Provider Directory (PD) Section

---

NOTE: THERE ARE THREE BASIC TYPES OF PROVIDERS:

1. PERSON-TYPE-PROVIDERS
2. PERSON-IN-FACILITY-PROVIDERS
3. FACILITY PROVIDERS


---

BOX_00

=====

CONTEXT HEADER DISPLAY INSTRUCTIONS:

DISPLAY PROV.LORPNAME, PROV.PVSTR1

---

PD01AA

=====

OMITTED.
LOOP_01
=======

FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER, ASK NAV_PD01 - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS VA AFFILIATION AND ADDRESS INFORMATION FOR PROVIDERS. THIS LOOP CYCLES ON PROVIDERS THAT MEET THE FOLLOWING CONDITIONS:

- CREATED THIS ROUND AND LINKED TO A KEY RU MEMBER OR
- CREATED IN A PREVIOUS ROUND AND NOW LINKED TO A KEY RU MEMBER (AND HAS NOT BEEN THROUGH THE PD SECTION PREVIOUSLY) AND
- ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT OR
- ASSOCIATED WITH AN MV EVENT OR
- ASSOCIATED WITH AN HH EVENT AND FLAGGED AS 'AGENCY'

NAVIGATOR DETAILS: LOOP_01 USES NAV_PD01 TO CONTROL THE FLOW OF THE LOOP.
Provider

[1. Provider Last Name or Facility Name-30] [Status-25]
[2. Provider Last Name or Facility Name-30] [Status-25]
[3. Provider Last Name or Facility Name-30] [Status-25]

<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: PROVIDER</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU-MEDICAL-PROVIDERS-ROSTER</td>
</tr>
<tr>
<td>COL # 2 HEADER: EMPTY</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR</td>
</tr>
<tr>
<td>STATUS FOR EACH PROVIDER EACH TIME THE NAVIGATOR IS PRESENTED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS ITEM DISPLAYS THE RU-MEDICAL-PROVIDERS-ROSTER FOR SELECTION.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SELECT ALLOWED.</td>
</tr>
<tr>
<td>2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY EACH PROVIDER IN THE RU-MEDICAL-PROVIDERS-ROSTER THAT MEETS THE CONDITIONS STATED IN LOOP_01</td>
</tr>
</tbody>
</table>

| CONTINUE WITH PD01A FOR SELECTED PROVIDER |
PD01A

PROVIDER: {NAME OF MEDICAL CARE PROVIDER......}

(Is the clinic or place where (PROVIDER) was seen a facility of the Veteran’s Administration?/ Is (PROVIDER) a facility of the Veteran’s Administration?)

YES .................................... 1 {BOX_01A}
NO ..................................... 2 {BOX_01A}
REF ................................... -7 {BOX_01A}
DK .................................... -8 {BOX_01A}

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

| IF PERSON PROVIDER DISPLAY ‘Is the clinic or place | where (PROVIDER) was seen a facility of the Veteran’s Administration?’ |
| IF FACILITY PROVIDER DISPLAY ‘Is (PROVIDER) a facility of the Veteran’s Administration?’ |

BOX_01A

| IF PROVIDER IS: |
| - 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’, |
| CONTINUE WITH BOX_03 |

| OTHERWISE, GO TO END_LP01 |

----------------------------------------------------
BOX_01
======
OMITTED.

BOX_02
======
OMITTED.

PD01
====
OMITTED.

PD02
====
OMITTED.

BOX_03
======

----------------------------------------------------
| IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV |
| EVENT AND RU IS NOT SELECTED FOR THE MEDICAL      |
| PROVIDER COMPONENT (MPC), GO TO END_LP01          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_04                   |
----------------------------------------------------

BOX_04
======

-----------------------------------------------
| IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03 |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO PD05A IF PERSON-PROVIDER OR PD05B|
| IF FACILITY-PROVIDER                             |
-----------------------------------------------
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 OR SELECT NEXT PAGE TO CONTINUE.

