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

BOX_00
======

```
---------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:                  |
|  DISPLAY PROV.LORPNAME, PROV.PVSTRT1                   |
---------------------------------------------------------
```

LOOP_01
=======

```
---------------------------------------------------------
|  FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER,     |
|  ASK NAV_PD01 - 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 AND LINKED TO A KEY RU MEMBER|
|   OR                                              |
| - 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                     |
|   OR                                              |
| - ASSOCIATED WITH AN HH EVENT AND FLAGGED AS      |
|   'AGENCY'                                         |
 -------------------------------------------------------


-------------------------------------------------------
| NAVIGATOR DETAILS:  LOOP_01 USES NAV_PD01 TO      |
| CONTROL THE FLOW OF THE LOOP.                     |
-------------------------------------------------------
```

NAV_PD01
========

SERIES: Provider Look-Up and VA Affiliation

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED **"DONE,"** USE [Continue Interview] TO GO <u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS SERIES.

Provider

```
[1. Provider Last Name or Facility Name-30]   [Status-25]
[2. Provider Last Name or Facility Name-30]   [Status-25]
[3. Provider Last Name or Facility Name-30]   [Status-25]
```

```
-------------------------------------------------------
| ROSTER DETAILS:                                     |
| COL # 1 HEADER: PROVIDER                            |
| INSTRUCTIONS: DISPLAY RU-MEDICAL-PROVIDERS-ROSTER  |
| COL # 2 HEADER:  EMPTY                              |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR  |
| STATUS FOR EACH PROVIDER EACH TIME THE NAVIGATOR   |
| IS PRESENTED                                        |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER DEFINITION:                                  |
| THIS ITEM DISPLAYS THE RU-MEDICAL-PROVIDERS-ROSTER  |
| FOR SELECTION.                                      |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER BEHAVIOR:                                    |
| 1. SELECT ALLOWED.                                  |
|                                                     |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT           |
|    DISALLOWED.                                      |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER FILTER:                                      |
| DISPLAY EACH PROVIDER IN THE RU-MEDICAL-PROVIDERS-  |
| ROSTER THAT MEETS THE CONDITIONS STATED IN LOOP_01  |
-------------------------------------------------------


-------------------------------------------------------
| CONTINUE WITH PD01A FOR SELECTED PROVIDER           |
-------------------------------------------------------
```

PD01A
=====

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

{Is the clinic or place where {PROVIDER} was seen a facility of
the Veteran's Administration?/ Is {PROVIDER} a facility of the
Veteran's Administration?}

```
YES ..................................... 1 {BOX_01A}
NO ...................................... 2 {BOX_01A}
REF ..................................... -7 {BOX_01A}
DK ...................................... -8 {BOX_01A}
```

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

```
--------------------------------------------------------
|  IF PERSON PROVIDER DISPLAY 'Is the clinic or place   |
|  where (PROVIDER) was seen a facility of the          |
|  Veteran's Administration?'                           |
|                                                       |
|  IF FACILITY PROVIDER DISPLAY 'Is (PROVIDER) a        |
|  facility of the Veteran's Administration?'           |
--------------------------------------------------------
```

BOX_01A
=======

```
--------------------------------------------------------
|  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                                                |
|  -  ASSOCIATED WITH A HH EVENT AND FLAGGED AS         |
|     'AGENCY',                                         |
|  CONTINUE WITH BOX_03                                 |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  OTHERWISE, GO TO END_LP01                            |
--------------------------------------------------------
```

BOX_03
======

```
--------------------------------------------------------
|  IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV    |
|  EVENT AND RU IS NOT SELECTED FOR THE MEDICAL         |
|  PROVIDER COMPONENT (MPC), GO TO END_LP01             |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_04                      |
--------------------------------------------------------
```

BOX_04
======

```
-------------------------------------------------
|  IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03 |
-------------------------------------------------

-------------------------------------------------
|  OTHERWISE, GO TO PD05A IF PERSON-PROVIDER OR PD05B|
|  IF FACILITY-PROVIDER                              |
-------------------------------------------------
```

PD03
====

To make sure my information is complete, I am going to use a
directory to look up the medical providers you mentioned.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-------------------------------------------------
|  IF PROVIDER TYPE IS PERSON GO TO PD05A         |
-------------------------------------------------

-------------------------------------------------
|  OTHERWISE GO TO PD05B                          |
-------------------------------------------------
```

PD05A
=====

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

CURRENT STATE CODE: {STATE ABBREVIATION FOR RESPONDENT}

    STATE: [_____]   [CHANGE STATE FOR SEARCH]

    SELECT A SEARCH STRATEGY:

        _   SEARCH ON PROVIDER NAME AND ADDRESS
        _   SEARCH ON PROVIDER NAME
        _   SEARCH ON ADDRESS
        _   SEARCH ON TELEPHONE NUMBER

```
-------------------------------------------------------
|                    ITEM DETAILS                     |
|  FIRST NAME: .. {Display Provider First Name}       |
|  LAST NAME: ... {Display Provider Last Name         |
|                 (Legal)}                            |
|  ADDRESS:  .... {Display Provider First Line        |
|                 Business Location Street Address}|
|            .... {Display Second Line Business       |
|                 Location Address}                   |
|            .... {Display Provider Business Location|
|                 Address City, State, Zip}           |
|  PHONE: ....... {Display Provider Business Location|
|                 Address Telephone Number}           |
|  SPECIALTY: ... {Display Healthcare Provider        |
|                 Taxonomy Code (Primary)}            |
-------------------------------------------------------
```

{SEARCH CRITERIA 1}
{SEARCH CRITERIA 2}
[SEARCH]

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

PROVIDER	ADDRESS	CITY	PHONE
[Display Provider Name-40]	[Display Street Address-35]	[Display City -15]	[Display Phone Number-12]
[Display Provider Name-40]	[Display Street Address-35]	[Display City -15]	[Display Phone Number-12]

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

