Event Driver (ED) Section

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| DISPLAY EVENTS BY PERSON THEN BY THE ORDER OF ENTRY - THAT IS, IN THE ORDER BY PROVIDER PROBES, AND THEN ANY ADDITIONS. |

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| FOR EACH ELEMENT IN PERSON’S MEDICAL EVENTS ROSTER, ASK ED01 - END_LP01. |

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| LOOP DEFINITION: LOOP_01 CORRECTS EVENT INFORMATION, IF NECESSARY, AND CALLS THE APPROPRIATE UTILIZATION SECTION FOR THE EVENT. THIS LOOP CYCLES ON EVENTS THAT MEET THE FOLLOWING CONDITIONS: |
| - EVENT TYPE IS NOT PM OR IC |
| - EVENT IS NOT YET FLAGGED AS PROCESSED IN UTILIZATION |

---

| (PERSON'S FIRST MIDDLE AND LAST NAME) |
| (The next questions ask detail about each of the times (PERSON) received medical or dental care.) |
| THERE {IS/ARE} {NUMBER} {EVENT/EVENTS} REMAINING TO BE PROCESSED FOR (PERSON). PRESS ENTER TO CONTINUE. |

---

| DISPLAY 'The...care.' IF FIRST EVENT TO BE ASKED ABOUT FOR THIS PERSON. |
| DISPLAY 'IS' IF ONLY ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. DISPLAY 'ARE' IF MORE THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
| DISPLAY THE ACTUAL NUMBER OF EVENTS LEFT TO BE ASKED ABOUT FOR THIS PERSON FOR '{NUMBER}'. |
| DISPLAY 'EVENT' IF ONLY ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. DISPLAY 'EVENTS' IF MORE THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |

---

| For each of the following: |
| }
EVENT NOT YET CODED AS ‘INFORMATION OK’ AT ED02

ask ED02 - END_LP02

----------------------------------------------------

ED02

====

(Person's First Middle and Last Name) (Name of Medical Care Provider......) {EV} {EVN-DT}

Let's talk about the hospital stay for (Person) at (Provider) that began on (Admit Date)/when (Person) visited the emergency room at (Provider) on (Visit Date)/when (Person) received medical care from an outpatient department at (Provider) on (Visit Date)/when (Person) received medical care from (Provider) on (Visit Date)/when (Person) received medical care from (Provider) on (Visit Date)/when (Person) received dental care from (Provider) on (Visit Date)/the (OME Item Group Name) used by (Person) since (Start Date)/the services (Person) received at home from (Provider) during (Month).

Code ‘1’ unless Respondent volunteers correction.

Information OK ............................ 1 {END_LP02}

Corrections Needed:

Provider Misspelled/Incomplete ........ 2
Date(s) Incorrect ......................... 3
Wrong Event Type .......................... 4
Wrong Provider ............................. 5
Wrong OME Item Group ..................... 6
Event Not for This Person ............... 7
Event Entered in Error ................... 8
Want to Review (Person)'s Events or
Add Event for Any Ru Member .......... 9 {ED09}

[Code One]

----------------------------------------------------

| DISPLAY 'the hospital...(Admit Date)' IF EVENT TYPE IS HS. DISPLAY 'when...emergency...(Visit Date)' IF EVENT TYPE IS ER. DISPLAY 'when... outpatient...(Visit Date)' IF EVENT TYPE IS OP. DISPLAY 'when... medical...(Visit Date)' IF EVENT TYPE IS MV. DISPLAY 'when... dental...(Visit Date)' IF EVENT TYPE IS DN. DISPLAY 'the {OME Item Group Name}...(Start Date)' IF EVENT TYPE IS OM. DISPLAY 'the... home...(Month)' IF EVENT TYPE IS HH. |

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| IF CODED ‘2’ (Provider Misspelled/Incomplete) AND Event Type is OM, DISPLAY the following message: ‘This Code Not Available for OM Events. Press Enter to Continue.’ |

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| IF CODED ‘2’ (Provider Misspelled/Incomplete) AND Event Type is Not OM, DISPLAY the following message: ‘This Option Is Disabled. Please Record Information in Comments.’ THEN, GO TO END_LP02. |

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| IF CODED ‘3’ (Date(s) Incorrect), ‘4’ (Wrong Event Type) |

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TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS HH, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR HH EVENTS. IF CORRECTION NECESSARY, DELETE AND RE-ADD THIS HH EVENT. PRESS ENTER TO CONTINUE.'

