

Event Driver (ED) Section

BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, PROV.LORPNAME, |  
| EVPV.EVNTTYPE, EVPV.EVNTBEGM, EVPV.EVNTBEGD, AND |  
| EVPV.EVNTBEGY. |  
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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 OR SELECT NEXT PAGE 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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| LOOP DEFINITION: LOOP_02 CORRECTS CURRENT ROUND |  
| EVENT INFORMATION COLLECTED IN THE EVENT ROSTER |  
| SECTION, AS NEEDED. THE 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 |  
| - EVENT IS 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)}.

CODE INFORMATION OK ('1') UNLESS RESPONDENT VOLUNTEERS CORRECTION.

INFORMATION OK 1 {END_LP02}
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 NAME OF THE MEDICAL PROVIDER AND THE |
| EVENT DATE IN THE HEADER ONLY IF THE EVENT TYPE IS |
NOT 'OM'.

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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 NAME OF THE OME |  
| GROUP BEING LOOPED ON FOR 'OME ITEM GROUP NAME'. |  
| DISPLAY 'the...home...(MONTH)' IF EVENT TYPE IS HH |  
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| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED |
| ABOUT FOR THIS EVENT. |

| DISPLAY 'glasses or contact lenses' IF EVENT |
| TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES |
| OR CONTACT LENSES). |

| DISPLAY 'ambulance services' IF THE OM ITEM |
| GROUP IS '4' (AMBULANCE SERVICES). |

| DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
| IS '5' (ORTHOPEDIC ITEMS). |

| DISPLAY 'hearing devices' IF THE OM ITEM GROUP |
| IS '6' (HEARING DEVICES). |

| DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' |
| (PROSTHESES). |

| DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
| '8' (BATHROOM AIDS). |

| DISPLAY 'medical equipment' IF THE OM ITEM GROUP |
| IS '9' (MEDICAL EQUIPMENT). |

| DISPLAY 'disposable supplies' IF THE OM ITEM |
| GROUP IS '10' (DISPOSABLE SUPPLIES). |

| DISPLAY 'alterations or modifications' IF THE OM |
| ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |

| DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM |
| GROUP IS '91' (OTHER). |

| FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE |
| TEXT CATEGORY ENTERED IN THE OTHER SPECIFY |
| FIELD FOR OM EVENTS. |

| IF POSSIBLE ON SCREEN, INSERT A COLUMN HEADER |
| BEFORE THE VALUE OF '2', READING "CORRECTIONS |
| NEEDED" AS SHOWN ON CAPI SCREEN. |
| IN LABEL FOR ANSWER CATEGORY 9, DISPLAY "(PERSON)" |
| IN PURPLE (TO BE READ FROM HEADER). |

| 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.'

| 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.'

| IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE |
IS DN, ER, OP, OR MV, CONTINUE WITH ED04A

| IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE |
IS HS, GO TO ED04B

| 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.'

| 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
=====

OMITTED.

ED04A
=====

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

INTERVIEWER: TO CORRECT DATE, SELECT DATE, THEN CLICK THE
EDIT DATE LINK.

[Enter MM/DD/YYYY-4]

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

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

GO TO END_LP02

ED04B
=====

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

INTERVIEWER: TO CORRECT DATE, SELECT DATE, THEN CLICK THE
EDIT DATE LINK.

[Enter MM/DD/YYYY-4] - [Enter MM/DD/YYYY-4]

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

| IF DISCHARGE DATE IS '95' (STILL IN FACILITY), |
| THIS HS EVENT IS NOT CLOSED IN THE CURRENT ROUND. |
| FLAG EVENT AS PROCESSED AND FLAG CHARGE PAYMENT AS |
PROCESSED.

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

GO TO END_LP02

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} {EV}

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

GLASSES OR CONTACT LENSES 1 {END_LP02}
INSULIN 2 {END_LP02}
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3 {END_LP02}

[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 |
SELECTED IN ED06.

GO TO END_LP02

ED06A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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	{ED06AOV}

[Code One]

| IF THE SELECTED OME ITEM GROUP EXISTS, DISPLAY THE |
| FOLLOWING MESSAGE: 'OM OF THIS TYPE ALREADY |
EXISTS. PLEASE RE-SELECT OME GROUP.'

ED06AOV
=====

OTHER GROUP OF OTHER MEDICAL EXPENSES (OME) ITEMS:

[Enter Other Specify]	{BOX_ED06A}
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 {ED08}
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]

HELP AVAILABLE 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.'

| IF THE SELECTED EVENT TYPE MATCHES THE EVENT TYPE |
| ORIGINALLY ASSOCIATED WITH THE EVENT BEING ASKED |
| ABOUT, DISPLAY THE FOLLOWING MESSAGE: 'YOU MUST |
CHANGE THE EVENT TYPE. PLEASE RESELECT.'

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 MM/DD/YYYY-4] - [Enter MM/DD/YYYY-4]

| WHEN SCREEN IS DISPLAYED, DISPLAY THE EVENT DATE |
| AS THE ADMIT DATE AND LEAVE THE DISCHARGE DATE |
BLANK. BOTH DATES CAN BE CORRECTED.

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):

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]

 | CONTEXT HEADER DISPLAY INSTRUCTIONS: |
ADD TEXT FOR EVNT.OMTYPE CODE

| ROSTER DETAILS: |
| TITLE: PERS_EVNT_DISPLAY_1 |
| |
| COL # 1 NAME MEDICAL PROVIDER |
| DISPLAY MEDICAL PROVIDER |
| EVPV.LORPNAME, EVPV.DRFNAM, EVPV.DRMNAM |
| |
| COL # 2 EVENT TYPE |
| DISPLAY EVENT TYPE |
| EVNT.EVNTTYPE |
| |
| COL # 3 EVENT DATE |
| DISPLAY EVENT DATE |
| EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY |
| EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY |
| |
| COL # 4 UTIL |
| DISPLAY SELECTION |
| EVNT.UTFLAG |
| |
| COL # 5 C/P |
| DISPLAY SELECTION |
| EVNT.PROCFLAG |

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| PERSON'S-MEDICAL-EVENTS-ROSTER FOR DISPLAY. |

| ROSTER BEHAVIOR: |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
| 2. CAPI DISPLAYS A CHECK MARK IN THE 'UTIL' |
| COLUMN IF THE EVENT HAS COMPLETED THE |
| APPROPRIATE UTILIZATION SECTION. |
| 3. CAPI DISPLAYS A CHECK MARK IN THE 'C/P' COLUMN |
| IF THE EVENT HAS COMPLETED THE CHARGE/PAYMENT |
| (CP) SECTION. |

| ROSTER FILTER: |
| THIS ITEM DISPLAYS ALL EVENTS ON THE PERSON'S- |
| MEDICAL-EVENTS_ROSTER THAT WERE CREATED IN THE |
| CURRENT ROUND OR HELD OVER FROM THE PREVIOUS |
| ROUND (I.E., UTIL AND THE CHARGE/PAYMENT (CP) |
| SECTION WERE NOT MARKED AS PROCESSED, EXCEPT |
| EVENTS WITH THE EVENT TYPE (EVPV.EVNTTYPE) 'PM'. |

CONTINUE WITH ED09OV1

ED09OV1
=====

ADD AN EVENT?

YES 1 {BOX_04}
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