

Provider Directory (PD) Section

| NOTE: THERE ARE THREE BASIC TYPES OF PROVIDERS: |
| 1. PERSON-TYPE-PROVIDERS |
| 2. PERSON-IN-FACILITY-PROVIDERS |
| 3. FACILITY PROVIDERS |
| THE PROVIDER DIRECTORY (PD) SECTION DEALS |
| ONLY WITH THE FIRST AND THIRD TYPES. THE |
| SECOND TYPE (PERSON-IN-FACILITY-PROVIDERS) |
| SHOULD BE TREATED AS A FACILITY FOR THE |
| PURPOSES OF THE PD SECTION. THAT IS, THE |
| PERSON'S NAME IS NOT DISPLAYED OR SEARCHED |
| ON, BUT RATHER THE FACILITY WITH WHICH |
| S/HE IS ASSOCIATED WILL BE DISPLAYED AND |
| SEARCHED ON. THEREFORE, IF THERE IS MORE |
| THAN ONE PERSON-IN-FACILITY-PROVIDER |
| ASSOCIATED WITH THE SAME FACILITY, THE |
| PROVIDER LOOP WILL BE CYCLED ON ONCE FOR |
THAT FACILITY.

LOOP_01

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| FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER, |
ASK BOX_01 - END_LP01

| LOOP DEFINITION: LOOP_01 COLLECTS PROVIDER IN |
| PLAN AND ADDRESS INFORMATION FOR PROVIDERS. THIS |
| LOOP CYCLES ON PROVIDERS THAT MEET THE FOLLOWING |
| CONDITIONS: |
| - CREATED THIS ROUND |
| OR |
| - CREATED IN A ROUND 1 AND WAS ASSOCIATED WITH AN |
| IC EVENT (I.E., DID NOT COMPLETE LOOP_01) |
| AND |
| - FLAGGED AS A 'SEPARATELY BILLING DOCTOR' |
| OR |
| - ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT |
| OR |
| - ASSOCIATED WITH AN MV EVENT AND MV03 IS CODED |
| '1' (YES - TALKED TO A MEDICAL DOCTOR) OR MV03 |
| IS CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T |
| KNOW) AND MV06 IS CODED '1' (YES - MEDICAL |
| DOCTORS WORK AT LOCATION) |
| OR |
| - ASSOCIATED WITH A HH EVENT AND FLAGGED AS |
'AGENCY'

BOX_01

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| IF PROVIDER IS: |
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS

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|   'AGENCY',
|   OR
|   - ASSOCIATED WITH AN IC EVENT,
|   GO TO BOX_04
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|   OTHERWISE, CONTINUE WITH BOX_02
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BOX_02
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|   IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU
|   MEETS THE FOLLOWING CONDITIONS:
|   - FLAGGED AS 'PROVIDING HOSPITAL/PHYSICIAN
|     BENEFITS' (EXCLUDE INSURERS WHERE HOSPITAL/
|     PHYSICIAN BENEFITS ARE PROVIDED SOLELY
|     THROUGH MEDIGAP)
|   - ESTABLISHMENT OR INSURER IS FLAGGED AS AN 'HMO'
|     OR
|     INSURER IS AN HMO (MC01 IS CODED '1' (YES))
|     OR
|     INSURER REQUIRES PERSONS TO SIGN UP WITH
|     PRIMARY PHYSICIAN (MC02 IS CODED '1' (YES))
|   CONTINUE WITH PD01
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|   IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU
|   MEETS THE FOLLOWING CONDITIONS:
|   - FLAGGED AS 'PROVIDING HOSPITAL/PHYSICIAN
|     BENEFITS' (EXCLUDE INSURERS WHERE HOSPITAL/
|     PHYSICIAN BENEFITS ARE PROVIDED SOLELY
|     THROUGH MEDIGAP)
|   - INSURER HAS A LIST OF DOCTORS ASSOCIATED WITH
|     IT (MC03 IS CODED '1' (YES))
|   GO TO PD02
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|   OTHERWISE, GO TO BOX_03
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PD01
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PROVIDER: {NAME OF MEDICAL CARE PROVIDER.....}
Think about all of the health insurance plans for anyone in
the family. Is (PROVIDER) part of any plan, referred by
a health care provider who is part of any plan, or is (PROVIDER)
not part of any plan?

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PART OF PLAN ..... 1 {BOX_03}
REFERRED BY PLAN ..... 2 {BOX_03}
NOT PART OF/NOT REFERRED BY PLAN ..... 3 {BOX_03}
REF ..... -7 {BOX_03}
DK ..... -8 {BOX_03}

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[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

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|   DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR
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'NAME OF MEDICAL CARE PROVIDER'.

