```
---------------------------------------------------------
|  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 BOX_01 - END_LP01                              |
-----------------------------------------------------
```

```
-----------------------------------------------------
| LOOP DEFINITION:  LOOP_01 COLLECTS PROVIDER IN     |
| PLAN AND ADDRESS INFORMATION FOR PROVIDERS.  THIS  |
| LOOP CYCLES ON PROVIDERS THAT MEET THE FOLLOWING   |
| CONDITIONS:                                        |
| - CREATED THIS ROUND                               |
|     OR                                             |
| - CREATED IN A ROUND 1 AND WAS ASSOCIATED WITH AN  |
|     IC EVENT (I.E., DID NOT COMPLETE LOOP_01)      |
| AND                                                |
| - FLAGGED AS A 'SEPARATELY BILLING DOCTOR'         |
|     OR                                             |
| - 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'                                         |
-----------------------------------------------------
```

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_02                  |
---------------------------------------------------
```

BOX_02
======

```
---------------------------------------------------
|  IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU     |
|  MEETS THE FOLLOWING CONDITIONS:                  |
|   - FLAGGED AS 'PROVIDING HOSPITAL/PHYSICIAN      |
|     BENEFITS'  (EXCLUDE INSURERS WHERE HOSPITAL/  |
|     PHYSICIAN BENEFITS ARE PROVIDED SOLELY        |
|     THROUGH MEDIGAP)                              |
|   - ESTABLISHMENT OR INSURER IS FLAGGED AS AN 'HMO'|
|     OR                                            |
|     INSURER IS AN HMO (MC01 IS CODED '1' (YES))   |
|     OR                                            |
|     INSURER REQUIRES PERSONS TO SIGN UP WITH      |
|     PRIMARY PHYSICIAN (MC02 IS CODED '1' (YES))   |
|  CONTINUE WITH PD01                               |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU     |
|  MEETS THE FOLLOWING CONDITIONS:                  |
|   - FLAGGED AS 'PROVIDING HOSPITAL/PHYSICIAN      |
|     BENEFITS'  (EXCLUDE INSURERS WHERE HOSPITAL/  |
|     PHYSICIAN BENEFITS ARE PROVIDED SOLELY        |
|     THROUGH MEDIGAP)                              |
|   - INSURER HAS A LIST OF DOCTORS ASSOCIATED WITH |
|     IT (MC03 IS CODED '1' (YES))                  |
|  GO TO PD02                                       |
---------------------------------------------------
```

```
---------------------------------------------------
|  OTHERWISE, GO TO BOX_03                          |
---------------------------------------------------
```

PD01
====

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

          Think about all of the health insurance plans for anyone in
          the family. Is (PROVIDER) part of any plan, referred by
          a health care provider who is part of any plan, or is (PROVIDER)
          not part of any plan?

              PART OF PLAN .... 1 {BOX_03}
              REFERRED BY PLAN .... 2 {BOX_03}
              NOT PART OF/NOT REFERRED BY PLAN .... 3 {BOX_03}
              REF .... -7 {BOX_03}
              DK .... -8 {BOX_03}

                      [Code One]

              PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

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

PD02
====

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

          Is (PROVIDER) in the book or list of doctors or medical places
          associated with any of the family's health insurance plans?

              YES 1
              NO 2
              REF .... -7
              DK .... -8

              PRESS F1 FOR DEFINITION OF BOOK OR LIST.

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

BOX_03
======

```
---------------------------------------------------------
|   IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV   |
|   EVENT AND RU IS NOT SELECTED FOR MPS, 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
====

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 TO CONTINUE.

PD04
====

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

          ENTER PROVIDER'S STATE ABBREVIATION.

          PRESS ENTER FOR **{STATE ABBREVIATION FOR RESPONDENT}**.

                    [Enter State Code] ....

               PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

          | ALLOW CODE "FC" (FOREIGN COUNTRY). |

          | 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 |
          | ASSOCIATED WITH THIS RU'S ADDRESS FOR 'STATE |
          | ABBREVIATION FOR RESPONDENT'. |

          | NOTE: IF ENTER IS PRESSED WITHOUT ANY ENTRY, |
          | PD05 SHOULD BE THE SAME AS STATE ABBREVIATION |
          | USED IN THE PD04 DISPLAY. |

LOOP_02
=======

```
-------------------------------------------------------
|  FOR EACH SEARCH ATTEMPT, ASK PD05-END_LP02         |
-------------------------------------------------------
```

PD05
====

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

STATE:  {STATE ABBREVIATION}

SELECT A SEARCH STRATEGY.

    SEARCH ON PROVIDER NAME SHOWN ABOVE ........ 1 {BOX_05}
    CHANGE NAME BEFORE SEARCH ................... 2
    SEARCH ON CORE STREET NAME    .............. 3 {PD10}
    SEARCH ON TELEPHONE NUMBER ................. 4 {PD11}
    CHANGE STATE FOR SEARCH .................... 5
    DO NOT SEARCH - GO DIRECTLY TO
       PROVIDER INFORMATION FORM ................ 6 {PD18}

                   [Code One]
```

```
-------------------------------------------------------
|  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 ENTERED   |
|  IN PD04 FOR 'STATE ABBREVIATION'.                  |
-------------------------------------------------------
```

```
---------------------------------------------------------
| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND          |
| PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER',           |
| GO TO PD08                                            |
---------------------------------------------------------


---------------------------------------------------------
| IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND          |
| PROVIDER FLAGGED AS 'FACILITY-PROVIDER', GO TO        |
| PD09                                                  |
---------------------------------------------------------


---------------------------------------------------------
| EDIT:  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 ENTRY.  IF STATE IS 'FC', CODES 1-4 ARE      |
| UNAVAILABLE.  VERIFY AND RE-ENTER.'                   |
---------------------------------------------------------
```

PD06
====

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

        CURRENT STATE CODE: {STATE ABBREVIATION}

        ENTER NEW STATE CODE FOR PROVIDER.

            [Enter State Code] ....

                PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

            | DISALLOW CODE "FC" (FOREIGN COUNTRY). |

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

            | 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'. |

PD07
====

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

        SELECT A SEARCH STRATEGY.

              SEARCH ON PROVIDER NAME SHOWN ABOVE .... 1 {BOX_05}
              CHANGE NAME BEFORE SEARCH .............. 2
              SEARCH ON CORE STREET NAME............. 3 {PD10}
              SEARCH ON TELEPHONE NUMBER ............ 4 {PD11}
              DO NOT SEARCH - GO DIRECTLY TO
                PROVIDER INFORMATION FORM ........... 5 {PD18}

                            [Code One]
```

```
        ---------------------------------------------------------
        |  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'.                                                |
        ---------------------------------------------------------


        ---------------------------------------------------------
        |  IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND        |
        |  PROVIDER FLAGGED AS 'PERSON-TYPE-PROVIDER',         |
        |  CONTINUE WITH PD08                                  |
        ---------------------------------------------------------


        ---------------------------------------------------------
        |  IF CODED '2' (CHANGE NAME BEFORE SEARCH) AND        |
        |  PROVIDER FLAGGED AS 'FACILITY-PROVIDER', GO TO      |
        |  PD09                                                |
        ---------------------------------------------------------
```

PD08
====

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

CURRENT STATE CODE: {STATE ABBREVIATION}

ENTER CORRECTED NAME INFORMATION IN APPROPRIATE FIELD(S).

PRESS ENTER TO PASS THROUGH FIELDS WHERE NO CORRECTION IS
REQUIRED.

        {Display FIRST NAME}   {Display LAST NAME}

        [Enter First Name]   [Enter Last Name]

        | 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 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'. |

        | DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
        | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
        | BEING LOOPED ON FOR 'DISPLAY FIRST NAME' AND |
        | 'DISPLAY LAST NAME'. |

        / GO TO BOX_05 |

PD09
====

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

            STATE: {STATE ABBREVIATION}

        ENTER CORRECTED FACILITY, GROUP PRACTICE, OR HMO NAME.

            {Display FACILITY NAME}

            [Enter Facility Name]

            | 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 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'. |

            | DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
            | PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER |
            | BEING LOOPED ON FOR 'DISPLAY FACILITY NAME'. |

            /   GO TO BOX_05 |

PD10
====

        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)

    [Enter Core Street Name] ....