<table>
<thead>
<tr>
<th>IF PROVIDER TYPE IS PERSON GO TO PD05A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE GO TO PD05B</th>
</tr>
</thead>
</table>

OMITTED.
PD05A

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FOR MEDICAL CARE PROVIDER FROM PV}

CURRENT STATE CODE: {STATE ABBREVIATION FOR RESPONDENT}

STATE: [_____] [CHANGE STATE FOR SEARCH]

SELECT A SEARCH STRATEGY:

_ SEARCH ON PROVIDER NAME
_ SEARCH ON ADDRESS
_ SEARCH ON TELEPHONE NUMBER
_ SEARCH ON PROVIDER NAME AND ADDRESS

----------------------------------------------------
| ITEM DETAILS |
| FIRST NAME: .. {Display Provider First Name} |
| LAST NAME: ... {Display Provider Last Name} |
| ADDRESSS: .... {Display Provider First Line} |
| ... {Display Second Line Business Location Address} |
| ... {Display Provider Business Location Address City, State, Zip} |
| PHONE: ....... {Display Provider Business Location Address Telephone Number} |
| SPECIALTY: ... {Display Healthcare Provider Taxonomy Code (Primary)} |

----------------------------------------------------

{SEARCH CRITERIA 1}
{SEARCH CRITERIA 2}
[SEARCH]

THE NUMBER OF POTENTIAL MATCHES FOUND: {NUMBER OF MATCHES}

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-35]</td>
<td>[Display City -15]</td>
<td>[Display Phone Number-12]</td>
</tr>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-35]</td>
<td>[Display City -15]</td>
<td>[Display Phone Number-12]</td>
</tr>
</tbody>
</table>

{DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES}
DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPEG 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 ‘FIRST NAME’ FOR SEARCH CRITERIA 1 AND ‘LAST NAME’ FOR SEARCH CRITERIA 2 IF ‘SEARCH ON PROVIDER NAME SHOWN ABOVE’ SELECTED.

DISPLAY ‘STREET LIKE’ FOR SEARCH CRITERIA 1 IF ‘SEARCH ON CORE STREET NAME’ SELECTED. DISPLAY NO SEARCH CRITERIA 2.

DISPLAY ‘PHONE NUMBER’ FOR SEARCH CRITERIA 1 IF ‘SEARCH ON TELEPHONE NUMBER’ SELECTED. DISPLAY NO SEARCH CRITERIA 2.

DISPLAY TWO-CHARACTER STATE ABBREVIATION ASSOCIATED WITH THIS RU’S ADDRESS FOR ‘STATE ABBREVIATION FOR RESPONDENT’.

A LIST OF PROVIDERS IS DISPLAYED ON THE BOTTOM HALF OF THE SCREEN AFTER SEARCH CRITERIA ENTERED AND ‘SEARCH’ BUTTON SELECTED.

AN ‘ITEM DETAILS’ BOX WILL APPEAR AFTER A PROVIDER HAS BEEN SELECTED FROM THE LIST OF PROVIDERS.
SEARCHES CAN BE CONDUCTED MULTIPLE TIMES FROM THIS SCREEN WITHOUT MOVING FORWARD IN THE INSTRUMENT.

YOU CAN ONLY PROCEED AFTER A PROVIDER OR ‘DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES’ HAS BEEN SELECTED.

IF A PROVIDER IS SELECTED, PROCEED TO PD14

IF ‘DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES’ HAS BEEN SELECTED, PROCEED TO PD18

PD05B

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FOR MEDICAL CARE PROVIDER FROM PV}
STATE: {STATE ABBREVIATION FOR RESPONDENT}

STATE: [_____] [CHANGE STATE FOR SEARCH]

SELECT A SEARCH STRATEGY:

- SEARCH ON PROVIDER NAME
- SEARCH ON ADDRESS
- SEARCH ON TELEPHONE NUMBER
- SEARCH ON PROVIDER NAME AND ADDRESS
<table>
<thead>
<tr>
<th>ITEM DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER: .... {Display Provider Organization Name}</td>
</tr>
<tr>
<td>OTHER NAME: .. {Display Provider Other Organization Name}</td>
</tr>
<tr>
<td>ADDRESS: .... {Display Provider First Line Business Location Address}</td>
</tr>
<tr>
<td>.... {Display Second Line Business Location Address}</td>
</tr>
<tr>
<td>.... {Display Provider Business Location Address, City, State, Zip}</td>
</tr>
<tr>
<td>PHONE: ....... {Display Provider Business Location Address Telephone Number}</td>
</tr>
<tr>
<td>SPECIALTY: ... {Display Healthcare Provider Taxonomy Code (Primary)}</td>
</tr>
</tbody>
</table>

