

Event Driver (ED) Section

BOX_01

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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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LOOP_01

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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 |
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ED01

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```
{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.
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| 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. |
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LOOP_02

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| For each of the following: |
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| EVENT NOT YET CODED AS 'INFORMATION OK' AT ED02 |
|
| ask ED02 - END_LP02 |
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ED02
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{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 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)}.

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CODE '1' UNLESS RESPONDENT VOLUNTEERS CORRECTION.

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INFORMATION OK ..... 1 {END_LP02}

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CORRECTIONS NEEDED:

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PROVIDER MISPELLED/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]

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|-----|
| 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 MISPELLED/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 MISPELLED/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 |

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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

| 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.'

| 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

| 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

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| EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE, |
| DISPLAY THE FOLLOWING MESSAGE: `TRANSFER |
| DISALLOWED. RECORD ALREADY LINKED TO OTHER |
| EVENTS.` |
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| 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 |
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| 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 |
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| 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.` |
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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. |
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-----
| COLLECT DISCHARGE DATE ONLY IF EVENT TYPE IS HS. |
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-----
| WRITE CORRECTION TO PERSON'S-MEDICAL-EVENTS-ROSTER. |
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-----
| 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

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|   SELECTED IN ED06.                                     |
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|   GO TO END_LP02                                       |
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ED06A
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{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
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|   CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH   |
|   THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP |
|   SELECTED IN ED06A OR ENTERED IN ED06AOV.         |
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|   GO TO END_LP02                                       |
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```

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.
-----
|   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 |

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| COLLECTED FOR THE HOSPITAL STAY. |

| IF CHANGE TO HS, ER, OR OP AND PROVIDER IS A |
| PERSON-TYPE-PROVIDER, DISPLAY THE FOLLOWING |
| MESSAGE: 'YOU MUST CHANGE TO A FACILITY PROVIDER |
| BEFORE CHANGING THE EVENT TYPE.' |

ED08

=====

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

ED09_01. NAME	ED09_02. EVENT TYPE	ROSTER. DATE-DATE	ED09_04. UTIL	ED09_05. C/P
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Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]
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Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]
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Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]
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| 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 (CP) 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. |

BOX_04

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| 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 |

| OTHERWISE, CYCLE ON THE SAME EVENT TO COLLECT ANY |
| ADDITIONAL CORRECTION. |

END_LP01

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```
-----  
| 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. |  
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-----  
| IF NO MORE EVENTS MEET THE STATED CONDITIONS, END |  
| LOOP_01 AND CONTINUE WITH BOX_05 |  
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BOX_05

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-----  
| GO TO THE NEXT QUESTIONNAIRE SECTION |  
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```

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