Provider Directory (PD) Section

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.

B0X_00 =====

> | CONTEXT HEADER DISPLAY INSTRUCTIONS: | DISPLAY PROV.LORPNAME, PROV.PVSTRT1

PD01AA =====

ENTER PROVIDER DIRECTORY REGION TO SEARCH

PROVIDER	DIRECTORY	1	 1	{L00P_01}
PROVIDER	DIRECTORY	2	 2	{LOOP_01}
PROVIDER	DIRECTORY	3	 3	{LOOP_01}
PROVIDER	DIRECTORY	4	 4	{LOOP_01}

L00P_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

NOTE THAT, STARTING IN PANEL 12 ROUND 3, THE LOOP | DEFINITION AND CRITERIA WERE AS FOLLOWS. STARTING | IN PANEL 13, THIS DEFINITION AND CRITERIA WILL BE | IMPLEMENTED IN ALL ROUNDS.

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
- 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
- ASSOCIATED WITH AN HH EVENT AND FLAGGED AS 'AGENCY'

PD01A =====

BOX_01A ======

facil	he clinic or place where (PROVIDER) was seen a ity of the Veteran's Administration?/ Is IDER) a facility of the Veteran's Administration
NO REF	
•	SPLAY NAME OF PROVIDER BEING LOOPED ON FOR AME OF MEDICAL CARE PROVIDER.'
wh	PERSON PROVIDER DISPLAY 'Is the clinic or place ere (PROVIDER) was seen a facility of the teran's Administration?'
•	FACILITY PROVIDER DISPLAY 'Is (PROVIDER) a cility of the Veteran's Administration?'
 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
- C0	ASSOCIATED WITH A HH EVENT AND FLAGGED AS 'AGENCY', NTINUE WITH BOX_03
1 00	11110E 11111 BOX_00

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

B0X_01	
=====	OMITTED.
B0X_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
B0X_04 =====	
	IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03
	OTHERWISE, GO TO PD05A IF PERSON-PROVIDER OR PD05B IF FACILITY-PROVIDER

December 8, 2008

P	D	0	3
_	_	_	_

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.

_							 		 	
Ī	IF	PROVI	DER	TYPE	IS	PERSON	 _	PD05A		
-							 		 	
- 	ОТІ	HERWISE	= GO	TO F	PD05	5B	 ·		 	

PD04

OMITTED.

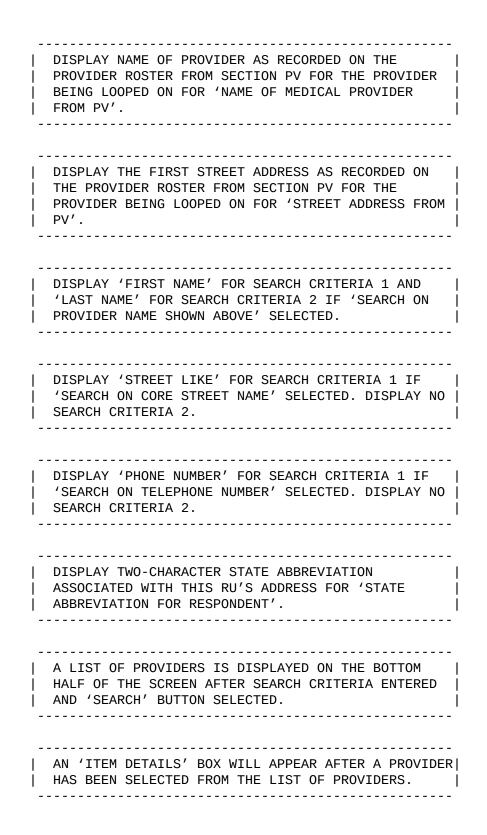
PD05A

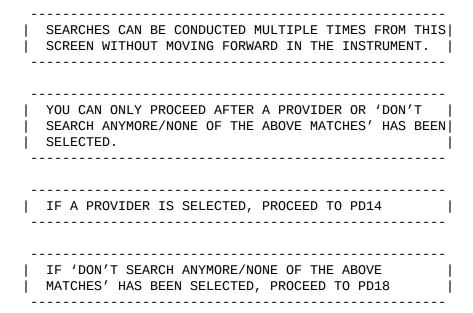
```
PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}
CURRENT STATE CODE: {STATE ABBREVIATION FOR RESPONDENT}
  STATE: [____] [CHANGE STATE FOR SEARCH]
   SELECT A SEARCH STRATEGY:
       _ SEARCH ON PROVIDER NAME SHOWN ABOVE
       _ SEARCH ON CORE STREET NAME
       _ SEARCH ON TELEPHONE NUMBER
                      ITEM DETAILS
     PROVID: ..... {Display PROVID}
    | TITLE: ...... {Display Provider Title}
    | FIRST NAME: .. {Display Provider First Name}
     LAST NAME: ... {Display Provider Last Name}
    | ADDRESSS: .... {Display Provider Street Address}
             .... {Display Provider City, State, Zip}|
    | PHONE: ...... {Display Provider Telephone Number}|
    | SPECIALTY: ... {Display Provider Specialty} |
      {SEARCH CRITERIA 1}
      {SEARCH CRITERIA 2}
      [SEARCH]
```

