment data at a person-provider level needs to come forward from the previous round (Provider.PersonProvider (CoPaySituation)).

---

### BOX 40  (CP1051)  
**Item Type:** Route  
**Type Class:** If Then

**Route Details:**  
If copay amount from previous round is greater than $0, go to CP10 (Provider.Person[I].CPayAmt).

If copay amount from previous round is equal to $0, go to CP40 (Provider.Person[I].CPayAmt).
**MEPS_V2**

**Charge/Payment (CP) Section**

**Full Detail Spec**

**CP10**

<table>
<thead>
<tr>
<th>Item Type:</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type Class:</td>
<td>Enumerated</td>
</tr>
<tr>
<td>Answer Type:</td>
<td>TCPAYSAME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Size:</th>
<th>Min value:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field kind:</td>
<td>Datafield</td>
</tr>
<tr>
<td>ArrayMin:</td>
<td>1</td>
</tr>
<tr>
<td>ArrayMax:</td>
<td>Max value:</td>
</tr>
</tbody>
</table>

- ✔ Help Available (CPayHelp)
- ✗ Show Card ( )
- ✗ Look Up File ( )

**Context Header:**

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

{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

**Question Text:**

My records indicate that at the last interview, {you/[PERSON]} (or someone in the family) usually pay{s} a {${\text{AMT COPAY}}$} copayment to {PROVIDER}. Is this still correct?

HELP: F1

**Responses:**

- YES, STILL PAY {${\text{AMT COPAY}}$} ................. 1 CP50 (CP1056)
- NO ........................................................................ 2 CP20 (CP1056)
- REFUSED .............................................................. RF CP50 (CP1065)
- DON'T KNOW ....................................................... DK CP50 (CP1065)

**Programmer Instructions:**

If coded ‘1’ (YES, STILL PAY {${\text{AMT COPAY}}$}), ‘RF’ (REFUSED), OR ‘DK’ (DON’T KNOW), flag this person-provider as ‘copayment situation’ for the current round and set copayment amount from the previous round (Provider.PersonProvider[I].CpayAmt) as this person-provider pair’s copayment amount for the current round.

**Display Instructions:**

For ‘${\text{AMT COPAY}}$’ in the question text and response option ‘1’ (YES, STILL PAY {${\text{AMT COPAY}}$}), display the CP200 amount flagged as 'copayment situation' during the previous round (Provider.PersonProvider[I].CpayAmt) for this person-provider pair.
Charge/Payment (CP) Section

Has your copayment amount changed, or do you no longer have a copayment?

HELP: F1

Responses:

- PAY A DIFFERENT COPAYMENT AMOUNT ... 1 CP30 (CP1060)
- NOT A COPAYMENT SITUATION ANYMORE . 2 CP50 (CP1065)
- REFUSED ........................................ RF CP50 (CP1065)
- DON’T KNOW ........................................ DK CP50 (CP1065)

Programmer Instructions:
If coded 2 ‘NOT A COPAYMENT SITUATION ANYMORE’, DK ‘DON’T KNOW’, or RF ‘REFUSED’, do not flag this person-provider as ‘copayment situation’ for the current round.
What is the correct copayment amount?

ENTER AMOUNT

HELP: F1

CP30 (CP1060)

BLAISE NAME: CPayAmt

Item Type: Question  
Type Class: Integer  
Answer Type: (Continuous Answer.)

Field kind: Datafield  
Field Size: 2  
ArrayMin: Min value: 0

Answers allowed: 1  
ArrayMax: Max value: 99

Help Available (CPayHelp)  
Show Card ( )  
Look Up File ( )

Context Header:
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER}  {EV}  {EVN-DT/REF-DT}
{REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP}}

Question Text:
What is the correct copayment amount?

ENTER AMOUNT

HELP: F1

Responses:

CP50 (CP1065)

RF  CP50 (CP1065)

DK  CP50 (CP1065)

Programmer Instructions:
If amount entered, flag this person-provider as ‘copayment situation’ for the current round.
Set dollar amount entered at CP30 as the new copayment amount for this person-provider pair for the current round.

If coded ‘RF’ (REFUSED), or ‘DK’ (DON’T KNOW), flag this person-provider pair as ‘copayment situation’ for the current round and set copayment amount from previous round (Provider.PersonProvider[1].CPayAmt) as copayment amount for the current round.