---------------------------------------

IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR OM EVENTS. IF CORRECTION NECESSARY, DELETE AND RE-ADD THIS OM EVENT. PRESS ENTER TO CONTINUE.'

---------------------------------------

IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE IS NOT HH OR OM, GO TO ED04

---------------------------------------

IF CODED '4' (WRONG EVENT TYPE) AND EVENT TYPE IS NOT HH OR OM, GO TO ED07

---------------------------------------

IF CODED '5' (WRONG PROVIDER) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: 'CHANGE OF PROVIDER DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.'

---------------------------------------

IF CODED '5' (WRONG PROVIDER), AND EVENT TYPE IS NOT HH OR OM, AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, GO TO BOX_02

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IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS NOT OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE ONLY AVAILABLE FOR OM EVENTS. ENTER NEW CODE. PRESS ENTER TO CONTINUE.'

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IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS 'REGULAR' (EV02A=1 OR NOT ASKED), GO TO ED06

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IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS 'ADDITIONAL' (EV02A=2), GO TO ED06A

---------------------------------------

IF CODED '7' (EVENT NOT FOR THIS PERSON) AND SINGLE-PERSON RU, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT AVAILABLE FOR SINGLE-PERSON RU. ENTER NEW CODE.'

---------------------------------------

IF CODED '7' (EVENT NOT FOR THIS PERSON) AND
EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: ‘TRANSFER DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.’

IF CODED ‘7’ (EVENT NOT FOR THIS PERSON), AND MULTI-PERSON RU, AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, GO TO ED05

IF CODED ‘8’ (EVENT ENTERED IN ERROR), AND EVENT IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE, FLAG EVENT FOR DELETION AND GO TO END_LP02

IF CODED ‘8’ (EVENT ENTERED IN ERROR) AND EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING MESSAGE: ‘DELETION DISALLOWED. RECORD ALREADY LINKED TO OTHER EVENTS.’

ED03
====
OMITTED.

ED04
====

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER........) (EV) (EVN-DT)
INTERVIEWER: RE-TYPE THE ENTIRE EVENT DATE(S) TO CORRECT.
[Enter Month,Day,Year-2] - [Enter Month,Day,Year-2]

REFUSED AND DON’T KNOW ARE ALLOWED IN THE DAY AND YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD.

COLLECT DISCHARGE DATE ONLY IF EVENT TYPE IS HS.

WRITE CORRECTION TO PERSON’S-MEDICAL-EVENTS-ROSTER.