     PRESS F1 FOR DEFINITION OF CORE STREET NAME.

```
-----------------------------------------------------
| 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'.               |
-----------------------------------------------------


-----------------------------------------------------
/  GO TO BOX_05                                      |
-----------------------------------------------------
```

PD11
====

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

          STATE: {STATE ABBREVIATION}

          ENTER COMPLETE TELEPHONE NUMBER:

              [Enter Area Code-3, Exchange-3,
               Local Number-4] ....

              | 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'. |

              | 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                        |
---------------------------------------------------------
```

PD12
====

                         PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
                         STREET ADDRESS: {STREET ADDRESS 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 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 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-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 PR    |
|        IF PD07=4.                                 |
-----------------------------------------------------


-----------------------------------------------------
|  DISPLAY THE NUMBER OF POTENTIAL MATCHES FOUND IN |
|  DIRECTORY FOR 'NUMBER OF MATCHES'.               |
-----------------------------------------------------
```

PD13
====

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

          SELECT CORRECT PROVIDER.
          IF CORRECT PROVIDER NOT FOUND, PRESS ESC TO LEAVE SCREEN.

          TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
          TO LEAVE, PRESS ESC.
```

ROSTER. PROVIDER-MATCHES	PD13_02. STREET ADDRESS
[Display Provider Name-40]	[Display Street Address-20]
[Display Provider Name-40]	[Display Street Address-20]
[Display Provider Name-40]	[Display Street Address-20]
[Display Provider Name-40]	[Display Street Address-20]

```
              {Display Provider Name}
              {Display Provider Street Address}
              {Display Provider City, State, Zip}
              {Display Provider Telephone Number}
              {Display Provider Specialty}
```

```
          ------------------------------------------------------
          |  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 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).                                      |
          ------------------------------------------------------


          ------------------------------------------------------
          |  IF NO PROVIDER SELECTED FROM ROSTER, GO TO PD17    |
          ------------------------------------------------------
```

```
-------------------------------------------------------
|  OTHERWISE, CONTINUE WITH PD14                      |
-------------------------------------------------------
```

PD14
====

       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
    ACCEPT PROVIDER BUT MAKE CHANGES 2
    WRONG PROVIDER, GO BACK TO PREVIOUS
      SCREEN 3


```
-------------------------------------------------------
|  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 (I.E., CHECKED) IN PD13 FOR       |
|  'DISPLAY PROVIDER...'.                              |
--------------------------------------------------------


--------------------------------------------------------
|  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 PD13         |
--------------------------------------------------------


--------------------------------------------------------
|  IF CODED '1' (ACCEPT PROVIDER AS SHOWN),            |
|  GO TO END_LP02                                      |
--------------------------------------------------------