Soft check:
If amount entered is > or = $75, display the following message: "ENTER A DOLLAR AMOUNT < OR = $75, RF, OR DK."

Display Instructions:
Question Text:
My records indicate that at the last interview, {you/{PERSON}} (or someone in the family) do not usually have to make any payments for visits to {PROVIDER}. Is this still correct?

HELP: F1

Responses:

| YES | ............................... | 1 | CP50 | (CP1065) |
| NO | ............................... | 2 | CP50 | (CP1065) |
| REFUSED | ............................... | RF | CP50 | (CP1065) |
| DON'T KNOW | ............................... | DK | CP50 | (CP1065) |

Programmer Instructions:
If coded ‘1’ (YES), DK ‘DON’T KNOW’, or RF ‘REFUSED’, flag this person-provider pair as ‘copayment situation’ for the current round and set copayment amount from the previous round (Provider.PersonProvider[I].CPayAmt) as the person’s copayment amount for the current round ($0).

If coded ‘2’ (NO), do not flag this person-provider as ‘copayment situation’ for the current round.

Display Instructions:
Now I’d like to ask you about the charges for {your/{PERSON}'s} stay at {HOSPITAL} that began on {ADMIT DATE}/{your/{PERSON}'s} visit to {PROVIDER} on {VISIT DATE}/the {OME ITEM GROUP NAME} used by {you/{PERSON}} since {START DATE}/services received at home from {PROVIDER} during {MONTH} for {you/{PERSON}}.

{Let's begin with the charges from the hospital itself, not including any separate physician services or lab tests.}

PRESS 1 AND ENTER TO CONTINUE.

HELP: F1

Responses: CONTINUE ........................................ 1
If event type is ER, OP, MV, or DN and person-provider pair is flagged as ‘COPAYMENT SITUATION’ for the current round, go to CP60.

Otherwise, go to CP70.

Display '{your/{PERSON}’s} stay at {HOSPITAL} that began on {ADMIT DATE}’ if event type is HS.

Display '{your/{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 {you/{PERSON}} since {START DATE}’ if event type is OM.

Display 'services received at home from {PROVIDER} during {MONTH} for {you/{PERSON}}’ if event type is HH.

Display '{Let’s begin with the charges from the hospital itself, not including any separate physician services or lab tests.}’ if event type is HS.

For {OME ITEM GROUP NAME}, display the name of the other medical expenses item group being asked about for this event, as follows:

  Display ‘glasses or contact lenses’ if this is an event for ‘GLASSES OR CONTACT LENSES’ (EE40='1' YES, EE50='1' YES, or OM10='1' YES).

  Display ‘ambulance services’ if this is an OM event for ‘AMBULANCE SERVICES’ (OM30='1' YES)

  Display ‘disposable supplies’ if this is an OM event for ‘DISPOSABLE SUPPLIES’ (OM40='1' YES)

  Display ‘long-term medical equipment’ if this is an OM event for ‘LONG-TERM MEDICAL EQUIPMENT’ (OM50='1' YES).
Is this the type of situation where {you/{PERSON}} (or someone in the family) {only paid the {$ AMT COPAY} copayment/paid nothing} for this visit and {you/he/she} {do/does} not know the total charge?

HELP: F1

Programmer Instructions:
If coded ‘1’ (YES), copy all previous copayment charge payment data for the person-provider pair to this event-provider-pair.
If coded ‘2’ (NO), ‘RF’ (REFUSED), or ‘DK’ (DON’T KNOW), do NOT copy the copayment charge payment data for this person-provider pair to this event-provider pair. Full charge payment data for this event-provider pair will be collected. The copayment flag remains unchanged for this person-provider pair, however, it is not applied to this particular event.

Display Instructions:
Display 'only paid the {$ AMT COPAY} copayment' if this person-provider pair's copayment amount for the current round does not equal zero ($0).
For '$ AMT COPAY': Display the current copayment amount for this person-provider pair for this round (confirmed at CP10, updated at CP30, or amount entered at CP200 and set as current copayment amount per BOX_140).
Display 'paid nothing' if this person-provider pair's copayment amount for the current round equals zero ($0).
MEPS_V2

Charge/Payment (CP) Section

Full Detail Spec

CP70 (CP1080) BLAISE NAME: EvpRcvBill

Item Type: Question
Type Class: Enumerated
Answer Type: TYESNO4

Field kind: Datafield
Field Size:

Answers allowed: 1
ArrayMin: Min value:
ArrayMax: Max value:

☑ Help Available (RcvBillHelp) ☐ Show Card ( ) ☐ Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REFDT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

{Have/Has} {you/{PERSON}} (or anyone in the family) received anything in writing, such as a bill, receipt, or statement, for {this hospital stay/this visit/the {OME ITEM GROUP NAME}/the services received at home}?