PD02
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PROVIDER: {NAME OF MEDICAL CARE PROVIDER.....}
Is (PROVIDER) in the book or list of doctors or medical places
associated with any of the family's health insurance plans?

YES 1
NO 2
REF -7
DK -8

PRESS F1 FOR DEFINITION OF BOOK OR LIST.

| DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR |
'NAME OF MEDICAL CARE PROVIDER'.

BOX_03
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| IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV |
| EVENT AND RU IS NOT SELECTED FOR MPS, GO TO |
END_LP01

OTHERWISE, CONTINUE WITH BOX_04

BOX_04
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IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03

OTHERWISE, GO TO PD04

PD03
=====

Now I would like to make sure I have complete information
for the medical providers you mentioned. I will use a
directory to look up the names, addresses, and telephone
numbers of the sources of medical care you mentioned.
PRESS ENTER TO CONTINUE.

PD04
=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
ENTER PROVIDER'S STATE ABBREVIATION.
PRESS ENTER FOR **{STATE ABBREVIATION FOR RESPONDENT}**.
[Enter State Code]
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

ALLOW CODE "FC" (FOREIGN COUNTRY).

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
FACILITY NAME.

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
PV'.

| DISPLAY TWO CHARACTER STATE ABBREVIATION |
| ASSOCIATED WITH THIS RU'S ADDRESS FOR 'STATE |
ABBREVIATION FOR RESPONDENT'.

| NOTE: IF ENTER IS PRESSED WITHOUT ANY ENTRY, |
| PD05 SHOULD BE THE SAME AS STATE ABBREVIATION |
USED IN THE PD04 DISPLAY.

LOOP_02
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FOR EACH SEARCH ATTEMPT, ASK PD05-END_LP02

PD05
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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE ABBREVIATION}
SELECT A SEARCH STRATEGY.
SEARCH ON PROVIDER NAME SHOWN ABOVE 1 {BOX_05}
CHANGE NAME BEFORE SEARCH 2
SEARCH ON CORE STREET NAME 3 {PD10}
SEARCH ON TELEPHONE NUMBER 4 {PD11}
CHANGE STATE FOR SEARCH 5
DO NOT SEARCH - GO DIRECTLY TO
PROVIDER INFORMATION FORM 6 {PD18}
[Code One]

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
FACILITY NAME.

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
PV'.

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| PV' .
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| DISPLAY TWO CHARACTER STATE ABBREVIATION ENTERED |
| IN PD04 FOR 'STATE ABBREVIATION' .
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| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER' , |
| GO TO PD08
|-----|
| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDER FLAGGED AS 'FACILITY-PROVIDER' , GO TO |
| PD09
|-----|
| EDIT: CODES '1' (SEARCH ON PROVIDER NAME SHOWN |
| ABOVE), '2' (CHANGE NAME BEFORE SEARCH), '3' |
| (SEARCH ON CORE STREET NAME), AND '4' (SEARCH ON |
| TELEPHONE NUMBER) ARE NOT ALLOWED WHEN THE |
| PROVIDER'S STATE IS CODED 'FC' (FOREIGN COUNTRY) . |
| IF STATE IS CODED 'FC' AND CODE '1', '2', '3', |
| OR '4' IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: |
| 'INVALID ENTRY. IF STATE IS 'FC', CODES 1-4 ARE |
| UNAVAILABLE. VERIFY AND RE-ENTER.'
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PD06
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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
CURRENT STATE CODE: {STATE ABBREVIATION}
ENTER NEW STATE CODE FOR PROVIDER.
[Enter State Code] .....
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.
|-----|
| DISALLOW CODE "FC" (FOREIGN COUNTRY) .
|-----|
| EDIT: IF CODE "FC" (FOREIGN COUNTRY) IS ENTERED, |
| DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. |
| PLEASE RE-ENTER.'
|-----|
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV' . IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME.
|-----|
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV' .
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| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION'. |
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PD07
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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
SELECT A SEARCH STRATEGY.
SEARCH ON PROVIDER NAME SHOWN ABOVE .... 1 {BOX_05}
CHANGE NAME BEFORE SEARCH ..... 2
SEARCH ON CORE STREET NAME ..... 3 {PD10}
SEARCH ON TELEPHONE NUMBER ..... 4 {PD11}
DO NOT SEARCH - GO DIRECTLY TO
PROVIDER INFORMATION FORM ..... 5 {PD18}
[Code One]