--------------------------------------------------------
|  IF CODED '2' (ACCEPT PROVIDER BUT MAKE CHANGES),    |
|  CONTINUE WITH PD15                                  |
--------------------------------------------------------
```

PD15
====

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

ENTER CORRECTIONS, AS APPROPRIATE.
RETYPE ENTIRE FIELD TO MAKE CORRECTION.

PRESS ENTER TO PASS THROUGH FIELDS THAT REQUIRE NO CORRECTION.

                                  {Display Prov Name from ProvDir}
                  NAME (PD15_01): [_____]
                                  {Display Prov Street Address from ProvDir}
     1ST_STR_ ADDRESS (PD15_02): [_____]
                                  {Display Prov City from ProvDir}
                  CITY (PD15_03): [_____]
                                  {Display Prov State from ProvDir}
                 STATE (PD15_04): [_____]
                                  {Display Prov Zip Code from ProvDir}
              ZIP CODE (PD15_05): [_____]
                                  {Display Prov Telephone from ProvDir}
             TELEPHONE (PD15_06): [_____]

          | 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 (I.E., CHECKED) IN|
| PD13 FOR 'DISPLAY PROV...' EACH PIECE OF THE         |
| INFORMATION SHOULD BE DISPLAYED ABOVE THE            |
| APPROPRIATE LINE.                                    |
--------------------------------------------------------


--------------------------------------------------------
/ ENTRY FIELD SPECIFICATIONS:                          |
|                                                      |
|   IF PERSON-TYPE-PROVIDER, DISPLAY FIRST NAME AND    |
|   LAST NAME FIELDS.                                  |
|                                                      |
|   IF FACILITY-PROVIDER, DISPLAY FACILITY NAME        |
|   FIELD.                                             |
--------------------------------------------------------


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

PD16
====

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

        DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

                YES ....
                NO ....   {END_LP02}

        | DISPLAY NAME OF PROVIDER AS RECORDED ON THE |
        | PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON |
        | THE PREVIOUS SCREEN (PD15) 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 OR AS UPDATED |
        | ON THE PREVIOUS SCREEN (PD15) FOR THE PROVIDER |
        | BEING LOOPED ON FOR 'STREET ADDRESS'. |

PD16OV
======

        [ENTER TEXT].........................{END_LP02}

        | ALLOW MULTIPLE LINES FOR ENTRY. |

PD17
====

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

         STATE:  {STATE}

         SEARCH STRATEGY:  {PROVIDER NAME SHOWN ABOVE/CORRECTED
         {PERSON/FACILITY} NAME/CORE STREET NAME/TELEPHONE NUMBER}

         {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 AGAIN ..................... 1 {END_LP02}
              NO, GO TO PROVIDER FORM ................ 2
```

```
         ---------------------------------------------------------
         |  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 IF 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 '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).       |
--------------------------------------------------------
```

PD18
====

>   TO VERIFY INFO, PRESS ENTER. TO CORRECT OR ADD INFO, RE-TYPE
>   ENTIRE FIELD.

```
                                    {Provider Name from PV}
                    {NAME (PD18_01):  [_____]}
                                    {1ST_STR_Provider Address from PV}
        1ST_STR_ADDRESS (PD18_02):  [_____]
                                    {2ND_STR_Provider Address from PV}
        2ND_STR_ADDRESS (PD18_03):  [_____]
                   CITY (PD18_04):  [_____]
                  STATE (PD18_05):  [_____]
               ZIP CODE (PD18_06):  [_____]
              TELEPHONE (PD18_07):  [_____]
             {SPECIALTY (PD18_08):  [_____]}
```

>   PRESS F1 FOR 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.  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 PD18_08,      |
        |      'SPECIALTY' FIELD, FOR COLLECTION.              |
        |                                                      |
        |      IF FACILITY-PROVIDER, DISPLAY 'FACILITY NAME'   |
        |      FIELD.  DO NOT DISPLAY 'SPECIALTY' FIELD.       |
        --------------------------------------------------------
```

```
--------------------------------------------------------
/   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.                           |
--------------------------------------------------------
```

PD19
====

```
               PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER}
              STREET ADDRESS:  {STREET ADDRESS}

        DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

                YES ...................................
                NO  ...................................    {END_LP02}


        --------------------------------------------------------
        | DISPLAY NAME OF PROVIDER AS RECORDED ON THE          |
        | PROVIDER ROSTER FROM SECTION PV OR AS UPDATED ON     |
        | THE PREVIOUS SCREEN (PD18) 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 OR AS UPDATED    |
        | ON THE PREVIOUS SCREEN (PD18) FOR THE PROVIDER       |
        | BEING LOOPED ON FOR 'STREET ADDRESS'.                |
        --------------------------------------------------------
```

PD19OV
======

```
        [ENTER TEXT]...................


        -------------------------------------------------------
        |  ALLOW MULTIPLE LINES FOR ENTRY.                    |
        -------------------------------------------------------
```

END_LP02
========

```
--------------------------------------------------------
|   IF PD17 IS CODED '1' (YES), CYCLE FOR NEXT SEARCH.|
--------------------------------------------------------


--------------------------------------------------------
|   IF NO MORE SEARCHES TO BE MADE, THAT IS, IF PD17   |
|   IS CODED '2' (NO) OR PD14 IS CODED '1' (ACCEPT     |
|   PROVIDER AS SHOWN), CONTINUE WITH END_LP01         |
--------------------------------------------------------
```

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.                  |
--------------------------------------------------------
```