{SEARCH CRITERIA 1}
{SEARCH CRITERIA 2}
[SEARCH]

THE NUMBER OF POTENTIAL MATCHES FOUND: (NUMBER OF MATCHES)

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>OTHER NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Provider Name-35]</td>
<td>[Display Other Provider Name-20]</td>
<td>[Display Street Address-35]</td>
<td>[Display Phone Number-12]</td>
</tr>
<tr>
<td>[Display Provider Name-35]</td>
<td>[Display Other Provider Name-20]</td>
<td>[Display Street Address-35]</td>
<td>[Display Phone Number-12]</td>
</tr>
</tbody>
</table>

{DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES}
<table>
<thead>
<tr>
<th>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'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY TWO-CHARACTER STATE ABBREVIATION ASSOCIATED WITH THIS RU’S ADDRESS FOR 'STATE ABBREVIATION FOR RESPONDENT'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'PROVIDER LIKE' FOR SEARCH CRITERIA 1 IF 'SEARCH ON PROVIDER NAME SHOWN ABOVE' SELECTED. DISPLAY NO SEARCH CRITERIA 2.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'STREET LIKE' FOR SEARCH CRITERIA 1 IF 'SEARCH ON CORE STREET NAME' SELECTED. DISPLAY NO SEARCH CRITERIA 2.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'PHONE NUMBER' FOR SEARCH CRITERIA 1 IF 'SEARCH ON TELEPHONE NUMBER' SELECTED. DISPLAY NO SEARCH CRITERIA 2.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'PROVIDER LIKE' FOR SEARCH CRITERIA 1 AND 'STREET LIKE' FOR SEARCH CRITERIA 2 IF 'SEARCH ON PROVIDER NAME AND STREET SHOWN ABOVE' SELECTED.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>A LIST OF PROVIDERS IS DISPLAYED ON THE BOTTOM HALF OF THE SCREEN AFTER SEARCH CRITERIA ENTERED AND 'SEARCH' BUTTON SELECTED.</th>
</tr>
</thead>
</table>
AN ‘ITEM DETAILS’ BOX WILL APPEAR AFTER A PROVIDER HAS BEEN SELECTED FROM THE LIST OF PROVIDERS.

SEARCHES CAN BE CONDUCTED MULTIPLE TIMES FROM THIS SCREEN WITHOUT MOVING FORWARD IN THE INSTRUMENT.

YOU CAN ONLY PROCEED AFTER A PROVIDER OR ‘DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES’ HAS BEEN SELECTED.

IF A PROVIDER IS SELECTED, PROCEED TO PD14

IF ‘DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES’ HAS BEEN SELECTED, PROCEED TO PD18

LOOP_02
========
OMITTED.

PD05
====
OMITTED.

PD06
====
OMITTED.

PD07
====
OMITTED.

PD08
====
OMITTED.

PD09
====
OMITTED.
YOU HAVE CHOSEN THE FOLLOWING PROVIDER:
{NAME OF PROVIDER SELECTED AT PD05A/B}
{ADDRESS OF PROVIDER SELECTED AT PD05A/B}

YOUR ORIGINAL INPUT PROVIDER:
{NAME OF MEDICAL CARE PROVIDER FROM PV}
{STREET ADDRESS FROM PV}

YOUR OPTIONS:

ACCEPT PROVIDER AS SHOWN ............... 1 {END_LP01}
ACCEPT PROVIDER BUT MAKE CHANGES ...... 2 {PD15}
WRONG PROVIDER, GO BACK TO PREVIOUS
SCREEN ........................................ 3
DON'T SEARCH ANYMORE .................... 4 {PD18}

-----------------------------------------------
| 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 IN PD05A OR PD05B FOR ‘NAME OF PROVIDER SELECTED AT PD05A/PD05B’.

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 PD05A OR PD05B.
PD15
====

PROVIDER NAME: {NAME OF PROVIDER SELECTED AT PD05A/B}
PROVIDER ADDRESS: {ADDRESS OF PROVIDER SELECTED AT PD05A/B}

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

MAKE CORRECTIONS TO ADDRESS BELOW.
USE TAB TO MOVE THROUGH FIELDS. RETYPE ANY FIELDS WHICH NEED CORRECTION.

