Provider Directory (PD) Section

Beta

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

FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER, ASK PD01A - 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
- ASSOCIATED WITH AN HS, ER, OP OR IC EVENT OR
- ASSOCIATED WITH AN MV EVENT OR
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS 'AGENCY'

PD01A

Variable Name	Label	Size
PROV.VAFAC	IS PROV A FACILITY OF THE VETERAN'S ADMN	2

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	{BOX_01A}
NO	2	{BOX_01A}
Refused	RF	{BOX_01A}
Don't Know	DK	{BOX_01A}

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

BOX 01A

IF PROVIDER IS:

- ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT
- ASSOCIATED WITH AN MV EVENT AND MV03 IS CODED '1' (YES TALKED TO A MEDICAL DOCTOR) OR MV03 IS CODED '2' (NO), 'RF' (REFUSED) OR 'DK' (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_01

OTHERWISE, GO TO END_LP01

BOX_01
IF PROVIDER IS: - ASSOCIATED WITH A HH EVENT AND FLAGGED AS 'AGENCY', OR - ASSOCIATED WITH AN IC EVENT, GO TO BOX_04
OTHERWISE, CONTINUE WITH BOX_03
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 PD04

PD03

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled

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.

Variable Name OV.PDSTATE	PD15/18 PROVIDER	Label		Siz
ROVIDER NAME DDRESS: {STRE		DICAL CARE PROVIDE ROM PV}	R FROM PV} STREI	ΞT
ENTER PR	OVIDER'S STA	 ΓΕ ABBREVIATION.		
PRESS EN	TER FOR {STA	TE ABBREVIATION FO	R RESPONDENT}.	
			,	
	STATE CO	DE:	{LOOP_0	2}
	USE HELP TO	VIEW LIST OF STATE	ABBREVIATIONS.	
DISPLAY NA FROM SECTI MEDICAL PR	ON PV FOR THE DOVIDER FROM PV	AS RECORDED ON THE PR PROVIDER BEING LOOPED '. IF PERSON-TYPE-PROV -PROVIDER, DISPLAY FAC	ON FOR 'NAME OF IDER, DISPLAY	
ROSTER FRO		ADDRESS AS RECORDED O DR THE PROVIDER BEING		
	SS FOR 'STATE	ATE ABBREVIATION ASSOCABBREVIATION FOR RESPO	NDENT'.	
PROGRAMMER ALLOW CODE		= = = = = = = = = = = = = = = = = = =		
		ED WITHOUT ANY ENTRY, IATION USED IN THE PD0		
				•

☐ Help Enabled	✓ Comment Enabled	✓ Jump	Back Enabled
PROVIDER NAME: {NAME OF ME ADDRESS: {STREET ADDRESS F		R FROM	PV} STREET
STATE: {STATE ABBREVIATION	}		
SELECT A SEARCH STRA	ATEGY.		
SEARCH ON PROV ABOVE	VIDER NAME SHOWN	1	{BOX_05}
CHANGE NAME BI	FORE SEARCH	2	
SEARCH ON COR	E STREET NAME	3	{PD10}
SEARCH ON TELE	PHONE NUMBER	4	{PD11}
CHANGE STATE F	OR SEARCH	5	{PD06}
DO NOT SEARCH PROVIDER INFOR	- GO DIRECTLY TO MATION FORM	6	{PD18}
DISPLAY INSTRUCTIONS: DISPLAY NAME OF PROVIDER FROM SECTION PV FOR THE MEDICAL PROVIDER FROM PV PERSON NAME. IF FACILITY DISPLAY THE FIRST STREET ROSTER FROM SECTION PV F 'STREET ADDRESS FROM PV' DISPLAY TWO CHARACTER ST 'STATE ABBREVIATION'.	PROVIDER BEING LOOPED '. IF PERSON-TYPE-PROV -PROVIDER, DISPLAY FAC ADDRESS AS RECORDED OF THE PROVIDER BEING .	ON FOR 'I IDER, DIS ILITY NAM N THE PRO LOOPED ON	JAME OF SPLAY ME. DVIDER I FOR
ROUTING INSTRUCTION: IF CODED '2' (CHANGE NAM AS 'PERSON-TYPE-PROVIDER IF CODED '2' (CHANGE NAM AS 'FACILITY-PROVIDER',	', GO TO PD08 E BEFORE SEARCH) AND P		

Hard CHECK:

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 RESPONSE. IF STATE IS 'FC', THIS RESPONSE ID UNAVAILABLE. VERIFY AND RE-ENTER.'