GO TO END_LP02

ED05
====

(PERSON’S FIRST MIDDLE AND LAST NAME) (NAME OF MEDICAL CARE PROVIDER........) (EV) (EVN-DT)
INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
[1. First Name, [Middle Name], Last Name-35] .........................
[2. First Name, [Middle Name], Last Name-35] .........................
[3. First Name,[Middle Name],Last Name-35] ...............................
[Code One]
----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS THE  |
| RU-MEMBERS-ROSTER.                          |
----------------------------------------------------
----------------------------------------------------
| FLAG EVENT FOR DELETION FROM PERSON’S-MEDICAL-|
| EVENTS-ROSTER FOR PERSON ORIGINALLY ASSOCIATED|
| WITH EVENT AND ADD EVENT TO PERSON’S-MEDICAL-|
| EVENTS-ROSTER FOR PERSON SELECTED IN ED05.    |
----------------------------------------------------
| GO TO END_LP02                                |
----------------------------------------------------
BOX_02
=======
----------------------------------------------------
| ASK THE PROVIDER ROSTER (PV) SECTION FOR THIS  |
| EVENT.                                        |
| AT COMPLETION OF PROVIDER ROSTER (PV) SECTION,|
| CONTINUE WITH BOX_03                          |
----------------------------------------------------
BOX_03
=======
----------------------------------------------------
| WRITE PROVIDER CORRECTION TO PERSON’S-EVENT-  |
| PROVIDER-PAIRS-ROSTER.                        |
----------------------------------------------------
| GO TO END_LP02                                |
----------------------------------------------------
ED06
====
PERSON’S FIRST MIDDLE AND LAST NAME)  (NAME OF MEDICAL CARE
PROVIDER......)  (EV)
INTERVIEWER: SELECT CORRECT OME ITEM GROUP.
GLASSES OR CONTACT LENSES .............. 1
INSULIN ................................ 2
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3
[Code One]
----------------------------------------------------
| IF CODED ‘2’ (INSULIN), ADD ‘INSULIN’ TO       |
| PERSON’S-PRESCRIBED-MEDICINES-ROSTER.        |
----------------------------------------------------
| IF CODED ‘3’ (OTHER DIABETIC EQUIPMENT OR    |
| SUPPLIES), ADD ‘OTHER DIABETIC EQUIP/SUPPLIES’|
| TO PERSON’S-PRESCRIBED-MEDICINES-ROSTER.     |
----------------------------------------------------
| CHANGE THE OME GROUP ORIGINALLY ASSOCIATED    |
| WITH THE EVENT BEING ASKED ABOUT TO THE OME   |
| ITEM GROUP |
ED06A
====

(Person's First Middle and Last Name)  (Name of Medical Care Provider......)  (EV)
Interviewer: select correct OME item group.

Ambulance Services ................... 1    [Box_ED06A]
Orthopedic Items .................... 2    [Box_ED06A]
Hearing Devices ..................... 3    [Box_ED06A]
Prostheses ........................... 4    [Box_ED06A]
Bathroom Aids ....................... 5    [Box_ED06A]
Medical Equipment ................... 6    [Box_ED06A]
Disposable Supplies ................. 7    [Box_ED06A]
Alterations/Modifications .......... 8    [Box_ED06A]
Other ................................ 91    [Code One]

ED06AOV
=====

Enter other grouping of other medical expenses:

[Enter Other Specify] ..................
Ref .................................. -7
DK .................................. -8

BOX_ED06A
=====

Change the OME group originally associated with the event being asked about to the OME item group selected in ED06A or entered in ED06AOV.

| Go to END_LP02

ED07
=====

(Person's First Middle and Last Name)  (Name of Medical Care Provider......)  (EV)  (EVN-DT)
Interviewer: select correct event type.

Hospital Stay ........................ HS
Hospital Emergency Room ............. ER  [END_LP02]
Hospital Outpatient Department ...... OP  [END_LP02]
Medical Provider Visit .............. MV  [END_LP02]
Dental Care .......................... DN  [END_LP02]

[Code One]

Press F1 for definitions of event types.

<p>| Change the event type originally associated with |
| the event being asked about to the event type |
| selected in ED07. if event type was hospital |
| stay, the new event date will be the admit date |</p>
<table>
<thead>
<tr>
<th>COLLECTED FOR THE HOSPITAL STAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CHANGE TO HS, ER, OR OP AND PROVIDER IS A</td>
</tr>
<tr>
<td>PERSON-TYPE-PROVIDER, DISPLAY THE FOLLOWING</td>
</tr>
<tr>
<td>MESSAGE: ‘YOU MUST CHANGE TO A FACILITY PROVIDER</td>
</tr>
<tr>
<td>BEFORE CHANGING THE EVENT TYPE.’</td>
</tr>
</tbody>
</table>

ED08
====

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (E VN-DT)

Interviewer: Re-type entire event date(s) to correct.
[Enter Month, Day, Year-4] - [Enter Month, Day, Year-4]

Write correction to person's-medical-events- roster.

