

BOX 01

DISPLAY EVENTS BY PERSON THEN BY THE ORDER OF ENTRY - THAT IS, IN THE ORDER BY PROVIDER PROBES, AND THEN ANY ADDITIONS.

LOOP 01

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

- Help Enabled Comment Enabled Jump Back Enabled

{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.

DISPLAY INSTRUCTIONS:
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.

LOOP 02

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

ED02

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.ED02BLSWVS		
DVIS.DVISID	DVIS ID KEY: PERSID + COUNTER(3) + CD	12
DVIS.DVISRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
DVIS.CREATEQ	CREATION STAMP	2
STAZ.STAZID	STAZ ID KEY: PERSID + COUNTER(3) + CD	12
STAZ.STAZRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
STAZ.CREATEQ	CREATION STAMP	2
EROM.EROMID	EROM ID KEY: PERSID + COUNTER(3) + CD	12
EROM.EROMRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EROM.CREATEQ	CREATION STAMP	2
OPAT.OPATID	OPAT ID KEY: PERSID + COUNTER(3) + CD	12
OPAT.OPATRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
OPAT.CREATEQ	CREATION STAMP	2
HVIS.HVISID	HVIS ID KEY: PERSID + COUNTER(3) + CD	12
HVIS.HVISRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
HVIS.CREATEQ	CREATION STAMP	2
MVIS.MVISID	MVIS ID KEY: PERSID + COUNTER(3) + CD	12
MVIS.MVISRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
MVIS.CREATEQ	CREATION STAMP	2

{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)}.

SELECT 'INFORMATION OK' UNLESS RESPONDENT VOLUNTEERS CORRECTION.

INFORMATION OK	1	{END_LP02}
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 9 {ED09}
OR ADD AN EVENT FOR ANY RU
MEMBER

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| DISPLAY INSTRUCTIONS:  
| DISPLAY the name of the medical provider and the event date in  
| the header only if the event type is not 'OM'.  
|  
| 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 ITEM GROUP BEING  
| LOOPED ON FOR 'OME ITEM GROUP NAME'.  
|  
| DISPLAY 'the...home...(MONTH)' IF EVENT TYPE IS HH.  
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PROGRAMMER NOTES:
IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE
IS OM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE NOT
AVAILABLE FOR OM EVENTS.'

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.'

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, SELECT OPTION 8 (EVENT ENTERED IN
ERROR), THEN SELECT OPTION 9 TO REVIEW OR ADD EVENTS.'

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, SELECT OPTION 8 (EVENT ENTERED IN
ERROR), THEN SELECT OPTION 9 TO REVIEW OR ADD EVENTS.'

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 '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 '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 '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.'

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).
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ROUTING INSTRUCTION:
IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE
IS OM, GO TO ED04

IF CODED '2' (PROVIDER MISSPELLED/INCOMPLETE) AND EVENT TYPE
IS NOT OM, GO TO END_LP02.

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 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 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 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
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Context Header Display Instructions:
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CONTEXT HEADER:
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DISPLAY PERS.FULLNAME, PROV.DRFNAM, PROV.LORPNAME (IF
EVNT.PROVNUM ^= -1), EVNT.EVNTTYPE (IF SET), EVNT.EVNTBEGM,D
(EVNTBEGM ONLY FOR HH), PRND.BEGREFMM, DD FOR OM),
EVNT.EVNTENDM, D (IF EVNT = HS), (PRND.ENDREFMM, DD FOR OM).
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ED04

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVNT.PROCFLAG	EVNT UTILIZATION PROCESS FLAG	2
EVNT.HSFLAG	FLAG OPEN HS EVNTS AS CLOSED IN CURR RND	2
EVPV.CPFLAG	CHARGE PAYMENT PROCESS FLAG	2
EVNT.EVNTBEGM	EV04/EV05 EVENT BEGIN DATE - MONTH	2
EVNT.EVNTBEGD	EV04/EV05 EVENT BEGIN DATE - DAY	2
EVNT.EVNTBEGY	EV04/EV05 EVENT BEGIN DATE - YEAR	4
EVNT.EVNTENDM	EVENT END DATE - MONTH	2
EVNT.EVNTENDD	EVENT END DATE - DAY	2
EVNT.EVNTENDY	EVENT END DATE - YEAR	4
EVPV.EVNTBEGM	EVENT START DATE - MONTH	2
EVPV.EVNTBEGD	EVENT START DATE - DAY	2
EVPV.EVNTBEGY	EVENT START DATE - YEAR	4
EVPV.EVNTENDM	EVENT END DATE - MONTH	2
EVPV.EVNTENDD	EVENT END DATE - DAY	2
EVPV.EVNTENDY	EVENT END DATE - YEAR	4

{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.

