# **SpecWriter Data**

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**Project Database:** WESSQL6.MEPS\_V2

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Spec Label:

This is the cover page. Additional contents currently project specific.

MEPS\_V2 Home Health (HH) Section Full Detail Spec

BOX 00 (HH1000) Item Type: Route Type Class: If Then

Route Details: 01 Box = BOX\_00, BOX\_10, BOX\_20, BOX\_30, BOX\_40, BOX\_50, BOX\_60, BOX\_70

04 Single Select = HH40, HH50, HH60, HH70, HH90, HH120

08 Multiple Select = HH10, HH20

09 Multiple Select with Display Roster = HH130

11 Multiple Select with Add/Edit/Delete = HH80

19 Numeric Field = HH30, HH100, HH110

23 Text Field = HH140

Roster 2 = HH130

Roster 3 = HH80

BOX\_10 (HH1001) Item Type: Route Type Class: If Then

**Route Details:** Context header display instructions: display EVNT.EVNTBEGM as three letters.

BOX 20 (HH1010) Item Type: Route Type Class: If Then

Route Details: If provider is flagged as 'AGENCY', in the current round or prior round

(preload.HHType=1), continue with HH10.

If provider is flagged as 'INFORMAL' in the current round or prior round (preload.HHType=

2) and it is Round 1, go to BOX 40.

If provider is flagged as 'PAID INDEPENDENT', in the current round or prior round

(preload.HHType=3), go to BOX\_30.

Otherwise, go to HH70.

**Full Detail Spec** 

HH10 (HH1015) BLAISE NAME: CodeAllHcarWrkrProf

Item Type: Question Field kind: Datafield ArrayMin: Min value:

Type Class: Enumerated Field Size:

Answer Type: THHPROFPR Answers allowed: 10 ArrayMax: Max value:

✓ Help Available (HcarWrkrProfHelp) ✓ Show Card (HH-1) ☐ Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE

PROVIDER......} {EVN-MO}

## **Question Text:**

□HH-1

Please look at card HH-1. During {VISIT MONTH}, what types of health care workers from {PROVIDER} provided home care services for  $\{you/\{PERSON\}\}$ ?

ENTER ALL THAT APPLY.

HELP: F1

		_		
Responses:	CERTIFIED NURSING ASSISTANT (CNA)	1	HH20	(HH1020)

DIETITIAN/NUTRITIONIST2	HH20	(HH1020)
I.V. OR INFUSION THERAPIST	HH20	(HH1020)
MEDICAL DOCTOR 4	HH20	(HH1020)
NURSE/NURSE PRACTITIONER 5	HH20	(HH1020)
OCCUPATIONAL THERAPIST 6	HH20	(HH1020)
PHYSICAL THERAPIST 7	HH20	(HH1020)
RESPIRATORY THERAPIST 8	HH20	(HH1020)
SOCIAL WORKER9	HH20	(HH1020)
SPEECH THERAPIST 10	HH20	(HH1020)
NONE OF THESE	HH20	(HH1020)
REFUSED RF	HH20	(HH1020)
DON'T KNOW DK	HH20	(HH1020)

**Home Health (HH) Section** 

**Programmer Instructions:** 

For specifications purposes only (this check is automatic): CAPI does not allow '95' (NONE OF THESE), 'RF' (REFUSED) or 'DK' (DON'T KNOW) in combination with any other code.

Display the following message if these codes are selected in combination with any other code "THIS CODE CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER."

MHOP NOTE: Codes 1-10 represented providers who are skilled.

Display Instructions:

Testing/Editing Notes:

MEPS\_V2 Home Health (HH) Section

**Full Detail Spec** 

HH20 (HH1020) BLAISE NAME: CodeAllHcarWrkrOth

Item Type: Question Field kind: Datafield ArrayMin: Min value:

Type Class: Enumerated Field Size:

Answer Type: THHPRTYPE Answers allowed: 6 ArrayMax: Max value:

✓ Help Available (CodeAllHHOthHelp) ✓ Show Card (HH-2) ☐ Look Up File ( )

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE

PROVIDER......} {EVN-MO}

DON'T KNOW

### **Question Text:**

ШНН-2

Please look at card HH-2. {Which/Other than what we have discussed, which} of these types of health care workers from {PROVIDER} provided home care services for {you/{PERSON}} during {VISIT MONTH}?