PD06

✓ Help Enabled (STATE)	✓ Comment Enabled	☑ Jump Back Enab	led
Variable Name PROV.PDSTATE PD15/18 PROVIDER	Label STATE - PD		Size 2
PROVIDER NAME: {NAME OF ME STREET ADDRESS: {STREET AD		R FROM PV}	
CURRENT STATE CODE: {STATE	E ABBREVIATION}		
ENTER NEW STATE CODE	FOR PROVIDER.		
STATE COI	DE:	(DDOZ)	
	DE: View list of state A	PD07}	
DISPLAY INSTRUCTIONS: DISPLAY NAME OF PROVIDER FROM SECTION PV FOR THE I MEDICAL PROVIDER FROM PV' PERSON NAME. IF FACILITY-	AS RECORDED ON THE PROPROVIDER BEING LOOPED OF THE PROVIDER BEING LOOPED OF THE PROVI	OVIDER ROSTER ON FOR 'NAME OF LDER, DISPLAY	
DISPLAY THE FIRST STREET ROSTER FROM SECTION PV FOR STREET ADDRESS FROM PV'.	OR THE PROVIDER BEING I		
DISPLAY TWO CHARACTER STA (I.E., FROM PD06 OR IF PI ABBREVIATION'.	006 NOT ASKED, FROM PDC	04) FOR `STATE	
PROGRAMMER NOTES: DISALLOW CODE "FC" (FORE)		= = = = = 	

Hard CHECK:

IF CODE "FC" (FOREIGN COUNTRY) IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PLEASE RE-ENTER.'

☐ Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enabled
PROVIDER NAME: {NAME OF STREET ADDRESS: {STREET		ER FROM	1 PV}
SELECT A SEARCH ST	RATEGY.		
SEARCH ON PR ABOVE	ROVIDER NAME SHOWN	1	{BOX_05}
CHANGE NAME	BEFORE SEARCH	2	
SEARCH ON CO	ORE STREET NAME	3	{PD10}
SEARCH ON TE	LEPHONE NUMBER	4	{PD11}
	CH - GO DIRECTLY TO DRMATION FORM	5	{PD18}
FROM SECTION PV FOR THE MEDICAL PROVIDER FROM PERSON NAME. IF FACILI DISPLAY THE FIRST STREET	DER AS RECORDED ON THE PRIE PROVIDER BEING LOOPED PV'. IF PERSON-TYPE-PROVITY-PROVIDER, DISPLAY FACTOR ADDRESS AS RECORDED OF FOR THE PROVIDER BEING PV'.	ON FOR ': IDER, DI ILITY NA N THE PR	NAME OF SPLAY ME. OVIDER
AS 'PERSON-TYPE-PROVID	NAME BEFORE SEARCH) AND POER', CONTINUE WITH PD08 NAME BEFORE SEARCH) AND P , GO TO PD09		

☐ Help Enabled	⊻ (Comment Enabled	☑ Jump Back Enable	d
Variable Name	PD15/18 PROVIDER FIRST N	Label		Siz
PROV.PDLORPNM	PD15/18 PROV LAST NAME/			45
STREET ADDRESS	{NAME OF MEDICA S: {STREET ADDRES	SS FROM PV}	R FROM PV}	
	RECTED NAME INF		PROPRIATE FIELD(S) ON IS REQUIRED.) _
{Disp	olay First Name}	{Dis	play Last Name}	
FIRST	Г NAME:	LAST NAME	:	
FROM SECTIO	TRUCTIONS: E OF PROVIDER AS RE N PV FOR THE PROVID VIDER FROM PV'.		l l	
ROSTER FROM	FIRST STREET ADDRE SECTION PV FOR THE RESS FROM PV'.		· ·	
· ·	CHARACTER STATE AE PD06 OR IF PD06 NC N'.			
FROM SECTIO	E OF PROVIDER AS RE N PV FOR THE PROVIC AND 'DISPLAY LAST	DER BEING LOOPED (į	