HELP: F1

Responses:

YES, AND DOCUMENTATION AVAILABLE .... 1 BOX_50 (CP1096)
YES, BUT DOCUMENTATION NOT AVAILABLE ...... 2 BOX_50 (CP1096)
NO ............................................... 3 CP80 (CP1085)
REFUSED ........................................ RF CP80 (CP1085)
DON'T KNOW .................................... DK CP80 (CP1085)
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 this is an OM event for ‘GLASSES OR CONTACT LENSES’ (EE40=’1’ YES, EE50=’1’ YES, or OM10= ’1’ YES).

Display ‘ambulance services’ if this is an OM event for ‘AMBULANCE SERVICES’ (OM30= ‘1’ YES).

Display ‘disposable supplies’ if this is an OM event for ‘DISPOSABLE SUPPLIES’ (OM40= ‘1’ YES).

Display ‘long-term medical equipment’ if this is an OM event for ‘LONG-TERM MEDICAL EQUIPMENT’ (OM50= ‘1’ YES).
Please look at card CP-1. Why have/has {you/{PERSON}} (or anyone in the family) not received anything in writing?

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}
Display the interviewer instruction “SELECT ‘INCLUDED WITH OTHER CHARGES’ IF THIS IS A FLAT FEE SITUATION.” if event-provider pair does not represent repeat visit stem or this is not an OM event. Otherwise, use a null display.

Display response option 95 ‘INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)’ if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

CP90 (CP1090) | BLAISE NAME: EvpVWhereBill
---|---
Item Type: Question | Field kind: Datafield
Type Class: String | ArrayMin: Min value:
Answer Type: {Continuous Answer.} | Answers allowed: 1 ArrayMax: Max value:

☐ Help Available ( ) ☐ Show Card ( ) ☐ Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {OME ITEM GROUP NAME} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:
To whom was the bill sent?
RECORD VERBATIM.

Responses:

<table>
<thead>
<tr>
<th>Response</th>
<th>CP1090</th>
<th>CP1095</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>RF</td>
<td>CP100</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DK</td>
<td>CP100</td>
</tr>
</tbody>
</table>
### Charge/Payment (CP) Section

**Display Instructions:**

**INTERVIEWER:** SELECT TYPE OF ORGANIZATION TO WHOM BILL WAS SENT:

- **HMO** .............................................. 1 BOX_50 (CP1096)
- **VA (VETERANS ADMINISTRATION)/CHAMPVA** .... 2 BOX_50 (CP1096)
- **TRICARE** ....................................... 3 BOX_50 (CP1096)
- **OTHER MILITARY** ............................. 4 BOX_50 (CP1096)
- **PUBLIC ASSISTANCE/MEDICAID/SCHIP** ..... 5 BOX_50 (CP1096)
- **WORKER'S COMPENSATION** .................. 6 BOX_50 (CP1096)
- **PRIVATE INSURANCE COMPANY** ............. 7 BOX_50 (CP1096)
- **INDIAN HEALTH SERVICE (IHS)** ............. 8 BOX_50 (CP1096)
- **OTHER** ......................................... 91 BOX_50 (CP1096)
- **REFUSED** ....................................... RF BOX_50 (CP1096)
- **DON'T KNOW** ................................... DK BOX_50 (CP1096)

**Context Header:**

- PERSON'S FIRST MIDDLE AND LAST NAME
- NAME OF MEDICAL CARE PROVIDER
- Item Group Name
- Evn-Dt/Ref-Dt
- Repeat Visit: Name of Repeat Visit Group

**Question Text:**

INTERVIEWER: SELECT TYPE OF ORGANIZATION TO WHOM BILL WAS SENT:

HELP: F1
If event is for orthodontics (DN20=12 ‘ORTHODONTIA, BRACES, OR RETAINERS’) or dental restorative services (DN20=6 ‘FILLINGS, INLAYS, CROWNS OR CAPS’ or 7 ‘Root Canal’), go to CP110.

Otherwise, go to BOX_60.