ENTER ALL THAT APPLY.

HELP: F1

(HH1025)

Responses:	COMPANION 1	HH30	(HH1025)
Responses.	HOMEMAKER/HOUSE CLEANER 2		(HH1025)
			` /
	HOME HEALTH AIDE/HOME CARE AIDE 3	HH30	(HH1025)
	HOSPICE WORKER 4	HH30	(HH1025)
	NURSE'S AIDE 5	HH30	(HH1025)
	PERSONAL CARE ATTENDANT 6	HH30	(HH1025)
	NONE OF THESE	HH30	(HH1025)
	REFUSED RF	HH30	(HH1025)

DK HH30

Programmer Instructions:

For specifications purposes only (this check is automatic): CAPI does not allow '95' (NONE OF THESE), 'RF' (REFUSED) or 'DK' (DON'T KNOW) in combination with any other code.

Display the following message if these codes are selected in combination with any other code "THIS CODE CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER."

MHOP NOTE: Codes 1-6 represented providers who are unskilled. If HH10 and HH20 are only some combination of codes '95' (NONE OF THESE), 'RF' (REFUSED), and 'DK' (DON'T KNOW), the provider is also unskilled.

**Display Instructions:** 

Display "Which" if HH10 is coded '95' (NONE OF THESE), 'RF' (REFUSED) or 'DK' (DON'T KNOW). Otherwise, display "Other than what we have discussed, which".

Testing/Editing Notes:

Variable collected at MEPSSpring2018.HH\_Main Variable stored at MEPSSpring2018\_Event.HH\_Main

<u>НН30</u>	(HH1025) <u>H</u>	BLAISE NAME: HHMI	PNum		
Item Type:	Question	Field kind: Datafield	ArrayMin:	Min value: 1	
Type Class:	Integer	Field Size: 2			
Answer Type:	{Continuous Answer	Answers allowed: 1	ArrayMax:	Max value: 99	
☐ Help Available (	( )	☐ Show Card (	)	☐ Look Up File (	)

Context Header: {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE

PROVIDER...... {EVN-MO}

### **Question Text:**

How many people from {PROVIDER} provided home care services for {you/{PERSON}}?

Responses:		
	REFUSED	RF
	DON'T KNOW	DK

**Home Health (HH) Section** 

Programmer Instructions:

If Round 1, go to BOX\_40. Otherwise, go to HH70.

Display

**Instructions:** 

Testing/Editing Notes:

Variable collected at MEPSSpring2018.HH\_Main Variable stored at MEPSSpring2018\_Event.HH\_Main

BOX 30 (HH1026) Item Type: Route Type Class: If Then

Route Details: If provider is HHType=3 and HH40 is coded 1-10, or RF or HH50 is coded 1-6, or RF in this

round for this provider, or preload.HHProvType<> empty for this provider, go to BOX\_40.

Otherwise, continue with HH40.

MEPS\_V2 Home Health (HH) Section **Full Detail Spec BLAISE NAME:** HHProfTp **HH40** (HH1027)**Item Type:** Question Field kind: Datafield ArrayMin: Min value: Type Class: Enumerated Field Size: **Answer Type: THHPROFPR Answers allowed:** 1 ArrayMax: Max value: ✓ Help Available (HcarWrkrProfHelp) ✓ Show Card (HH-1) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER...... {EVN-MO} **Question Text: □**HH-1 Please look at card HH-1. What type of health care worker is {PROVIDER} who provided home care services for {you/{PERSON}} during {VISIT MONTH}?