\square Help Enabled	Comment Enabled	✓ Jump Back Enabled
Variable Name PROV.PDLORPNM	Label PD15/18 PROV LAST NAME/FACILITY NAME-PD	Size 45
	{NAME OF MEDICAL CARE PROVIDE S: {STREET ADDRESS FROM PV}	ER FROM PV}
STATE: {STATE AB	BBREVIATION}	
ENTER COR	RRECTED FACILITY, GROUP PRACTION	CE, OR HMO NAME.
DI	SPLAY FACILITY NAME:	{BOX_05}
FROM SECTIO	TRUCTIONS: E OF PROVIDER AS RECORDED ON THE PRO N PV FOR THE PROVIDER BEING LOOPED O VIDER FROM PV'.	
ROSTER FROM	FIRST STREET ADDRESS AS RECORDED ON SECTION PV FOR THE PROVIDER BEING IRESS FROM PV'.	
	CHARACTER STATE ABBREVIATION CURREN PD06 OR IF PD06 NOT ASKED, FROM PD0N'.	
i	E OF PROVIDER AS RECORDED ON THE PROVIDER BEING LOOPED OF ME'.	

✓ Help Enabled (PD10Help)

✓ Comment Enabled
✓ Jump Back Enabled

Variable Name	Label	Size
PROV.PDSTRT1	PD15/18 STREET ADDRESS 1 FOR PROV - PD	30
PROV.PDSTRT2	PD15/18 STREET ADDRESS 2 FOR PROV - PD	30

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)

CORE STREET	 {BOX_05}
NAMF:	

HELP AVAILABLE FOR DEFINITION OF CORE STREET NAME.

DISPLAY INSTRUCTIONS:

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'.

☐ Help Enabled	elp Enabled	
Variable Name	Label	Siz
PROV.PDAREA	PD15/18 PROV PHONE NUMBER/AREA CODE - PD	3
PROV.PDEXCH	PD15/18 PROV PHONE NUMBER/EXCHANGE - PD	3
PROV.PDLOCL	PD15/18 PROV PHONE NUMBER/LOCAL - PD	4
	{NAME OF MEDICAL CARE PROVIDER FROM P ET ADDRESS FROM PV}	V} STREET
STATE: {STATE A	BBREVIATION}	
ENTER COMPLETE TELEPHONE NUMBER:		

AREA CODE: _______ EXCHANGE: ______ LOCAL NUMBER: ______ {BOX_05}

______ DISPLAY INSTRUCTIONS: 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'. PROGRAMMER NOTES: 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

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

☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
PROVIDER NAME: {NAME OF ME STREET ADDRESS: {STREET AD		R 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 OR SELECT NEXT PAGE TO CONTINUE.

PROGRAMMER NOTES:

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
 TF 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 THE NUMBER OF POTENTIAL MATCHES FOUND IN DIRECTORY FOR NUMBER OF MATCHES'.

\square Help Enabled	✓ Comment En	nabled Jump Back Enabled		
PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV} STREET ADDRESS: {STREET ADDRESS FROM PV}				
	RRECT PROVIDER. IF CORRE TO LEAVE SCREEN.			
-		 STREET ADDRESS		
-	[Display Provider Name]	[Display Street Address]		
-	[Display Provider Name]	 [Display Street Address]		
	[Display Provider Name]	[Display Street Address]		
	[Display Provider Name]	I I		
Į-	{Display Provider Name {Display Provider Stre {Display Provider City	} et Address}		

DISPLAY INSTRUCTIONS:

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 Provider Telephone Number}

{Display Provider Specialty}

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).

ROUTING INSTRUCTION:
IF NO PROVIDER SELECTED FROM ROSTER, GO TO PD17
OTHERWISE, CONTINUE WITH PD14

Roster Details		
Title:	PROVIDER DIRECTORY	
Col#	Header	Instructions
1	PROVIDER_MATCHES	Display Truncated Provider Name PROV.DRFNAME (10), PROV.LORPNAME (15)
2	STREET	Display Truncated Street Address PROV.PVSTRT1, PROV.PVSTRT2 (15)

Roster Definition:

This item displays entries from the provider directory for selecting one medical provider's locating information.

Roster Behavior:

- 1. Select allowed.
- 2. Multiple select disallowed.
- | 3. Add, delete, and edit are not allowed.

Roster Filter:

Display providers returned by search strategy chosen at PD05 or PD07. (Providers are from the Provider Directory.)