Route Details:

CP110

BLAISE NAME: FFeeSituation

Item Type: Question
Type Class: Enumerated
Answer Type: TYESNO

Responses:

YES  ......................................................... 1
NO .......................................................... 2  BOX_60  (CP1098)
REFUSED .................................................... RF  BOX_60  (CP1098)
DON'T KNOW .............................................. DK  BOX_60  (CP1098)

Programmer Instructions:

If coded ‘1’ YES, and event-provider pair does not represent a repeat visit group, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

Display Instructions:
If CP70 is coded ‘1’ (YES, AND DOCUMENTATION AVAILABLE) or ‘2’ (YES, BUT DOCUMENTATION NOT AVAILABLE);
or
If CP80 is coded ‘1’ (PAID AT TIME OF VISIT), ‘2’ (MADE A COPAYMENT), ‘4’ (BILL HAS NOT ARRIVED), ‘DK’ (DON’T KNOW), or ‘RF’ (REFUSED);
or
If CP100 is coded ‘3’ (TRICARE), ‘91’ (OTHER), ‘DK’ (DON’T KNOW), or ‘RF’ (REFUSED);
Go to CP120.

Otherwise, continue with BOX_70.

If:
- Event type is OM OR HH
  or
- Event type is HS,
go to CP200.

Otherwise, go to CP170.
Do you know the total charge for [this hospital stay/this visit/the [OME ITEM GROUP NAME]/the services received at home]?

[ENTER 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.]
Programmer Instructions:

If: Coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)
And (event type is OM or HH or HS, go to CP200.

If: coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW)
And event type is ER, OP, MV, or DN, go to CP170.

If coded 95 "INCLUDED WITH OTHER CHARGES' (E.G. FLAT FEE)' and the event-provider pair does not represent a repeat visit group or this is not an OM event, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

Display Instructions:

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.
Display the interviewer instruction "ENTER 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION" if event-provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.

For '[OME ITEM GROUP NAME]' display the name of the other medical expenses item group being asked about for this event as follows:

Display 'glasses or contact lenses' if this is an OM event for 'GLASSES OR CONTACT LENSES'(EE40= '1' YES, EE50= '1' YES, or OM10= '1' YES).

Display 'ambulance services' if this is an OM event for 'AMBULANCE SERVICES' (OM30= '1' YES).

Display 'disposable supplies' if this is an OM event for 'DISPOSABLE SUPPLIES' (OM40= '1' YES).

Display 'long-term medical equipment' if this is an OM event for 'LONG-TERM MEDICAL EQUIPMENT' (OM50= '1' YES).

Display response option 95 'INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)' if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.
### Route Details:
If the current event type is OM = '3' (DISPOSABLE SUPPLIES) then go to CP130. Else go to CP140.

### CP130

<table>
<thead>
<tr>
<th>Item Type</th>
<th>Field kind</th>
<th>Min value</th>
<th>Max value</th>
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</thead>
<tbody>
<tr>
<td>Question</td>
<td>Datafield</td>
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<table>
<thead>
<tr>
<th>Type Class</th>
<th>Field Size</th>
<th>Answers allowed</th>
<th>ArrayMax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enumerated</td>
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<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**BLAES NAME:** EvpVTotChrgRng

**Answer Type:** TCTOTCHRG

- Help Available (TotChrgHelp)
- Show Card (CP-2)
- Look Up File ( )

**Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {REF-DT}

**Question Text:**
Please look at card CP-2, and tell me how much the total charge was for all of the disposable supplies purchased {since [START DATE]}/between {START DATE} and {END DATE}? Include any amounts that may be paid by health insurance or other sources. Was it $0, $1 to $10, $11 to $30, $31 to $100, $101 or more?

**HELP:** F1

<table>
<thead>
<tr>
<th>Responses</th>
<th>Display Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>'Since [START DATE]' if not round 5. Display 'Between [START DATE] and [END DATE]', if round 5.</td>
</tr>
<tr>
<td>$1 TO $10</td>
<td>BOX_130 (CP1485)</td>
</tr>
<tr>
<td>$11 TO $30</td>
<td>CP180 (CP1126)</td>
</tr>
<tr>
<td>$31 TO $100</td>
<td>CP180 (CP1126)</td>
</tr>
<tr>
<td>$101 OR MORE</td>
<td>CP180 (CP1126)</td>
</tr>
<tr>
<td>REFUSED</td>
<td>CP190 (CP1127)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>CP190 (CP1127)</td>
</tr>
</tbody>
</table>
How much was the total charge, including any amounts that may be paid by health insurance or other sources?