HELP: F1

**Responses:** CERTIFIED NURSING ASSISTANT (CNA) ...... 1 DIETITIAN/NUTRITIONIST ..... 2 **4** MEDICAL DOCTOR NURSE/NURSE PRACTITIONER 5 OCCUPATIONAL THERAPIST ..... 6 PHYSICAL THERAPIST ..... 7 RESPIRATORY THERAPIST 8 ......9 SOCIAL WORKER ..... 95 NONE OF THESE ..... RF **REFUSED** ..... DK DON'T KNOW

Programmer Instructions:	If coded 95, 'NC	If coded 95, 'NONE OF THESE' or 'DK' (DON'T KNOW), go to HH50.				
msu actions.	If round 1, and o	coded 1-10, RF go to BOX_40 o HH70	0.			
Display Instructions:						
Testing/Editing Notes:		ed at MEPSSpring2018.HH at MEPSSpring2018_Event.				
<u>HH50</u> Item Type: Type Class:	(HH1030) Question Enumerated	BLAISE NAME: HHPro Field kind: Datafield Field Size:	fTpOth  ArrayMin:	Min value:		
Answer Type:	THHPRTYPE	Answers allowed: 1	ArrayMax:	Max value:		
-	(HHProfTpOthHel	• /	Card (HH-2)	☐ Look Up Fi		
Context Header:	PROVIDER	RST MIDDLE AND LAST I .} {EVN-MO}	NAME} {NAMI	E OF MEDICAL CARE		
Question Text:						
		ese types of health care work N}} during {VISIT MONTH		ROVIDER} who provid	ed	
				Н	ELP:F1	
Responses:	HOME HEALT HOSPICE WOR NURSE'S AIDE PERSONAL CA NONE OF THE REFUSED	/HOUSE CLEANER H AIDE/HOME CARE AID RKER ARE ATTENDANT SE	2 DE 3 4 5 6 95 RF			
	DON'T KNOW		DK			

(HH1040)

(HH1040)

**Full Detail Spec** If round 1, go to BOX 40. **Programmer** Otherwise, go to HH70. **Instructions: Display Instructions:** Variable collected at MEPSSpring2018.HH Main **Testing/Editing** Variable stored at MEPSSpring2018\_Event.HH\_Main **Notes:** (HH1032)**Item Type:** Route Type Class: If Then **BOX 40 Route Details:** If HH60 was already asked for this same RU member-provider pair, go to HH70. Otherwise, continue with HH60. BLAISE NAME: HHCareBefYr **HH60** (HH1033) **Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: **Answer Type: TYESNO Answers allowed:** 1 ArrayMax: Max value:  $\square$  Show Card ( ) ☐ Look Up File ( ) ☐ Help Available ( ) **Context Header:** {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER...... {EVN-MO} **Question Text:** Did {someone from} {PROVIDER} ever provide home care services for {you/{PERSON}} before January 1, {YEAR}? **Responses:** YES **HH70** (HH1040) NO **HH70** (HH1040)

----- RF HH70

----- DK HH70

REFUSED

DON'T KNOW

**Testing/Editing** 

Notes:

Display Instructions:		e from' if provider is flagge s purposes only; CAPI hand r of panel.			•
Testing/Editing Notes:	Variable collected at MEPSSpring2018.HH_Main Variable stored at MEPSSpring2018_Event.HH_Main				
HH70 Item Type: Type Class: Answer Type:	(HH1040) Question Enumerated TYESNO	BLAISE NAME: HHSpe Field kind: Datafield Field Size: Answers allowed: 1	cCond ArrayMin ArrayMa		n value: ax value:
✓ Help Available (  Context Header:	{PERSON'S FIR	ST MIDDLE AND LAST N	'ard ( )	IAME OF	☐ Look Up File ( )  MEDICAL CARE
PROVIDER} {EVN-MO}  Question Text:  Thinking about all of the home care services {you/ {PERSON}} {have/has} received from {someone from} {PROVIDER} during {VISIT MONTH}, were any of these home care services related to any specific health problem?  IF OLD AGE MENTIONED, SELECT 'YES' AND ENTER 'OLD AGE' AS CONDITION					
					HELP: F1
Responses:	NO		2	HH80 HH90 HH90 HH90	(HH1045) (HH1085) (HH1085) (HH1085)
Display Instructions:	Display 'someone	e from' if provider is flagge	d as 'AGEN	ICY'.	