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

PROVID	PROVIDER	STREET	PHONE
 [Display Provider ID]	[Display Provider Name]	[Display Street Address]	[Display Phone Number]
 [Display	[Display Provider Name]	[Display Street Address]	[Display Phone Number]

{DON'T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES}





PD05B =====

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV} STREET ADDRESS: {STREET ADDRESS FOR RESPONDENT} STATE: {STATE ABBREVIATION FOR RESPONDENT} STATE: [____] [CHANGE STATE FOR SEARCH] SELECT A SEARCH STRATEGY: _ SEARCH ON PROVIDER NAME SHOWN ABOVE _ SEARCH ON CORE STREET NAME _ SEARCH ON TELEPHONE NUMBER _ SEARCH ON PROVIDER NAME AND STREET ITEM DETAILS PROVID: {Display PROVID} PROVIDER: {Display Provider Name} ADDRESSS: {Display Provider Street Address} | {Display Provider City, State, Zip}| PHONE: {Display Provider Telephone Number}| _____ {SEARCH CRITERIA 1} {SEARCH CRITERIA 2} [SEARCH] THE NUMBER OF POTENTIAL MATCHES FOUND: {NUMBER OF MATCHES}

1			
PROVID	PROVIDER	STREET	PHONE
[Display Provider ID]	[Display Provider Name]	[Display Street Address]	[Display Phone Number]
[Display Provider ID]	[Display Provider Name]	[Display Street Address]	[Display Phone Number]

{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 LOOPED ON FOR 'NAME OF MEDICAL PROVIDER | FROM PV'. DISPLAY TWO-CHARACTER STATE ABBREVIATION ASSOCIATED WITH THIS RU'S ADDRESS FOR 'STATE ABBREVIATION FOR RESPONDENT'. 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 'PROVIDER LIKE' FOR SEARCH CRITERIA 1 IF 'SEARCH ON PROVIDER NAME SHOWN ABOVE' SELECTED. DISPLAY NO SEARCH CRITERIA 2. 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 'PROVIDER LIKE' FOR SEARCH CRITERIA 1 AND | 'STREET LIKE' FOR SEARCH CRITERIA 2 IF 'SEARCH ON | PROVIDER NAME AND STREET SHOWN ABOVE' SELECTED. 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 ______ OMITTED. OMITTED. OMITTED. OMITTED. OMITTED. OMITTED.

L00P_02

PD05 ====

PD06

PD07

PD08 ====

PD09

PD10	
====	OMITTED.
PD11 ====	
	OMITTED.
B0X_05 =====	
	OMITTED.
PD12 ====	
	OMITTED.
PD13 ====	0
	OMITTED.
PD14	
====	
	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
	SCREEN
	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 | 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

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 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 PD05A OR PD05B 'NAME OF PROVIDER SELECTED AT PD05A/B'.
ENTRY FIELD SPECIFICATIONS:
 - ELSE, DISPLAY FACILITY NAME FIELD.
FLAG THIS RECORD AS 'UPDATED. NEEDS HOME OFFICE REVIEW.'
CONTINUE WITH 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
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.

PD16

	DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS'.
	DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR PROVIDER SELECTED IN PD05A OR PD05B 'NAME OF PROVIDER SELECTED AT PD05A/B'.
PD160V =====	
	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}
	[ENTER TEXT]
	ALLOW MULTIPLE LINES FOR ENTRY.
PD17	
_	OMITTED.

PD18

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 P	٧}
1ST_STR_ADDRESS:	[]	,
	{2ND_STR_Provider Address from P	V}
2ND_STR_ADDRESS:	[,
CITY:	[]	
STATE:	[]	
ZIP CODE:	[]	
PHONE:	1	
SPECIALTY:	[1	
31 2017(2111		
IF STREET ADDR KNOW (-7 OR -8	IEW LIST OF STATE ABBREVIATIONS. RESS LINES ARE CODED REFUSED OR DO B) IN PROVIDER ROSTER (PV) SECTION LINES FOR THESE FIELDS.	
PROVIDER ROSTE BEING LOOPED O PERSON-TYPE-PR	MME AND ADDRESS AS RECORDED ON THE ER FROM SECTION PV FOR THE PROVIDE ON FOR 'PROVIDER NAME FROM PV'. IF ROVIDER, DISPLAY PERSON NAME. IF EDER, DISPLAY FACILITY NAME.	R İ

ENTRY FIELD SPECIFICATIONS:
 - 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

	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'.
PD190V =====	
	PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV} STREET ADDRESS: {STREET ADDRESS FROM PV}
	[ENTER TEXT]
	ALLOW MULTIPLE LINES FOR ENTRY.
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

B0X_06		
=====		
	GO TO NEXT QUESTIONNAIRE SECTION.	

December 8, 2008