MM / DD / YYYY MM / DD / YYYY

PROGRAMMER NOTES:
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.

IF EVENT TYPE IS HS AND DISCHARGE DATE IS '95' (STILL IN FACILITY), THIS 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.

ED05

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.ED05BLSWVS		
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.EVNTRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVPV.EVPVID	EVPV ID KEY: EVNTID + PROVID	23
EVPV.CREATEQ	QUESTION THAT CREATED EVPV SEGMENT	5
EVPV.EVPVRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2

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

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

[First Name, [Middle Name], Last Name]
 [First Name, [Middle Name], Last Name]
 [First Name, [Middle Name], Last Name] {END_LP02}

PROGRAMMER NOTES:
 DELETE EVENT FROM PERSON'S-MEDICAL-EVENT-ROSTER FOR PERSON
 ORIGINALLY ASSOCIATED WITH EVENT AND ADD EVENT TO PERON'S-
 MEDICAL-EVENT-ROSTER FOR SELECTED PERSON.

Roster Details		
Title:	RU_MEMBERS_1	
Col #	Header	Instructions
1	NAME	RU member's first, middle and last names PERS.FULLNAME

Roster Definition:
 This item displays RU-MEMBERS-ROSTER for selection.

Roster Behavior:
 1. Select allowed.
 2. Multiple select, add, delete, and edit are disallowed.

Roster Filter:

| Exclude the person currently being looped on when displaying |
the RU-MEMBERS-ROSTER.

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

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.PGLASSES	WHO BOUGHT/REPAIRED GLASSES/CONTACTS	2
PRND.PINSULIN	WHO OBTAINED INSULIN	2
PRND.PDIABSUP	WHO BOUGHT DIABETIC EQUIPMENT/SUPPLIES	2
PERS.INSULIN	INSULIN RECEIVED AT LEAST ONCE	2
PERS.DIABSUPS	DIABETIC SUPPLIES RECEIVED AT LEAST ONCE	2
EVNT.EVNTID	EVNT ID KEY: PERSID + COUNTER(3) + CD	12
EVNT.EVNRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVNT.CREATEQ	QUESTION THAT CREATED EVNT SEGMENT	5
EVNT.EVNTTYPE	EVENT TYPE	2
EVNT.OMTYPE	OTHER MEDICAL EXPENSE TYPE	2
EVPV.EVPVID	EVPV ID KEY: EVNTID + PROVID	23
EVPV.EVVRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
EVPV.CREATEQ	QUESTION THAT CREATED EVPV SEGMENT	5
EVPV.EVNTTYPE	EVENT TYPE	2
EVPV.EVPVTYPE	PROVIDER TYPE RELATED TO EVENT	2
PMED.PMEDID	PMED ID KEY: PERSID + COUNTER(3) + CD	12
PMED.PMEDRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
PMED.CREATEQ	QUESTION THAT CREATED PMED SEGMENT	4
PMED.PMEDNAME	NAME OF MEDS AND PRESCRIPTIONS FILLED	30
PMED.DRUGLINK	LINKS PMED TO DRUGID	3
DRUG.DRUGID	DRUG ID KEY: PERSID + COUNTER(3)	11
DRUG.DRUGRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
DRUG.CREATEQ	QUESTION THAT CREATED DRUG SEGMENT	4
DRUG.DRUGNAME	NAME OF MEDS AND PRESCRIPTIONS FILLED	30
RXLK.RXLKID	RXLK ID KEY: EVENTID + PMEDID	24
RXLK.RXLKRURN	ROUND STAMP: RU LETTER + ROUND NUMBER	2
RXLK.CREATEQ	QUESTION THAT CREATED RXLK RECORD	4

{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}

PROGRAMMER NOTES:
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.