MEPS\_V2 Home Health (HH) Section **Full Detail Spec BLAISE NAME:** HHCondRoster **HH80** (HH1045)**Item Type:** Question Field kind: Datafield **ArrayMin:** Min value: Type Class: Enumerated Field Size: **Answer Type: TCONDITION Answers allowed:** 1 ArrayMax: Max value: ✓ Help Available (CondHelp) ☐ Show Card ( ) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** What health condition led {you/{PERSON}} to receive home health care services from {someone from} {PROVIDER} during {VISIT MONTH}? PROBE: Any other health condition? ENTER ALL THAT APPLY. CTRL-A: ADD CTRL-E: EDIT CTRL-D: DELETE HELP: F1 **Responses:** {MEDICAL CONDITION} 1 ..... 1 HH90 (HH1085) ..... 2 {MEDICAL CONDITION} 2 HH90 (HH1085)

{MEDICAL CONDITION} 3

{MEDICAL CONDITION} 4

{MEDICAL CONDITION}N

3 НН90

4 HH90

----- 5 HH90

(HH1085)

(HH1085)

(HH1085)

Full Detail Spec

Programmer Instructions:

Roster Behavior:

1. Multiple select allowed.

- 2. Multiple add allowed.
- 3. Limited delete allowed. Interviewer may delete a condition added at this item until CAPI creates the link between this condition and the event. The link is created when the collection of utilization and/or charge/payment data is complete.

Home Health (HH) Section

4. Limited edit allowed. Interviewer may edit a condition name newly added at this item until CAPI creates the link between this condition and the event.

The link is created when the collection of utilization and/or charge/payment data is complete.

**Display Instructions:** 

Roster 3 - Add/Edit/Delete Allowed

Roster Definition:

Display the Person's-Medical-Conditions Roster for the selection and/or addition of one or more medical condition (s) associated with this event. Display name of medical condition

(COND.CONDNAM).

Roster Filter:

Display all conditions on person's roster; no filter.

Display 'someone from' if provider is flagged as 'AGENCY'.

Testing/Editing Notes:

**BLAISE NAME: HHFreq HH90** (HH1085)**Item Type:** Question Field kind: Datafield ArrayMin: Min value: Type Class: Enumerated Field Size: **Answer Type: TFREQCY Answers allowed:** 1 ArrayMax: Max value: ☐ Help Available ( ) ☐ Show Card ( ☐ Look Up File ( )

**Context Header:** 

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

## **Question Text:**

During {VISIT MONTH}, did {someone from} {PROVIDER} usually come to the home to help {you/ {PERSON}} every week, only some weeks, or did they come only once during {VISIT MONTH}?

**Responses:** EVERY WEEK HH100 (HH1090)..... 2 SOME WEEKS HH110 (HH1095) BOX 50 (HH1125) ..... RF BOX 50 REFUSED (HH1125) ..... DK BOX 50 DON'T KNOW (HH1125)

**Display Instructions:** 

Display 'someone from' if provider is flagged as 'AGENCY'.

Testing/Editing Variable collected at MEPSSpring2018.HH\_Main **Notes:** Variable stored at MEPSSpring2018\_Event.HH\_Main

**BLAISE NAME:** HHDaysWeek HH100 (HH1090)

**Item Type:** Question Field kind: Datafield **ArrayMin:** Min value: 1

Type Class: Integer Field Size: 1

**Answer Type:** {Continuous Answer.} **Answers allowed:** 1 ArrayMax: Max value: 7

☐ Help Available ( ) ☐ Show Card ( ) ☐ Look Up File ( )

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** 

PROVIDER......} {EVN-MO}

**Question Text:** 

During {VISIT MONTH}, about how many days per week did {someone from} {PROVIDER} come?

PROBE: We just need to know in general.

ENTER DAYS PER WEEK

**Responses:** BOX\_50 (HH1125)

> ..... RF REFUSED BOX\_50 (HH1125) ..... DK DON'T KNOW BOX 50 (HH1125)

**Programmer Instructions:** 

Hard range: 1-7.

