

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.

LOOP_01

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

| 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

ED01
=====

{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:                          |  
|                                                       |  
| EVENT NOT YET CODED AS 'INFORMATION OK' AT ED02  |  
|                                                       |  
| ask ED02 - END_LP02                               |  
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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 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]

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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 MISSPELLED/INCOMPLETE) AND
EVENT TYPE IS OM, DISPLAY THE FOLLOWING MESSAGE:
'THIS CODE NOT AVAILABLE FOR OM EVENTS. PRESS
ENTER TO CONTINUE.'

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.

IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT
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 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-4] - [Enter Month,Day,Year-4]

| 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
=====

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| WRITE PROVIDER CORRECTION TO PERSON'S-EVENT- |  
| PROVIDER-PAIRS-ROSTER. |  
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| GO TO END_LP02 |  
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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]

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| IF CODED '2' (INSULIN), ADD 'INSULIN' TO |  
| PERSON'S-PRESCRIBED-MEDICINES-ROSTER. |  
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-----  
| IF CODED '3' (OTHER DIABETIC EQUIPMENT OR |  
| SUPPLIES), ADD 'OTHER DIABETIC EQUIP/SUPPLIES' |  
| TO PERSON'S-PRESCRIBED-MEDICINES-ROSTER. |  
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-----  
| CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH |  
| THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP |  
| SELECTED IN ED06. |  
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-----  
| GO TO END_LP02 |  
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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.

| 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 |
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 MEDICAL PROVIDER	ED09_02. EVENT TYPE	ROSTER. DATE-DATE	ED09_04. UTIL	ED09_05. C/P
1. [Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]
2. [Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]
3. [Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]

 | 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
=====

| 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
=====

| 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

BOX_05
=====

GO TO THE NEXT QUESTIONNAIRE SECTION