ED06A

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
PRND.ED06ABLSWVS		
EVNT.OMTYPE	OTHER MEDICAL EXPENSE TYPE	2
PRND.AMBULANC	AMBULANCE SERVICES	2
PRND.ORTHOPEDE	ORTHOPEDIC ITEMS	2
PRND.HEARDEV	HEARING DEVICES	2
PRND.PROSHES	PROSTHESES	2
PRND.BATHAIDS	BATHROOM AIDS	2
PRND.MEDEQUIP	MEDICAL EQUIPMENT	2
PRND.DISPSUPL	DISPOSABLE SUPPLIES	2
PRND.ALTRMODF	ALTERATIONS/MODIFICATIONS	2
PRND.OMOTH	OTHER	2

{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}

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

ED06AOV

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVNT.OMOTHOS	OMTYPE OTHER SPECIFY	25

OTHER GROUP OF _____ {BOX_ED06A}
OME ITEMS:

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

Help Enabled (ED07Help) Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVNT.EVNTTYPE	EVENT TYPE	2
EVPV.EVNTTYPE	EVENT TYPE	2

{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}

HELP AVAILABLE FOR DEFINITIONS OF EVENT TYPES.

PROGRAMMER NOTES:
 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 RE-SELECT.'

ED08

Help Enabled Comment Enabled Jump Back Enabled

Variable Name	Label	Size
EVNT.EVNTBEGM	EV04/EV05 EVENT BEGIN DATE - MONTH	2
EVNT.EVNTBEGD	EV04/EV05 EVENT BEGIN DATE - DAY	2
EVNT.EVNTBEGY	EV04/EV05 EVENT BEGIN DATE - YEAR	4
EVNT.EVNTENDM	EVENT END DATE - MONTH	2
EVNT.EVNTENDD	EVENT END DATE - DAY	2
EVNT.EVNTENDY	EVENT END DATE - YEAR	4
EVPV.EVNTBEGM	EVENT START DATE - MONTH	2
EVPV.EVNTBEGD	EVENT START DATE - DAY	2
EVPV.EVNTBEGY	EVENT START DATE - YEAR	4
EVPV.EVNTENDM	EVENT END DATE - MONTH	2
EVPV.EVNTENDD	EVENT END DATE - DAY	2
EVPV.EVNTENDY	EVENT END DATE - YEAR	4

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

INTERVIEWER: RE-TYPE ENTIRE EVENT DATE(S) TO CORRECT.

MM / DD / YYYY MM / DD / YYYY

PROGRAMMER NOTES:
 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.
 REFUSED AND DON'T KNOW ARE ALLOWED IN THE DAY AND YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELDS.

ED09

Help Enabled Comment Enabled Jump Back Enabled

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

 DISPLAY INSTRUCTIONS:
 DISPLAY A CHECK MARK IN THE 'UTIL' COLUMN IF THE EVENT BEING
 ASKED ABOUT HAS COMPLETED THE APPROPRIATE UTILIZATION SECTION.

 DISPLAY A CHECK MARK IN THE 'C/P' COLUMN IF THE EVENT BEING
 ASKED ABOUT HAS COMPLETED THE CHARGE/PAYMENT (CP) SECTION.

 ROUTING INSTRUCTION:
 CONTINUE WITH ED09OV1

 Context Header Display Instructions:
 ADD TEXT FOR EVNT.OMTYPE CODE

Roster Details

Title: PERS_EVNT_Display_1

Col #	Header	Instructions
1	NAME MEDICAL PROVIDER	Display Medical Provider EVPV.LORPNAME, EVPV.DRFNAM, EVPV.DRMNAM
2	EVENT TYPE	Display Event Type EVNT.EVNTTYPE
3	EVENT DATE	Display Event Date EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY
4	UTIL	Display Selection EVNT.UTFLAG
5	C/P	Display Selection EVNT.PROCFLAG

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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 appropriated 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'.
    
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ED09OV1

Help Enabled Comment Enabled Jump Back Enabled

ADD AN EVENT?

YES	1	{BOX_04}
NO	2	{END_LP02}

[DISPLAY INSTRUCTIONS:
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