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| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |
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| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'. |
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| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER', |
| CONTINUE WITH PD08 |
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| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND |
| PROVIDER FLAGGED AS 'FACILITY-PROVIDER', GO TO |
| PD09 |
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PD08
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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
CURRENT STATE CODE: {STATE ABBREVIATION}
ENTER CORRECTED NAME INFORMATION IN APPROPRIATE FIELD(S).
PRESS ENTER TO PASS THROUGH FIELDS WHERE NO CORRECTION IS
REQUIRED.
{Display FIRST NAME} {Display LAST NAME}
[Enter First Name] [Enter Last Name]

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| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |

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| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV' . |
-----
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV' . |
-----
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION' . |
-----
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'DISPLAY FIRST NAME' AND |
| 'DISPLAY LAST NAME' . |
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| GO TO BOX_05 |
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PD09

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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE ABBREVIATION}
ENTER CORRECTED FACILITY, GROUP PRACTICE, OR HMO NAME.
{Display FACILITY NAME}
[Enter Facility Name]
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| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV' . |
-----
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV' . |
-----
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION' . |
-----
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'DISPLAY FACILITY NAME' . |
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| GO TO BOX_05 |
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PD10

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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE ABBREVIATION}
ENTER CORE STREET NAME.
(I.E., DO NOT ENTER STREET NUMBER OR DIRECTION)
[Enter Core Street Name]
PRESS F1 FOR DEFINITION OF CORE STREET NAME.

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
FACILITY NAME.

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
PV' .

| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
FROM PD04) FOR 'STATE ABBREVIATION' .

GO TO BOX_05

PD11

=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE ABBREVIATION}
ENTER COMPLETE TELEPHONE NUMBER:
[Enter Area Code-3, Exchange-3,
Local Number-4]

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
FACILITY NAME.

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
PV' .

DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY

| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION'. |

| IF INTERVIEWER TRIES TO LEAVE SCREEN WITHOUT |
| FILLING ALL ENTRY FIELDS, DISPLAY THE FOLLOWING |
| MESSAGE AT THE BOTTOM OF THE SCREEN: 'YOU MUST |
| ENTER INFORMATION IN ALL FIELDS FOR THIS SEARCH.' |

BOX_05
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| CAPI WILL AUTOMATICALLY CONDUCT THE APPROPRIATE |
| SERIES OF SEARCHES FOR THE SELECTED SEARCH |
| CATEGORY AS FOLLOWS: |

- | 1) SEARCH ON PROVIDER NAME AS SHOWN ABOVE - |
| PERSON-TYPE-PROVIDER - FIRST AND LAST NAME; |
| FIRST NAME INITIAL AND LAST NAME; LAST |
| NAME ONLY; FIRST THREE LETTERS OF LAST |
| NAME ONLY |
| FACILITY-PROVIDER - FULL NAME; FIRST WORD OF |
| FACILITY NAME; FIRST THREE CHARACTERS OF |
| FIRST WORD OF NAME. |
- | 2) SEARCH ON CORRECTED PROVIDER NAME - SAME AS #1 |
- | 3) SEARCH ON CORE STREET NAME - FULL SPELLING OF |
| CORE STREET NAME; FIRST THREE LETTERS OF |
| CORE STREET NAME |
- | 4) SEARCH ON TELEPHONE NUMBER - EXCHANGE AND LOCAL |
| NUMBER; LOCAL ONLY; EXCHANGE ONLY |

| IF NO MATCHES OR MORE THAN 75 MATCHES, GO TO PD17 |

| OTHERWISE, CONTINUE WITH PD12 |

PD12
=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE}
SEARCH STRATEGY: {PROVIDER NAME SHOWN ABOVE/CORRECTED
{PERSON/FACILITY} NAME/CORE STREET NAME/
TELEPHONE NUMBER}
NUMBER OF POTENTIAL MATCHES FOUND: {NUMBER OF MATCHES}
PRESS ENTER TO CONTINUE.

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |

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| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |
-----
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV' . |
-----
| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
| FROM PD04) FOR 'STATE ABBREVIATION' . |
-----
| SEARCH STRATEGY: |
| - DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1 |
| OR IF PD07=1. |
| - DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF |
| PD05=2 OR IF PD07=2. |
| - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER |
| AND PD08 WAS ANSWERED. |
| - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND |
| PD09 WAS ANSWERED. |
| - DISPLAY 'CORE STREET NAME' IF PD05=3 OR |
| IF PD07=3. |
| - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 PR |
| IF PD07=4. |
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| DISPLAY THE NUMBER OF POTENTIAL MATCHES FOUND IN |
| DIRECTORY FOR 'NUMBER OF MATCHES' . |
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PD13

