

Provider Directory (PD) Section

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| 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.                                |
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PD01A

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PROVIDER:  {NAME OF MEDICAL CARE PROVIDER.....}
IF PERSON PROVIDER, READ:
  Is the clinic or place where (PROVIDER) was seen a
  facility of the Veteran's Administration?
IF FACILITY PROVIDER, READ:
  Is (PROVIDER) a facility of the Veteran's Administration?
  YES ..... 1
  NO ..... 2
  REF ..... -7
  DK ..... -8
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| DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR    |
| 'NAME OF MEDICAL CARE PROVIDER.'                |
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LOOP_01

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| FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER, |
| ASK BOX_01 - END_LP01                            |
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| 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                                             |
| - ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT    |
|   OR                                             |
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| - 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' |
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BOX_01

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

- 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}

[Code One]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

| DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR |
'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

=====

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
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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
=====

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'.

| DISPLAY TWO CHARACTER STATE ABBREVIATION ENTERED |
IN PD04 FOR 'STATE ABBREVIATION'.

| 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.'

PD06
=====

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.

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| 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'.
-----
| 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]
-----
| 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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| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND
| PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER',
| CONTINUE WITH PD08
-----
| 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]

| 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 FIRST NAME' AND |
'DISPLAY LAST NAME' .

GO TO BOX_05

PD09
=====

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]

| 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' .

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| 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' .
-----
| 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
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PD11
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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] .....
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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. |

| 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 |
| 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.

| DISPLAY THE NUMBER OF POTENTIAL MATCHES FOUND IN |
DIRECTORY FOR 'NUMBER OF MATCHES'.

PD13

====

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}

| 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 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).

IF NO PROVIDER SELECTED FROM ROSTER, GO TO PD17

OTHERWISE, CONTINUE WITH PD14

PD14

=====

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

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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 FULL INFORMATION (I.E., NAME, ADDRESS,    |
| CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR   |
| PROVIDER SELECTED (I.E., CHECKED) IN PD13 FOR    |
| 'DISPLAY PROVIDER...'.                             |
|-----|
| IF CODED '1' (ACCEPT PROVIDER AS SHOWN) OR '2'   |
| (ACCEPT PROVIDER BUT MAKE CHANGES), STORE THIS   |
| PROVIDER DIRECTORY ID.                             |
|-----|
| NOTE: INFORMATION OBTAINED FROM THE PROVIDER      |
| DIRECTORY SEARCH IS NOT USED TO REPLACE DATA    |
| REPORTED BY THE RESPONDENT DURING THE INTERVIEW  |
| OR INCORPORATED INTO PROVIDER ROSTER DISPLAYS.   |
|-----|
| IF CODED '3' (WRONG PROVIDER, GO BACK TO PREVIOUS |
| SCREEN), CAPI AUTOMATICALLY RETURNS TO PD13      |
|-----|
| IF CODED '1' (ACCEPT PROVIDER AS SHOWN),          |
| GO TO END_LP02                                    |
|-----|
| IF CODED '2' (ACCEPT PROVIDER BUT MAKE CHANGES), |
| CONTINUE WITH PD15                                |
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PD15

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PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
ENTER CORRECTIONS, AS APPROPRIATE.
RETYPE ENTIRE FIELD TO MAKE CORRECTION.
PRESS ENTER TO PASS THROUGH FIELDS THAT REQUIRE NO CORRECTION.

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NAME (PD15_01): [_____]
                  {Display Prov Name from ProvDir}
                  {Display Prov Street Address from
ProvDir}
1ST_STR_ ADDRESS (PD15_02): [_____]
                              {Display Prov City from ProvDir}
CITY (PD15_03): [_____]
                  {Display Prov State from ProvDir}
STATE (PD15_04): [_____]

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ProvDir}                                     {Display Prov Zip Code from
      ZIP CODE (PD15_05): [ _____ ]
ProvDir}                                     {Display Prov Telephone from

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TELEPHONE (PD15_06): [ _____ ]
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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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| 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. |
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| ENTRY FIELD SPECIFICATIONS: |
| |
| IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND |
| LAST NAME FIELDS. |
| |
| IF FACILITY-PROVIDER, DISPLAY FACILITY NAME |
| FIELD. |
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| FLAG THIS RECORD AS 'UPDATED. NEEDS HOME OFFICE |
| REVIEW.' |
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PD16
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      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}
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| 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. |
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```

```
| 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.

[Return to Top](#)