Display the following message if an out of range response is entered: "THE VALUE MUST BE

BETWEEN 1 AND 7. VERIFY WITH RESPONDENT AND RE-ENTER."

**Display** 

Display 'someone from' if provider is flagged as 'AGENCY'. **Instructions:** 

Testing/Editing **Notes:** 

**Home Health (HH) Section Full Detail Spec** HH110 (HH1095) **BLAISE NAME:** HHDaysMth **Item Type:** Question Field kind: Datafield ArrayMin: Min value: 1 Type Class: Integer Field Size: 2 **Answer Type:** {Continuous Answer.} **Answers allowed:** 1 ArrayMax: Max value: 31 ☐ Help Available ( ) ☐ Show Card ( ) ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** About how many days <u>during</u> {VISIT MONTH} did {someone from} {PROVIDER} come? PROBE: We just need to know in general. ENTER 1-{28/29/30/31} DAYS PER MONTH **Responses:** BOX\_50 (HH1125) **REFUSED** ..... RF BOX\_50 (HH1125)

..... DK

BOX\_50

(HH1125)

DON'T KNOW

MEPS\_V2

Home Health (HH) Section

Programmer Instructions:

Hard range: 1-31.

Range Check:

CAPI will display an error message and force the interviewer to rectify the data if any of the

following situations occur:

If (VISIT MONTH) is: January, March, May, July, August, October or December: 1-31 for

number of days.

If (VISIT MONTH) is: April, June, September or November: 1-30 for number of days.

If (VISIT MONTH) is: February: 1-29 for leap years.

Otherwise, 1-28 for number of days.

**Display Instructions:** 

Display 'someone from' if provider is flagged as 'AGENCY'.

Display '28' if HH visit month is February and event year is not a leap year. Display '29' if HH visit month is February and event year is a leap year. Display '30' if HH visit month is April, June, September or November.

Display '31' if HH visit month is January, March, May, July, August, October

or December.

Testing/Editing Notes:

Variable collected at MEPSSpring2018.HH\_Main Variable stored at MEPSSpring2018\_Event.HH\_Main

BOX\_50 (HH1125) Item Type: Route Type Class: If Then

**Route Details:** 

If 2 or more months, excluding interview month, for this provider for this person have not completed the Home Health (HH) utilization section and if this event is not part of a flat fee group, continue with HH120.

Otherwise, go to BOX\_60.

**Full Detail Spec** 

BLAISE NAME: HHFreqOthMth HH120 (HH1130)**Item Type:** Question Field kind: Datafield ArrayMin: Min value: **Type Class:** Enumerated Field Size: **Answer Type: TYESNO Answers allowed:** 1 Max value: ArrayMax: ☐ Help Available ( ) ☐ Show Card ( ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** I have recorded that {you/{PERSON}} received services from {PROVIDER} during other months. In the other months, did {PROVIDER} visit {only once/the same number of times/{FREQUENCY OF SERVICES...}}? **Responses:** YES HH130 (HH1135) NO BOX 60 (HH1145) ----- RF **REFUSED** BOX 60 (HH1145) ..... DK DON'T KNOW **BOX 60** (HH1145) **Display** Display 'only once' if HH90 was coded '3' (ONLY CAME ONCE). Display 'the same **Instructions:** number of times' if HH90, HH100 or HH110 was coded 'RF' (REFUSED) or 'DK' (DON'T KNOW). Otherwise, display '{FREQUENCY OF SERVICES}'. For 'FREQUENCY OF SERVICES': Display number entered at HH100 and the phrase 'days per week' if a response was recorded at HH100. Display number entered at HH110 and the phrase 'days per month' if a response was recorded at HH110.