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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
SELECT CORRECT PROVIDER.
IF CORRECT PROVIDER NOT FOUND, PRESS ESC TO LEAVE SCREEN.
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.
ROSTER. PROVIDER-MATCHES PD13_02. STREET ADDRESS
[Display Provider Name-40] [Display Street Address-20]
[Display Provider Name-40] [Display Street Address-20]
[Display Provider Name-40] [Display Street Address-20]
{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}
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| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |

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| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |
-----
| DISPLAY STREET ADDRESS AS RECORDED ON THE PROVIDER |
| ROSTER FROM SECTION PV FOR THE PROVIDER BEING |
| LOOPED ON FOR 'STREET ADDRESS FROM PV'. |
-----
| DISPLAY FULL INFORMATION (I.E., NAME ADDRESS, |
| CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) BELOW |
| ROSTER FOR PROVIDER CURSOR IS ON (I.E., |
| HIGHLIGHTED). |
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| IF NO PROVIDER SELECTED FROM ROSTER, GO TO PD17 |
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| OTHERWISE, CONTINUE WITH PD14 |
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PD14
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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
YOU HAVE SELECTED:
{Display Provider Name}
{Display Provider Street Address}
{Display Provider City, State, Zip}
{Display Provider Telephone Number}
{Display Provider Specialty}
YOUR OPTIONS:
ACCEPT PROVIDER AS SHOWN ..... 1
ACCEPT PROVIDER BUT MAKE CHANGES ..... 2
WRONG PROVIDER, GO BACK TO PREVIOUS
SCREEN ..... 3
-----
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
| FACILITY NAME. |
-----
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV'. |
-----
| DISPLAY FULL INFORMATION (I.E., NAME, ADDRESS, |
| CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR |
| PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR |
| 'DISPLAY PROVIDER...'. |
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| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
| PV' . |

| DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND |
| TELEPHONE FOR PROVIDER SELECTED (I.E., CHECKED) IN |
| PD13 FOR 'DISPLAY PROV...' EACH PIECE OF THE |
| INFORMATION SHOULD BE DISPLAYED ABOVE THE |
| APPROPRIATE LINE. |

| ENTRY FIELD SPECIFICATIONS: |
| |
| IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND |
| LAST NAME FIELDS. |
| |
| IF FACILITY-PROVIDER, DISPLAY FACILITY NAME |
| FIELD. |

| FLAG THIS RECORD AS 'UPDATED. NEEDS HOME OFFICE |
| REVIEW.' |

PD16

=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER}
STREET ADDRESS: {STREET ADDRESS}
DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?
YES 1
NO 2 {END_LP02}

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON |
| THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER BEING |
| LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER'. IF |
| PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF |
| FACILITY-PROVIDER, DISPLAY FACILITY NAME. |

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED |
| ON THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER |
| BEING LOOPED ON FOR 'STREET ADDRESS' . |

PD160V

=====

[ENTER TEXT].....{END_LP02}

| ALLOW MULTIPLE LINES FOR ENTRY. |

PD17

=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}

STREET ADDRESS: {STREET ADDRESS FROM PV}
STATE: {STATE}
SEARCH STRATEGY: {PROVIDER NAME SHOWN ABOVE/CORRECTED
{PERSON/FACILITY} NAME/CORE STREET NAME/TELEPHONE NUMBER}
{NO MATCHES/MORE THAN 75 MATCHES/YOU DID NOT SELECT ANY MATCHES
WHICH} WERE LOCATED IN THE DIRECTORY DURING THE LAST SEARCH.
DO YOU WANT TO SEARCH AGAIN?
YES, SEARCH AGAIN 1 {END_LP02}
NO, GO TO PROVIDER FORM 2
[Code One]

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER |
| FROM PV'. IF PERSON-TYPE PROVIDER, DISPLAY |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY |
FACILITY NAME.