{Do not include any services billed for separately such as physician charges or other services.} {Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that are listed separately on the [hospital] bill [or statement].}

IF WORKING FROM DOCUMENTATION, ENTER TOTAL CHARGES. DO NOT DEDUCT DISCOUNTS OR DISALLOWED OR DENIED CHARGES.

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}
If coded ‘95’ ‘INCLUDED WITH OTHER CHARGES (E.G. FLAT FEE)’ and the event-provider-pair does not represent a repeat visit group or this is not an OM event, ask the Flat Fee (FF) section immediately. Charge Payment information in the context of the single event is no longer needed.

Display Instructions:

Display 'Do not include any services billed for separately such as physician charges or other services if event type is HS, ER, or OP. Otherwise, use a null display.

Display 'Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that are listed separately on the {hospital} bill {or statement}.’’ if CP70 is coded '1' (YES, AND DOCUMENTATION AVAILABLE). Otherwise, use a null display.

Display 'hospital' if event type is HS, ER, or OP. Otherwise, use a null display. Display 'or statement' if event type is MV, DN, OM, or HH. Otherwise, use a null display.

Display interviewer instruction “SELECT ‘INCLUDED WITH OTHER CHARGES’ IF THIS IS A FLAT FEE SITUATION” if event-provider pair does not represent a repeat visit stem or this is not a OM event. Otherwise, use a null display.

Display response option 95 ‘INCLUDED W/OTHER CHARGES (E.G. FLAT FEE)’ if event provider pair does not represent a repeat visit stem or this is not an OM event. Otherwise, use a null display.
Full Detail Spec

Charge/Payment (CP) Section

CP150  (CP1115)  BLAISE NAME: EvpVTotChrg
Item Type: Question  Field kind: Datafield  ArrayMin: Min value: 0
Type Class: Integer  Field Size: 6  ArrayMax: Max value: 999999
Answer Type: (Continuous Answer.)  Answers allowed: 1

Help Available (EvpvChrgHelp)  Show Card ( )  Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:
[How much was the total charge, including any amounts that may be paid by health insurance or other sources?]  {(Do not include any services billed for separately such as physician charges or other services.)  {Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that are listed separately on the [hospital] bill [or statement].}]

[IF WORKING FROM DOCUMENTATION, ENTER TOTAL CHARGES. DO NOT DEDUCT DISCOUNTS OR DISALLOWED OR DENIED CHARGES.]

ENTER AMOUNT.

HELP: F1

Responses: ................................................. 1
  REFUSED ......................................... RF
  DON'T KNOW .................................... DK
If the amount is $0, go to BOX_130.

If:
- event type is ER, OP, MV, or DN
- and
- total charge is a non-zero whole number $< \ or \ = $50.00 or CP150 is coded 'RF' (REFUSED) or 'DK' (DON'T KNOW),
go to CP170.

If the amount is not $0, DK, or RF and the event type is HH, continue with CP160.

Otherwise, go to CP200.

Soft check: If amount entered is $ > or = $100,000, display the following message:

"VALUE IS HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

Hard check:
- Amount cannot be $0.

Display the question text "How much…other sources?" and "IF WORKING...DENIED CHARGES" in brackets and grayed-out text.

Display 'Do not include any services billed for separately such as physician charges or other services.' in brackets and grayed-out text, if event type is HS, ER, or OP. Otherwise, use a null display.

Display 'Include charges for procedures such as x-rays, lab tests, or diagnostic procedures that are listed separately on the [hospital] bill [or statement].’ In brackets and grayed-out text, if CP70 is coded '1' (YES, AND DOCUMENTATION AVAILABLE). Otherwise, use a null display.

Display 'hospital' if event type is HS, ER, or OP. Otherwise, use a null display. Display 'or statement' if event type is MV, DN, OM, or HH. Otherwise, use a null display.
MEPS_V2

Charge/Payment (CP) Section

Full Detail Spec

CP160 (CP1120) BLAISE NAME: EvpMonthly

Item Type: Question Field kind: Datafield ArrayMin: Min value:
Type Class: Enumerated Field Size:
Answer Type: TYESNO_MONTHLY Answers allowed: 1 ArrayMax: Max value:

☐ Help Available ( ) ☐ Show Card ( ) ☐ Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:
You said that the total charge for the services received at home was {$ AMOUNT}. Is that dollar amount a monthly amount or not?