Variable Name	Label	Size
PROV.PDSELECT	IS PROV SELECTED CORRECT/NEEDS CHANGES	2

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	{END_LP02}
ACCEPT PROVIDER BUT MAKE CHANGES	2	{PD15}
WRONG PROVIDER, GO BACK TO PREVIOUS SCREEN	3	

DISPLAY INSTRUCTIONS:

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 PD13 FOR 'DISPLAY PROVIDER...'.

PROGRAMMER NOTES:

| IF CODED '1' (ACCEPT PROVIDER AS SHOWN) OR '2' (ACCEPT PROVIDER BUT MAKE CHANGES), STORE THIS PROVIDER DIRECTORY ID.

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

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
- Help Enabled	— Comment Enabled	- Jump Dack Enabled

Variable Name	Label	Size
PROV.PDTITLE	PD15/18 PROV TITLE - PD UPDT	3
PROV.PDDRFNAM	PD15/18 PROVIDER FIRST NAME - PD	20
PROV.PDLORPNM	PD15/18 PROV LAST NAME/FACILITY NAME-PD	45
PROV.PDSTRT1	PD15/18 STREET ADDRESS 1 FOR PROV - PD	30
PROV.PDCITY	PD15/18 PROVIDER CITY - PD	20
PROV.PDSTATE	PD15/18 PROVIDER STATE - PD	2
PROV.PDZIP	PD15/18 PROVIDER ZIP - PD	5
PROV.PDAREA	PD15/18 PROV PHONE NUMBER/AREA CODE - PD	3
PROV.PDEXCH	PD15/18 PROV PHONE NUMBER/EXCHANGE - PD	3
PROV.PDLOCL	PD15/18 PROV PHONE NUMBER/LOCAL - PD	4
PROV.PDDIRID	PD15/18 DIRECTORY ID # FOR PROV - PD	8
PROV.PVFLAG	PD - FLAG FOR HOME OFFICE REVIEW	2

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

STREET ADDRESS: {STREET ADDRESS FROM PV}

ENTER CORRECTIONS, AS APPROPRIATE.
RE-TYPE ENTIRE FIELD TO MAKE CORRECTION.

PASS THROUGH FIELDS THAT REQUIRE NO CORRECTION.

=	NAME:
-	1ST STR ADDRESS:
-	CITY:
-	STATE:
-	ZIP CODE:
{PD16	TELEPHONE:

DISPLAY INSTRUCTIONS:

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

ENTRY FIELD SPECIFICATIONS:

| - FOR NAME, IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND LAST NAME FIELDS FROM PROVIDER DIRECTORY

- FOR NAME, FOR ADDRESS AND TELEPHONE FIELDS, DISPLAY
INFORMATION FOR THIS PROVIDER FROM THE PROVIDER
DIRECTORY. IF FACILITY-PROVIDER, DISPLAY FACILITY NAME
FIELD PROVIDER DIRECTORY

PROGRAMMER NOTES:

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

<u>PD16</u>

☐ Help Enabled	✓ Comment Enabled	✓ Ju	mp Back Enab	led
Variable Name PROV.ANYNOTES PD16/19 AN	Label BY NOTES/COMMENTS ABOUT PROV			Size
PROVIDER NAME: {NAME (STREET ADDRESS: {STRE	OF MEDICAL CARE PROVIDE ET ADDRESS}	R}		
DO YOU WANT TO N	IAKE ANY NOTES ABOUT TH	IS PR	OVIDER?	
YES		1	{PD16OV}	
NO		2	{END_LP0	2}
FROM SECTION PV OR A FOR THE PROVIDER BE PROVIDER'. IF PERSON	S: VIDER AS RECORDED ON THE PRO AS UPDATED ON THE PREVIOUS S ING LOOPED ON FOR 'NAME OF M ON-TYPE-PROVIDER, DISPLAY PE DISPLAY FACILITY NAME.	CREEN IEDICA	(PD15) L CARE	
ROSTER FROM SECTION	TREET ADDRESS AS RECORDED ON PV OR AS UPDATED ON THE PRE IDER BEING LOOPED ON FOR 'ST	VIOUS	SCREEN	

<u>PD160V</u>

\square Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
Variable Name	Label	Size
PROV.NOTE1	PD16/19 ANYNOTES/COMMNTS LINE1 ABOUT PRV	30
PROV.NOTE2	PD16/19 ANYNOTES/COMMNTS LINE2 ABOUT PRV	30
PROV.NOTE3	PD16/19 ANYNOTES/COMMNTS LINE3 ABOUT PRV	30
	TEXT:	{END_LP02}
PROGRAMMER ALLOW MULT	R NOTES:	

<u>PD17</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jump	Back Enabled
PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV} STREET ADDRESS: {STREET ADDRESS FROM PV}			
STATE: {STATE}			
SEARCH STRATEGY: {PRO {PERSON/FACILITY} NAME.			
{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 AGAI NO. GO TO PROVID		1	{END_LP02} {PD18}

DISPLAY INSTRUCTIONS:

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'.