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM |
PV'.

| DISPLAY TWO CHARACTER STATE ABBREVIATION CURRENTLY |
| BEING USED (I.E., FROM PD06 OR IF PD06 NOT ASKED, |
FROM PD04) FOR 'STATE ABBREVIATION'.

| SEARCH STRATEGY: |
| - DISPLAY 'PROVIDER NAME SHOWN ABOVE' IF PD05=1 |
| OR IF PD07=1. |
| - DISPLAY 'CORRECTED {PERSON/FACILITY} NAME' IF |
| PD05=2 OR IF PD07=2. |
| - DISPLAY 'PERSON' IF PERSON-TYPE-PROVIDER |
| AND PD08 WAS ANSWERED. |
| - DISPLAY 'FACILITY' IF FACILITY-PROVIDER AND |
| PD09 WAS ANSWERED. |
| - DISPLAY 'CORE STREET NAME' IF PD05=3 OR |
| IF PD07=3. |
| - DISPLAY 'TELEPHONE NUMBER' IF PD05=4 OR |
IF PD07=4.

| DISPLAY 'NO MATCHES' IF NO POTENTIAL MATCHES WERE |
FOUND IN THE DIRECTORY.

| DISPLAY 'MORE THAN 75 MATCHES' IF MORE THAN 75 |
POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY.

| DISPLAY 'YOU DID NOT SELECT ANY MATCHES WHICH' IF |
| POTENTIAL MATCHES WERE FOUND IN THE DIRECTORY BUT |
THE INTERVIEWER DID NOT SELECT ANY (I.E., USED

| ESC AT PD13 AND NO PROVIDER HAD BEEN CHECKED). |

PD18

=====

TO VERIFY INFO, PRESS ENTER. TO CORRECT OR ADD INFO, RE-TYPE
ENTIRE FIELD.

{Provider Name from PV}
{NAME (PD18_01): [_____]}
{1ST_STR_Provider Address from PV}
1ST_STR_ADDRESS (PD18_02): [_____]
{2ND_STR_Provider Address from PV}
2ND_STR_ADDRESS (PD18_03): [_____]
CITY (PD18_04): [_____]
STATE (PD18_05): [_____]
ZIP CODE (PD18_06): [_____]
TELEPHONE (PD18_07): [_____]
{SPECIALTY (PD18_08): [_____]}
PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

| IF STREET ADDRESS LINES ARE CODED REFUSED OR DON'T |
| KNOW (-7 OR -8) IN PROVIDER ROSTER (PV) SECTION, |
DISPLAY BLANK LINES FOR THESE FIELDS.

| DISPLAY THE NAME AND ADDRESS AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
| BEING LOOPED ON FOR 'PROVIDER NAME FROM PV'. IF |
| PERSON-TYPE-PROVIDER, DISPLAY PERSON NAME. IF |
| FACILITY-PROVIDER, DISPLAY FACILITY NAME. EACH |
| PIECE OF THE INFORMATION SHOULD BE DISPLAYED ABOVE |
THE APPROPRIATE LINE.

| ENTRY FIELD SPECIFICATIONS: |

| IF PERSON-TYPE-PROVIDER, DISPLAY 'FIRST' AND |
| 'LAST NAME' FIELDS. ALSO DISPLAY PD18_08, |
| 'SPECIALTY' FIELD, FOR COLLECTION. |

| IF FACILITY-PROVIDER, DISPLAY 'FACILITY NAME' |
FIELD. DO NOT DISPLAY 'SPECIALTY' FIELD.

| FLAG THIS RECORD AS 'NEW NAME/ADDRESS INFORMATION. |
NEEDS HOME OFFICE REVIEW.'

| REFUSED AND DON'T KNOW ALLOWED IN ALL FIELDS, |
EXCEPT THE 'NAME' FIELD.

PD19

=====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER}
STREET ADDRESS: {STREET ADDRESS}
DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES 1
NO 2 {END_LP02}

| DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
| PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON |
| THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER BEING |
| LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER'. IF |
| PERSON-TYPE PROVIDER, DISPLAY PERSON NAME. IF |
FACILITY-PROVIDER, DISPLAY FACILITY NAME.

| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON |
| THE PROVIDER ROSTER FROM SECTION PV OR AS UPDATED |
| ON THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER |
BEING LOOPED ON FOR 'STREET ADDRESS'.

PD190V
=====

[ENTER TEXT].....

ALLOW MULTIPLE LINES FOR ENTRY.

END_LP02
=====

IF PD17 IS CODED '1' (YES), CYCLE FOR NEXT SEARCH.

| IF NO MORE SEARCHES TO BE MADE, THAT IS, IF PD17 |
| IS CODED '2' (NO) OR PD14 IS CODED '1' (ACCEPT |
PROVIDER AS SHOWN), CONTINUE WITH END_LP01

END_LP01
=====

| CYCLE ON NEXT PROVIDER THAT MEETS THE CONDITIONS |
STATED IN THE LOOP DEFINITION.

| IF NO OTHER PROVIDER MEETS THE STATED CONDITIONS, |
END LOOP_01 AND CONTINUE WITH BOX_06

BOX_06
=====

GO TO NEXT QUESTIONNAIRE SECTION.

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