Responses:
YES, MONTHLY AMOUNT ..................... 1 CP200 (CP1130)
NO, NOT A MONTHLY AMOUNT ............. 2
REFUSED ......................................... RF CP200 (CP1130)
DON'T KNOW .................................. DK CP200 (CP1130)

Programmer Instructions:

{$ AMOUNT}: Display amount entered at CP150.

Hard Check:
If coded ‘2’ (NO), display the following message: “IF {$ AMOUNT} IS NOT THE MONTHLY AMOUNT CHARGED, CORRECT TOTAL CHARGE AT CP150 (EvpvTotChrg).” CAPI displays a selection CP150 as an option to return to. Code ‘2’ (NO) is never allowed as a final response at CP160.

Display Instructions:
Is this the type of situation in which {you/he/she} always {make/makes} the same set dollar amount copayment regardless of what happens during the visit?

**Responses:**

- YES ................................. 1 CP200  (CP1130)
- NO ................................. 2 CP200  (CP1130)
- USUALLY PAYS $0 (REGARDLESS OF SERVICE) 3 CP200  (CP1130)
- REFUSED ................................. RF CP200  (CP1130)
- DON'T KNOW ................................. DK CP200  (CP1130)

**Display Instructions:**
How much of the total charge for the disposable supplies did anyone in the family pay ‘out-of-pocket,’ that is, before any reimbursements? Was it all or almost all of the total charge, none of the total charge, or some of the total charge?

HELP: F1

Responses:

ALL OR ALMOST ALL OF THE TOTAL CHARGE ........ 1 BOX_90 (CP1145)
NONE OF THE TOTAL CHARGE .................. 2 BOX_90 (CP1145)
OR SOME OF THE TOTAL CHARGE .............. 3 CP190 (CP1127)
REFUSED ........................................ RF CP190 (CP1127)
DON'T KNOW ...................................... DK CP190 (CP1127)
Please look at card CP-2, and tell me how much of the total charges for the disposable supplies did anyone in the family pay ‘out-of-pocket,’ that is, before any reimbursements? Was it $0, $1 to $10, $11 to $30, $31 to $100, $101 or more?

HELP: F1

Responses:

- $0 ................................. 1 BOX_90 (CP1145)
- $1 TO $10 .......................... 2 BOX_90 (CP1145)
- $11 TO $30 .......................... 3 BOX_90 (CP1145)
- $31 TO $100 .......................... 4 BOX_90 (CP1145)
- $101 OR MORE .......................... 5 BOX_90 (CP1145)
- REFUSED .......................... RF BOX_90 (CP1145)
- DON'T KNOW .......................... DK BOX_90 (CP1145)
**Question Text:**

How much of the {{AMT TOT CH}/total charge} did anyone in the family pay 'out-of-pocket,' that is, before any reimbursements?

IF AMOUNT PAID IS NOTHING, ENTER 0.

ENTER AMOUNT.

HELP:F1

**Responses:**

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
<th>Field</th>
<th>Max value</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>RF</td>
<td>BOX_90</td>
<td>(CP1145)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DK</td>
<td>BOX_90</td>
<td>(CP1145)</td>
</tr>
</tbody>
</table>

**Programmer Instructions:**

Soft check: If amount entered is $ \geq 10,000, display the following message: "VALUE IS HIGHER THAN USUAL. VERIFY AND CORRECT IF NEEDED."

**Display Instructions:**

Display `{AMT TOT CH}` if an amount is given for the total charge at CP150. Display ‘total charge’ if CP120 is coded ‘2’ (NO), ‘RF’ (REFUSED), ‘DK’ (DON’T KNOW), if CP120 =1 but CP150 = RF or DK or is not asked.

For `{AMT TOT CH}` display the dollar amount entered at CP150.
Route Details: If:

CP200 is coded 'RF' (REFUSED) or 'DK' (DON'T KNOW) and
CP120 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW) and
CP170 is coded '2' (NO), 'RF' (REFUSED), or 'DK' (DON'T KNOW), go to BOX_130.

Otherwise, continue with CP210.