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-PROVIDERAND 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).

✓ Help Enabled (STATE) ✓ Comm	ent Enabled ✓ Jump Back Enabled
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Variable Name	Label	Size
PROV.PDTITLE	PD15/18 PROV TITLE - PD UPDT	3
PROV.PDDRFNAM	PD15/18 PROVIDER FIRST NAME - PD	20
PROV.PDLORPNM	PD15/18 PROV LAST NAME/FACILITY NAME-PD	45
PROV.PDSTRT1	PD15/18 STREET ADDRESS 1 FOR PROV - PD	30
PROV.PDSTRT2	PD15/18 STREET ADDRESS 2 FOR PROV - PD	30
PROV.PDCITY	PD15/18 PROVIDER CITY - PD	20
PROV.PDSTATE	PD15/18 PROVIDER STATE - PD	2
PROV.PDZIP	PD15/18 PROVIDER ZIP - PD	5
PROV.PDAREA	PD15/18 PROV PHONE NUMBER/AREA CODE - PD	3
PROV.PDEXCH	PD15/18 PROV PHONE NUMBER/EXCHANGE - PD	3
PROV.PDLOCL	PD15/18 PROV PHONE NUMBER/LOCAL - PD	4
PROV.PDTYPE	PD15/18 PROV TYPE - PD	2
PROV.PDSPEC	PD15/18 PROV SPECIALTY/FAC TYPE - PD	30
PROV.PVFLAG	PD - FLAG FOR HOME OFFICE REVIEW	2
PROV.PDDIRID	PD15/18 DIRECTORY ID # FOR PROV - PD	8

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

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

NAME:	{PD19
1ST STREET ADDRESS:	
2ND STREET ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
PHONE:	
SPECIALTY:	

DISPLAY INSTRUCTIONS:

| IF STREET ADDRESS LINES ARE CODED REFUSED OR DON'T KNOW (RF OR DK) 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 'SPECIALTY' FIELD FOR COLLECTION.
- | IF FACILITY-PROVIDER, DISPLAY 'FACILITY NAME' FIELD. DO NOT DISPLAY 'SPECIALTY' FIELD.

PROGRAMMER NOTES:

| 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.

<u>PD19</u>

\Box Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enab	led
Variable Name PROV.ANYNOTES	Label PD16/19 ANY NOTES/COMMENTS ABOUT PROV			Size
	: {NAME OF MEDICAL CARE PROVIDE S: {STREET ADDRESS}	 :R}		
DO YOU W	ANT TO MAKE ANY NOTES ABOUT TH	IIS PRO	VIDER?	
YES	}	1	{PD19OV}	
NO		2 	{END_LP0	2}
FROM SECTION FOR THE PROVIDER'.	STRUCTIONS: ME OF PROVIDER AS RECORDED ON THE PRODUCT OF PROVIDER AS UPDATED ON THE PREVIOUS SOLUTION OF A STATE OF A ST	SCREEN (MEDICAL	PD18) CARE	
ROSTER FROI			OVIDER CREEN DRESS'.	

<u>PD190V</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled	
Variable Name PROV.NOTE1 PROV.NOTE2 PROV.NOTE3	Label PD16/19 ANYNOTES/COMMNTS LINE1 ABOUT PRV PD16/19 ANYNOTES/COMMNTS LINE2 ABOUT PRV PD16/19 ANYNOTES/COMMNTS LINE3 ABOUT PRV	Size 30 30 30 30	
	TEXT:	,	
PROGRAMMER 1	OTES: PLE LINES FOR ENTRY.		
 IF NO MORE SEARCH	'1' (YES), CYCLE FOR NEXT SEARCH. HES TO BE MADE, THAT IS, IF PD17 IS TEPT PROVIDER AS SHOWN), CONTINUE WI		
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 QUESTI	ONNAIRE SECTION.		