{Display Prov Name from ProvDir}
NAME: [______________________________]
{Display Prov Street Address from ProvDir}
1ST_STR_ ADDRESS: [______________________________]
{Display Prov City from ProvDir}
CITY: [______________________________]
{Display Prov State from ProvDir}
STATE: [______________________________]
{Display Prov Zip Code from ProvDir}
ZIP CODE: [______________________________]
{Display Prov Telephone from ProvDir}
TELEPHONE: [______________________________]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

-----------------------------------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOLED 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 LOOLED ON FOR ‘STREET ADDRESS FROM PV’. |
-----------------------------------------------------------------------------
DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR PROVIDER SELECTED IN PD05A OR PD05B ‘NAME OF PROVIDER SELECTED AT PD05A/B’.

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

FLAG THIS RECORD AS ‘UPDATED. NEEDS HOME OFFICE REVIEW.’

CONTINUE WITH PD16

PD16
====

PROVIDER NAME: {NAME OF PROVIDER SELECTED AT PD05A/B}
PROVIDER ADDRESS: {ADDRESS OF PROVIDER SELECTED AT PD05A/B}

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

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES ....................................... 1 {PD16OV}
NO ....................................... 2 {END_LP01}

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV 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 FOR THE PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS’.

DISPAY NAME, ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR PROVIDER SELECTED IN PD05A OR PD05B ‘NAME OF PROVIDER SELECTED AT PD05A/B’.

PD16OV
======

PROVIDER NAME:  {NAME OF PROVIDER SELECTED AT PD05A/B}
PROVIDER ADDRESS:  {ADDRESS OF PROVIDER SELECTED AT PD05A/B}

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

RECORD NOTE. TO CONTINUE, PRESS TAB AND THEN ENTER, OR SELECT NEXT PAGE.

[ENTER TEXT].........................{END_LP01}

ALLOW MULTIPLE LINES FOR ENTRY.

OMITTED.
ENTER COMPLETE PROVIDER NAME, ADDRESS, AND TELEPHONE.
USE TAB TO MOVE THROUGH FIELDS. RETYPE ANY FIELDS WHICH
NEED CORRECTION.
IF NEEDED, TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

{Provider Name from PV}
NAME: [______________________________]
{1ST_STR_Provider Address from PV}
1ST_STR_ADDRESS: [______________________________]
{2ND_STR_Provider Address from PV}
2ND_STR_ADDRESS: [______________________________]
CITY: [______________________________]
STATE: [______________________________]
ZIP CODE: [______________________________]
PHONE: [______________________________]
SPECIALTY: [______________________________]

USE HELP TO VIEW 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. |
-------------------------------------------------------------------------
ENTRY FIELD SPECIFICATIONS:

- FOR NAME, IF PERSON-TYPE-PROVIDER, DISPLAY TITLE, FIRST NAME, AND LAST NAME FIELDS.
- ELSE, DISPLAY FACILITY NAME FIELD.
- DISPLAY THE NAME (IN APPROPRIATE FIRST & LAST NAME OR FACILITY FIELDS) AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON IN THE ENTRY FIELD FOR THE INTERVIEWER TO EITHER ACCEPT OR EDIT.
- DISPLAY THE ADDRESS (IN APPROPRIATE FIRST AND SECOND STREET FIELDS) AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON IN THE ENTRY FIELD FOR THE INTERVIEWER TO EITHER ACCEPT OR EDIT.

---

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

---

REFUSED AND DON’T KNOW ALLOWED IN ALL FIELDS, EXCEPT THE 'NAME' AND 'STATE' FIELDS.

---

CONTINUE WITH PD19

---

PD19

---

PROVIDER NAME:  (NAME OF MEDICAL CARE PROVIDER FROM PV)
STREET ADDRESS:  (STREET ADDRESS FROM PV)

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES  ..................................... 1 {PD19OV}
NO   ..................................... 2 {END_LP01}
MEPS P14R5/P15R3/P16R1 Provider Directory (PD) Section
November 19, 2010

PD19OV
======

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

RECORD NOTE. TO CONTINUE, PRESS TAB AND THEN ENTER, OR SELECT NEXT PAGE.

[ENTER TEXT].................... {END_LP01}

END_LP02
======

OMITTED.
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.                 |
----------------------------------------------------