Go to End_LP02

Refused and don’t know are allowed in the day and year fields but are disallowed in the month field.

ED09
====

(Person's First Middle and Last Name) (Name of Medical Care Provider......) (EV) (E VN-DT)

(ome Item Group: (Name of OME Item Group......))

Interviewer: So far, the following events have been recorded for (person):

To move cursor, use arrow keys. To leave, press Esc.

<table>
<thead>
<tr>
<th>ED09_01. NAME</th>
<th>ED09_02. ROSTER.</th>
<th>ED09_04. ED09_05. C/P MEDICAL EVENT TYPE DATE-DATE UTIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Display Medical Event Code] [Display Month Selection] [Display Selection]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. [Display Medical Event Code] [Display Month Selection] [Display Selection]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. [Display Medical Event Code] [Display Month Selection] [Display Selection]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Roster definition: This item displays all current round events and all events held over from the previous round (i.e., utilization and charge/payment were not marked as processed) on person's-medical-events-roster except events with event type 'PM'. The roster is displayed in the third column of the grid. The first column of the grid will display the provider associated with that
PARTICULAR ROW ENTRY OF PERSON’S-MEDICAL-EVENTS-ROSTER. THE SECOND COLUMN OF THE GRID WILL DISPLAY THE EVENT TYPE ASSOCIATED WITH THAT PARTICULAR ROW ENTRY OF PERSON’S-MEDICAL-EVENTS-ROSTER.

-----------------------------------------------

CAPI DISPLAYS A CHECK MARK IN THE 'UTIL' COLUMN IF THE EVENT BEING ASKED ABOUT HAS COMPLETED THE APPROPRIATE UTILIZATION SECTION.

-----------------------------------------------

CAPI DISPLAYS A CHECK MARK IN THE 'C/P' COLUMN IF THE EVENT BEING ASKED ABOUT HAS COMPLETED THE CHARGE/PAYMENT (CF) SECTION.

-----------------------------------------------

CONTINUE WITH ED09OV1

-----------------------------------------------

ED09OV1

ADD AN EVENT?
YES ........................................ 1
NO ........................................ 2 {END_LP02}

-----------------------------------------------

ED09OV1 IS DISPLAYED BENEATH THE GRID ON ED09 WHENEVER ED09 IS DISPLAYED.

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BOX_04

-----------------------------------------------

ASK THE EVENT ROSTER (EV) SECTION FOR THIS EVENT.
AT COMPLETION OF EVENT ROSTER (EV) SECTION,
CONTINUE WITH END_LP02

-----------------------------------------------

NOTE: CAPI CONTINUES THE LOOP FOR THE EVENT THAT WAS IN PROCESS WHEN ANOTHER EVENT WAS ADDED.
ADDED EVENTS ARE PROCESSED IN THE ED SECTION AFTER EVENTS THAT WERE RECORDED IN THE PROVIDER PROBES (PP) SECTION.

-----------------------------------------------

END_LP02

-----------------------------------------------

IF ED02 IS CODED '1' (INFORMATION OK), CONTINUE WITH END_LP01

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OTHERWISE, CYCLE ON THE SAME EVENT TO COLLECT ANY ADDITIONAL CORRECTION.
ASK APPROPRIATE UTILIZATION SECTION FOR THIS EVENT.
WHEN UTILIZATION IS COMPLETED FOR THIS EVENT,
CYCLE ON NEXT EVENT IN PERSON’S-MEDICAL-EVENTS-
ROSTER THAT MEETS THE CONDITIONS STATED IN THE
LOOP DEFINITION.

---

IF NO MORE EVENTS MEET THE STATED CONDITIONS, END
LOOP_01 AND CONTINUE WITH BOX_05

---

GO TO THE NEXT QUESTIONNAIRE SECTION