

Provider Roster (PV) Section

PV01

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{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

{[What is the name of the person or place that provided health care to (PERSON)?]}

INTERVIEWER: IS THE PROVIDER {ASSOCIATED WITH THIS EVENT} A PERSON OR A FACILITY (INCLUDING GROUP PRACTICES AND HMOs)?

PERSON 1
FACILITY 2 {BOX_01}

PRESS F1 FOR DEFINITION OF PERSON/FACILITY.

| DISPLAY '[What is ... (PERSON)?]' AND 'ASSOCIATED |
| WITH THIS EVENT' IF THE PROVIDER ROSTER (PV) |
| SECTION WAS NOT CALLED FROM THE ACCESS TO CARE |
| (AC) SECTION. IF THE PV SECTION WAS CALLED FROM |
THE AC SECTION, USE A NULL DISPLAY.

| IF CODED '1' (PERSON), SET PROVIDER TYPE TO |
'PERSON-TYPE-PROVIDER'.

| IF CODED '2' (FACILITY), SET PROVIDER TYPE TO |
'FACILITY-PROVIDER'.

| IF CODED '1' (PERSON) AND NO PROVIDERS THAT ARE |
| TYPE 'PERSON-TYPE-PROVIDER' ON |
RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV04

| IF CODED '1' (PERSON) AND AT LEAST ONE PROVIDER |
| THAT IS TYPE 'PERSON-TYPE-PROVIDER' ON |
RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH PV02

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| EDIT:  IF EVENT TYPE IS HS, ER, OP, OR IC, PV01 |
| CANNOT BE CODED '1' (PERSON).  IF PV01 IS CODED |
| '1' (PERSON) FOR AN HS, ER, OP, OR IC EVENT, |
| DISPLAY THE FOLLOWING MESSAGE:  'A FACILITY MUST |
| BE ASSOCIATED WITH {EV} TYPE.  VERIFY PROVIDER AND |
| RE-ENTER. ' |
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PV02
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{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

SELECT CORRECT {USUAL SOURCE OF CARE} PROVIDER {ASSOCIATED WITH THE EVENT}.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
 TO LEAVE, PRESS ESC.

ROSTER. PERSON-TYPE-PROVIDER	PV02_02. FACILITY	PV02_03. STREET
1. [Display Truncated Person-Provider-25]	[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]
2. [Display Truncated Person-Provider-25]	[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]
3. [Display Truncated Person-Provider-25]	[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]

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| ROSTER DEFINITION:  THIS ITEM DISPLAYS THE |
| PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT |
| ARE OF THE TYPE PERSON-TYPE-PROVIDER, WHICH |
| INCLUDES THE SUBGROUP FLAGGED AS |
| 'PERSON-IN-FACILITY-PROVIDER'. |
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| DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER |
| ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO |
CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY.

| DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE |
| PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM |
| THE ACCESS TO CARE (AC) SECTION. IF THE PV |
| SECTION WAS CALLED FROM THE AC SECTION, USE A NULL |
DISPLAY.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY LISTED OR SELECT 'NONE OF THE ABOVE.'
 2. ONLY ONE SELECTION MAY BE MADE.
 3. INTERVIEWER CANNOT ADD AT THIS SCREEN. PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF THE ABOVE' SELECTION.
 4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).
 5. IF NO FACILITY IS ASSOCIATED WITH THE PERSON-PROVIDER, LEAVE THE FACILITY COLUMN BLANK FOR THAT PERSON-TYPE-PROVIDER.
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| DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON |
ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV04

OTHERWISE, CONTINUE WITH PV03

PV04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}
ENTER NAME OF PROVIDER {ASSOCIATED WITH EVENT}.
ENTER COMPLETE PROVIDER NAME AND VERIFY SPELLING.

[Enter Provider Name-65]

| DISPLAY 'ASSOCIATED WITH EVENT' IF THE PROVIDER |
| ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS |
| TO CARE (AC) SECTION. IF THE PV SECTION WAS |
CALLED FROM THE AC SECTION, USE A NULL DISPLAY.

| WRITE PROVIDER NAME TO THE PERSON-TYPE-PROVIDER |
COLUMN OF THE RU-MEDICAL-PROVIDERS-ROSTER.

PV05
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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV}

Is (PROVIDER) in a group practice, that is, do other doctors
practice at the same office (or are part of an HMO)?

YES 1 {BOX_01}
NO 2
REF -7
DK -8

| IF CODED '1' (YES), FLAG PERSON-TYPE-PROVIDER AS |
'PERSON-IN-FACILITY-PROVIDER'.

PV06
=====

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

ENTER {NEW} STREET ADDRESS FOR (PROVIDER).

ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS
MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

PROVIDER_STR1 (PV06_01): [_____]
PROVIDER_STR2 (PV06_02): [_____]

| DISPLAY 'NEW' IF PV03 IS CODED '2' (ADD NEW |
| ADDRESS FOR PROVIDER). OTHERWISE, USE A NULL |
DISPLAY.

| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON EACH |
FORM ITEM.

| IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH |
PERSON-TYPE-PROVIDER ENTERED AT PV04.

| IF PV03 WAS CODED '2' (ADD NEW ADDRESS FOR |
| PROVIDER), WRITE ANOTHER RECORD FOR PROVIDER IN |
| RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS |
| WITH THAT NEW PROVIDER RECORD. SET PROVIDER TYPE |
TO 'PERSON-TYPE-PROVIDER'.

| IF A FACILITY WAS DISPLAYED AS PART OF PROVIDER'S |
| ADDRESS AT PV03, ASSOCIATE THAT FACILITY WITH THE |
| NEW PROVIDER RECORD AND FLAG THE PERSON-TYPE- |
PROVIDER AS A 'PERSON-IN-FACILITY-PROVIDER'.

GO TO BOX_02

PV07
=====

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

CORRECT SPELLING OR ADDRESS FOR: (PROVIDER)

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [PROVIDER_NAME]
[FACILITY_NAME]
[PROVIDER_STR1]
[PROVIDER_STR2]

PROVIDER_NAME (PV07_01): [_____]
FACILITY_NAME (PV07_02): [_____]
PROVIDER_STR1 (PV07_03): [_____]
PROVIDER_STR2 (PV07_04): [_____]

WRITE CORRECTIONS TO RU-MEDICAL-PROVIDERS-ROSTER.

| IF NO FACILITY-PROVIDER ASSOCIATED WITH THIS |
| PERSON-TYPE-PROVIDER, PV07_02 SHOULD NOT BE |
| COLLECTED OR DISPLAYED. '[FACILITY_NAME]' AS PART |
| OF THE CURRENT INFO SHOULD ALSO BE LEFT BLANK IF |
| NO FACILITY-PROVIDER ASSOCIATED WITH THIS |
PERSON-TYPE-PROVIDER.

GO TO BOX_02

BOX_01
=====

| IF NO PROVIDERS THAT ARE TYPE 'FACILITY-PROVIDERS' |
ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10

OTHERWISE, CONTINUE WITH PV08

PV08
 =====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

SELECT CORRECT {USUAL SOURCE OF CARE} {PROVIDER/FACILITY}
 {ASSOCIATED WITH THE EVENT}.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
 TO LEAVE, PRESS ESC.

ROSTER. FACILITY-PROVIDERS	PV08_02. STREET
[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]
[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]
[Display Truncated Facility-Provider-30]	[Display Truncated Street Address-15]

 | ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
 | PROVIDERS ON THE RU-MEDICAL-PROVIDERS-ROSTER THAT |
ARE TYPE FACILITY-PROVIDERS.

 | DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER |
 | ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO |
 | CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY. |
 | |
 | DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |
 | (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
 | '1' (PERSON). |
 | |
 | DISPLAY 'ASSOCIATED WITH THE EVENT' IF THE |
 | PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM |
 | THE ACCESS TO CARE (AC) SECTION. IF THE PV |
 | SECTION WAS CALLED FROM THE AC SECTION, USE A NULL |
DISPLAY.

ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER MAY SELECT ANY PROVIDER ALREADY LISTED OR SELECT 'NONE OF THE ABOVE.'
2. ONLY ONE SELECTION MAY BE MADE.
3. INTERVIEWER CANNOT ADD AT THIS SCREEN. PROVIDERS ARE 'ADDED' BY USING THE 'NONE OF THE ABOVE' SELECTION.
4. INTERVIEWER CANNOT DELETE AT THIS SCREEN (I.E., CTRL/D).

DISPLAY 'NONE OF THE ABOVE' AS THE LAST ENTRY ON ROSTER.

IF 'NONE OF THE ABOVE' IS SELECTED, GO TO PV10

OTHERWISE, CONTINUE WITH PV09

PV09
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

Is the address of (READ NAME AND ADDRESS OF
({PROVIDER/FACILITY}) BELOW)...