Testing/Editing Notes:

MEPS\_V2 Home Health (HH) Section **Full Detail Spec BLAISE NAME:** HHMthRoster HH130 (HH1135) **Item Type:** Question Field kind: Datafield **ArrayMin:** Min value: Type Class: Enumerated Field Size: **Answer Type: TMONTHYEAR Answers allowed:** 1 ArrayMax: Max value: ☐ Help Available ( ) ☐ Show Card ( ☐ Look Up File ( ) {PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE **Context Header:** PROVIDER......} {EVN-MO} **Question Text:** During which of the following months did {PROVIDER} visit {only once/the same number of times/{FREQUENCY OF SERVICES}}? PROBE: Any other months with the same number of visits? ENTER ALL THAT APPLY. **Responses:** {SELECT ALL EVENTS} ...... 0 HH140 (HH1140) ...... 1 {MONTH,YEAR}1 HH140 (HH1140)

{MONTH,YEAR}2

{MONTH,YEAR}3

{MONTH,YEAR}4

{MONTH,YEAR}N

..... 2 HH140

5 HH140

HH140

HH140

..... 3

----- 4

(HH1140)

(HH1140)

(HH1140)

(HH1140)

# Programmer Instructions:

If coded '0' SELECT ALL EVENTS, CAPI should automatically select all of the events displayed on the roster and flag as being part of the repeat visit group.

Flag each month selected at HH130 as a repeat visit related to the event being asked about. (NOTE: The event being cycled on through this HH section administration is the "stem" repeat visit. The events selected at HH130 are each a "leaf". The event driver (ED) section will not serve these repeat visits for the HH section.)

Assign next repeat visit number at the household level. (NOTE: Each repeat visit grouping, whether OP, MV, or HH is assigned this number at a household level. The number will start over every round.)

### Roster Behavior:

- 1. Multiple select allowed.
- 2. Add, delete, and edit disallowed.

#### Display Instructions:

Roster 2 - no add/edit/delete

Roster definition:

Display the person's Medical-Events-Roster for selection.

Roster filter:

Display only those events that meet the following criteria:

- Have event type 'HH'.
- Created this round, excluding the interview month. (If round 5, do not exclude Dec.)
- Are associated with the same provider as the event asked about during this round.
- Have not been processed through utilization.

Display 'only once' if HH90 was coded '3' (ONLY CAME ONCE). Display 'the same number of times' if HH90, HH100 or HH110 was coded 'RF' (REFUSED) or 'DK' (DON'T KNOW). Otherwise, display '{FREQUENCY OF SERVICES}'.

### For 'FREQUENCY OF SERVICES':

Display number entered at HH100 and the phrase 'days per week' if a response was recorded at HH100.

Display number entered at HH110 and the phrase 'days per month' if a response was recorded at HH110.

For "MONTH, YEAR" in the response option area, display visit dates as "MON, YYYY". Abbreviate the month name as three letters.

Display the response option  $^{\prime}0^{\prime}$  SELECT ALL EVENTS when there is more than one event to display on the roster, otherwise use a null display.

# Testing/Editing Notes:

HH140	(HH1140)	<b>BLAISE NAME:</b> HH	VstGrp		
Item Type:	Question	Field kind: Datafiel	d ArrayMin:	Min value:	
Type Class:	String	Field Size: 30			
Answer Type:	{Continuous A	nswer.} Answers allowed:	1 ArrayMax:	Max value:	
☐ Help Available (	)	☐ Show Card	1( )	☐ Look Up F	ile ( )
Context Header:		FIRST MIDDLE AND LAS } {EVN-MO}	ST NAME} {NAM	E OF MEDICAL CARI	E
Question Text:					
	CORD 'NAME C	OF REPEAT VISIT GROUP' F	OR MONTHS SELE	CTED IN PREVIOUS	
Responses:			ВС	X_60 (HH11	45)
Display Instructions:					
Testing/Editing Notes:		ected at MEPSSpring2018.I ed at MEPSSpring2018_Ev			
BOX_60	(HH1145)	Item Type: Route	Type Class:	If Then	
Route Details:	i.e. its status charges were	arge/Payment (CP) section is wasn't set to 'Completed' be collected in the CP section ontinue with BOX_70.	ecause it was part of	a Flat Fee situation wh	
BOX 70	(HH1150)	Item Type: Route	Type Class:	If Then	
Route Details:	Go to the Eve	ent Driver (ED) section.			

[End of HH]