CP210 (CP1160) BLAISE NAME: EvpvAnySrcPay

Item Type: Question  Field kind: Datafield  ArrayMin:  Min value:
Type Class: Enumerated  Field Size:  ArrayMax:  Max value:
Answer Type: TYESNO  Answers allowed: 1  Show Card ( )  Look Up File ( )

☑ Help Available (AnySrcPayHelp)

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {Evn-Dt/Ref-Dt} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:

Has any private insurance company, HMO, Medicare, Medicaid, or any other source made any payments [to {PROVIDER}] for [this hospital stay/this visit/the [OME ITEM GROUP NAME]/the services received at home]?  

HELP: F1

Responses: YES .............................................. 1 CP220 (CP1165)
NO ......................................................... 2 BOX_100 (CP1295)
REFUSED ................................................. RF BOX_100 (CP1295)
DON'T KNOW ................................. DK BOX_100 (CP1295)
Display Instructions:

Display “to [PROVIDER]’ if event type is not OM. Otherwise, use a null display.

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.

[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 this is an OM event for ‘GLASSES OR CONTACT LENSES’ (EE40=’1’ YES, EE50=’1’ YES, or OM10= ’1’ YES) .

Display ‘ambulance services’ if this is an OM event for ‘AMBULANCE SERVICES’ (OM30= ‘1’ YES).

Display ‘disposable supplies’ if this is an OM event for ‘DISPOSABLE SUPPLIES’ (OM40 = ‘1’ YES).

Display ‘long-term medical equipment’ if this is an OM event for ‘LONG-TERM MEDICAL EQUIPMENT’ (OM50= ‘1’ YES).
Who else paid?

PROBE: Anyone else?

TO ADD A NEW SOURCE OF PAYMENT, PRESS CTRL-A.

ENTER ALL THAT APPLY.
Programmer Instructions:

Roster behavior:
1. Multiple select allowed.

2. Multiple add allowed.

3. Pressing CTRL-A displays a pop-up with a text entry field and a selectable list of 15 common sources of payment. (See BOX_20 for a detailed list). The interviewer can type a new source or select one from the list. Upon return to CP220, the added source will appear on the roster as selected.

4. Limited delete allowed. If interviewer adds a source of payment, delete is possible for that source only, as long as the charge payment section for this person-provider pair has not been completed.

5. Write sources selected to the Event’s-Sources-of-Payment-roster.

If at least one source is added or selected during the current round, the flag SOPFlag should be set to YES.

Display Instructions:

Roster 3- add/edit/delete allowed.

Roster definition:
Display the RU-Sources-Of-Payment-roster for selection.
Display payment source name (SRCS.SRCNAME)

Roster filter:
Display all sources of payment except PERSON/FAMILY
Question Text:
How much did {SOURCE} pay?

ENTER AMOUNT.

TOTAL CHARGE: ${TOTAL CHARGE}

Responses:

<table>
<thead>
<tr>
<th>Response</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED</td>
<td>RF</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>DK</td>
</tr>
</tbody>
</table>
Display Instructions:

Roster 1- Report

Roster definition:
Display the Event’s-Sources-of-Payment-roster for entry of payment amount in the form pane.
Display payment source name.

Roster Filter:
Display all sources selected at CP220 for this event-provider pair and the ‘PERSON/FAMILY’ record.

For TOTAL CHARGE, display amount entered at CP130, if event is OM event type ‘3’ (DISPOSABLE SUPPLIES). Otherwise display amount entered at CP150.

BOX_100 (CP1295) Item Type: Route Type Class: If Then

Route Details:
If the event type is OM event type ‘3’ (DISPOSABLE SUPPLIES), go to BOX_130

Otherwise, continue with BOX_110.
If CP150 (TOTAL CHARGE) or ‘AMOUNT PAID’ by any source of payment (all payments sources, including PERSON/FAMILY entered or displayed at CP230) is coded ‘RF’ (REFUSED) or ‘DK’ (DON’T KNOW), go to BOX_130.

Otherwise, continue with BOX_120.

---

Route Details:
Determine if there is an underpayment. Subtract the total payment (PERSON/FAMILY entered at CP200 plus all payments sources entered at CP230) from the total charge entered at CP150. If the value of the remainder is > 3% OR $5 (whichever is higher) of the total charge, continue with CP240.

Otherwise, go to BOX_130.