{FACILITY NAME SELECTED AT PV08}
{FACILITY STREET ADDRESS LINE1.}
{FACILITY STREET ADDRESS LINE2.}

FACILITY NAME AND ADDRESS CORRECT 1 {BOX_02}
ADD NEW ADDRESS FOR FACILITY 2
ABOVE NAME/ADDRESS NEEDS SPELLING OR
MINOR CORRECTION 3 {PV11}
SELECTED WRONG FACILITY/ADDRESS 4
REF -7 {BOX_02}
DK -8 {BOX_02}

[Code One]

| DISPLAY 'PROVIDER' IF PV01 IS CODED '2'
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED
| '1' (PERSON).
|

| FOR: {FACILITY NAME SELECTED AT PV08}, DISPLAY
| THE FACILITY-PROVIDER NAME SELECTED AT PV08.
| FOR: {FACILITY STREET ADDRESS LINE1.} AND
| {FACILITY STREET ADDRESS LINE2.}, DISPLAY LINES
| 1 AND 2 OF THE FACILITY-PROVIDER'S ADDRESS FOR THE
| FACILITY-PROVIDER SELECTED AT PV08.
|

| IF CODED '1' (FACILITY NAME AND ADDRESS CORRECT)
| OR '3' (ABOVE NAME/ADDRESS FOR FACILITY NEEDS
| SPELLING OR MINOR CORRECTION) AND PV01 IS CODED
| '1' (PERSON), LINK THE FACILITY SELECTED AT PV08
| TO THE PERSON-TYPE-PROVIDER FLAGGED AS
| 'PERSON-IN-FACILITY-PROVIDER'.
|

| IF CODED '4' (SELECTED WRONG FACILITY/ADDRESS),
| CAPI REDISPLAYS PV08 TO ALLOW INTERVIEWER TO
| SELECT CORRECT FACILITY.
|

PV10
=====

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

ENTER {NEW} {NAME AND} ADDRESS OF ({PROVIDER/FACILITY}).

ENTER {NAME AND} STREET ADDRESS AND VERIFY SPELLING. IF
({PROVIDER/FACILITY}) HAS MORE THAN ONE LOCATION, RECORD LOCATION
PERSON VISITED.

FACILITY_NAME (PV10_01): [_____]
FACILITY_STR1 (PV10_02): [_____]
FACILITY_STR2 (PV10_03): [_____]

| DISPLAY 'NEW' IF PV09 IS CODED '2' (ADD NEW |
| ADDRESS FOR FACILITY). OTHERWISE, USE A NULL |
| DISPLAY. DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
| '1' (PERSON). DISPLAY 'NAME AND' IF 'NONE OF THE |
| ABOVE' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED. |
| IF 'NONE OF THE ABOVE' WAS SELECTED AT PV08 OR |
| PV08 WAS NOT ASKED, THE CONTEXT HEADER WILL NOT |
| DISPLAY THE NAME OF THE MEDICAL CARE PROVIDER. |
| THE CONTEXT HEADER WILL ONLY HAVE THE NAME OF THE |
| PROVIDER(S) ASSOCIATED WITH THE EVENT IF PV09 WAS |
CODED '2' (ADD NEW ADDRESS FOR FACILITY).

| CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON |
PV10_02 AND PV10_03 ONLY.

| IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR |
| FACILITY), PV10 WILL NOT COLLECT THE FACILITY |
NAME.

| IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E., |
| PV08 WAS NOT ASKED OR 'NONE OF THE ABOVE' WAS |
| SELECTED), WRITE NAME AND ADDRESS ENTERED ABOVE TO |
| FACILITY-PROVIDER NAME COLUMN AND ADDRESS COLUMN |
| OF THE RU-MEDICAL-PROVIDERS-ROSTER. |
|
| IF FACILITY-PROVIDER SELECTED AT PV08 AND PV09 WAS |
| CODED '2' (ADD NEW ADDRESS FOR FACILITY), WRITE |
| ANOTHER RECORD FOR THE FACILITY-PROVIDER TO THE |
| RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE ADDRESS |
| WITH THAT NEW PROVIDER RECORD. |
|
| IF PV01 IS CODED '1' (PERSON), LINK THE FACILITY |
| TO THE PERSON-TYPE-PROVIDER FLAGGED AS |
'PERSON-IN-FACILITY-PROVIDER'.
GO TO BOX_02

PV11
=====

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

CORRECT SPELLING OR ADDRESS FOR: ({PROVIDER/FACILITY})

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [FACILITY_NAME]
[FACILITY_STR1]
[FACILITY_STR2]

FACILITY_NAME (PV11_01): [_____]
FACILITY_STR1 (PV11_02): [_____]
FACILITY_STR2 (PV11_03): [_____]

| DISPLAY 'PROVIDER' IF PV01 IS CODED '2' |
| (FACILITY). DISPLAY 'FACILITY' IF PV01 IS CODED |
'1' (PERSON).

WRITE CORRECTIONS TO RU-MEDICAL-PROVIDERS-ROSTER.

BOX_02

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| RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE |
PROVIDER ROSTER (PV) SECTION WAS CALLED.

MEPS FAMES Panel 1 Round 3 Provider Roster (PV) Section
January 31, 1997