NOTE: Negative values (overpayments) are not eligible for CP240.
MEPS_V2

Charge/Payment (CP) Section

Full Detail Spec

CP240 (CP1310) BLAISE NAME: EvpElsePay

Item Type: Question 
Type Class: Enumerated 
Answer Type: TYESNO

☐ Help Available ( )
☐ Show Card ( )
☐ Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT} {REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}}

Question Text:
Does anyone in the family or any other source expect to make additional payments for {this hospital stay/this visit/the {OME ITEM GROUP NAME}/the services received at home}?

Responses:

<table>
<thead>
<tr>
<th>Response</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td></td>
<td>BOX_13 (CP1485)</td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td>BOX_13 (CP1485)</td>
</tr>
<tr>
<td>REFUSED</td>
<td></td>
<td>RF BOX_13 (CP1485)</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td></td>
<td>DK BOX_13 (CP1485)</td>
</tr>
</tbody>
</table>

Display Instructions:

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.

{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 this is an OM event for ‘GLASSES OR CONTACT LENSES’ (EE40=’1’ YES, EE50=’1’ YES, or OM10= ’1’ YES).
Display ‘ambulance services’ if this is an OM event for ‘AMBULANCE SERVICES’ (OM30= ’1’ YES).
Display ‘long-term medical equipment’ if this is an OM event for ‘LONG-TERM MEDICAL EQUIPMENT’ (OM50= ‘1’ YES).
Display ‘the services received at home’ if event type is HH.
### Charge/Payment (CP) Section

**Route Details:**

If:

- Event type is HS, OM, or HH, or
- Event type is ER, OP, MV, or DN and PERSON-PROVIDER pair already flagged as 'COPAYMENT SITUATION', go to BOX_150.

Otherwise, continue with BOX_140.

<table>
<thead>
<tr>
<th>BOX_130</th>
<th>(CP1485)</th>
<th>Item Type: Route</th>
<th>Type Class: If Then</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Full Detail Spec**
Route Details: If CP120 is coded ‘2’ (NO), ‘RF (REFUSED), or ‘DK’ (DON’T KNOW) and CP170 is coded ‘1’ (YES) or ‘3’ (USUALLY PAYS $0 REGARDLESS OF SERVICE) and CP200 is a whole dollar amount greater than or equal to ($\geq$) $0 and less than or equal ($\leq$) to $50, flag this person-provider pair as a ‘COPAYMENT SITUATION’ and continue with BOX_150.

If the amount entered in CP150 is equal to the amount entered in CP200 and CP170 is coded ‘1’ (YES) or ‘3’ (USUALLY PAYS $0 REGARDLESS OF SERVICE) and CP200 is a whole dollar amount greater than or equal to ($\geq$) $0 and less than or equal ($\leq$) to $50, flag this person-provider pair as a ‘COPAYMENT SITUATION’ and continue with BOX_150.

If CP80 is coded ‘5’ (NO BILL SENT: HMO PLAN), ‘6’ (NO BILL SENT: VA (VETERANS ADMINISTRATION)/CHAMPVA), ‘8’ (NO BILL SENT: PUBLIC ASSISTANCE/MEDICAID/SCHIP) or ‘9’ (NO BILL SENT: INDIAN HEALTH SERVICE (HIS)) and CP170 is coded ‘1’ (YES) or ‘3’ (USUALLY PAYS $0 REGARDLESS OF SERVICE) and CP200 is a whole dollar amount greater than or equal to ($\geq$) $0 and less than or equal ($\leq$) to $50, flag this person-provider pair as a ‘COPAYMENT SITUATION’ and continue with BOX_150.

If one of the three situations above is met, set amount entered at CP200 as this person-provider pair's copayment amount for the current round.

Otherwise, do not set any flags and then continue with BOX_150.
Route Details:

If event type is HS and HS50 is coded ‘4’ (GIVE BIRTH TO A BABY) or ‘5’ (TO BE BORN), go to the EF section.

If event type is MV and MV100 is coded ‘2’ (SOMEWHERE ELSE) go to the EF section. Otherwise (event type = OP, ER, DN, HH, HS where HS50 ≠ 4, 5, MV where MV100 ≠ 2) flag CP status of event-provider pair as 'PROCESSED'.

If event is a "STEM" event from the OP, MV, or HH utilization sections, flag CP status of all "LEAF" events (events selected at either OP120, MV140 or HH130) as 'PROCESSED' and not editable or accessible during interview.

NOTE: All utilization and charge/payment data will be copied during MHOP to those "LEAF" events, including condition data.

[End of CP]