```
-------------------------------------------------------
| DISPLAY THE FOLLOWING MESSAGE: 'The number of       |
| potential matches exceeds the number that can be    |
| displayed. Add more detail and search again.' IF    |
| THE NUMBER OF POTENTIAL MATCHES EXCEEDS THE         |
| MAXIMUM NUMBER OF MATCHES THAT CAN BE DISPLAYED.    |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  AS OF PANEL 20 ROUND 1, THE MAXIMUM NUMBER |
| OF MATCHES THAT CAN BE DISPLAYED IS 750.          |
-------------------------------------------------------
```

6

```
---------------------------------------------------------
| 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 'FIRST NAME' FOR SEARCH CRITERIA 1 AND        |
| 'LAST NAME' FOR SEARCH CRITERIA 2 IF 'SEARCH ON       |
| PROVIDER NAME SHOWN ABOVE' SELECTED.                  |
---------------------------------------------------------
```

```
---------------------------------------------------------
| 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 TWO-CHARACTER STATE ABBREVIATION              |
| ASSOCIATED WITH THIS RU'S ADDRESS FOR 'STATE          |
| ABBREVIATION FOR RESPONDENT'.                         |
---------------------------------------------------------
```

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

PD05B
=====

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

STATE: {STATE ABBREVIATION FOR RESPONDENT}

STATE: [_____]   [CHANGE STATE FOR SEARCH]

SELECT A SEARCH STRATEGY:

    _   SEARCH ON PROVIDER NAME AND ADDRESS
    _   SEARCH ON PROVIDER NAME
    _   SEARCH ON ADDRESS
    _   SEARCH ON TELEPHONE NUMBER

```
------------------------------------------------------
|                   ITEM DETAILS                     |
|  PROVIDER: .... {Display Provider Organization     |
|                  Name}                             |
|  OTHER NAME: .. {Display Provider Other            |
|                  Organization Name}                |
|  ADDRESS:  .... {Display Provider First Line       |
|                  Business Location Address}        |
|            .... {Display Second Line Business      |
|                  Location Address                  |
|            .... {Display Provider Business         |
|                  Location Address, City, State,    |
|                  Zip}                              |
|  PHONE: ....... {Display Provider Business Location|
|                  Address Telephone Number}         |
|  SPECIALTY: ... {Display Healthcare Provider       |
|                  Taxonomy Code (Primary)}          |
------------------------------------------------------
```

{SEARCH CRITERIA 1}
{SEARCH CRITERIA 2}
[SEARCH]

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

PROVIDER	OTHER NAME	ADDRESS	PHONE
[Display Provider Name-35]	[Display Other Provider Name-20]	[Display Street Address-35]	[Display Phone Number-12]
[Display Provider Name-35]	[Display Other Provider Name-20]	[Display Street Address-35]	[Display Phone Number-12]

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

```
------------------------------------------------------
|  DISPLAY THE FOLLOWING MESSAGE: 'The number of     |
|  potential matches exceeds the number that can be  |
|  displayed. Add more detail and search again.' IF  |
|  THE NUMBER OF POTENTIAL MATCHES EXCEEDS THE        |
|  MAXIMUM NUMBER OF MATCHES THAT CAN BE DISPLAYED.   |
------------------------------------------------------
```

```
------------------------------------------------------
|  NOTE:  AS OF PANEL 20 ROUND 1, THE MAXIMUM NUMBER |
|  OF MATCHES THAT CAN BE DISPLAYED IS 750.          |
------------------------------------------------------
```

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

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 .... 1 {END_LP01}
    ACCEPT PROVIDER BUT MAKE CHANGES .... 2 {PD15}
    WRONG PROVIDER, GO BACK TO PREVIOUS
      SCREEN 3
    DON'T SEARCH ANYMORE .... 4 {PD18}

```
----------------------------------------------------
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE        |
| PROVIDER ROSTER FROM SECTION PV FOR THE PROVIDER   |
| BEING LOOPED ON FOR 'NAME OF MEDICAL PROVIDER      |
| FROM PV'. IF PERSON-TYPE-PROVIDER, DISPLAY         |
| PERSON NAME. IF FACILITY-PROVIDER, DISPLAY         |
| FACILITY NAME.                                     |
----------------------------------------------------
```

```
----------------------------------------------------
| DISPLAY THE FIRST STREET ADDRESS AS RECORDED ON    |
| THE PROVIDER ROSTER FROM SECTION PV FOR THE        |
| PROVIDER BEING LOOPED ON FOR 'STREET ADDRESS FROM  |
| PV'.                                               |
----------------------------------------------------
```

```
----------------------------------------------------
| DISPLAY FULL INFORMATION (I.E., NAME, ADDRESS,     |
| CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR    |
| PROVIDER SELECTED IN 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    |
| PD05B.                                             |
----------------------------------------------------
```

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:                         |
|                                                     |
| - FOR NAME, IF PERSON-TYPE-PROVIDER, DISPLAY        |
|   TITLE, FIRST NAME, AND LAST NAME FIELDS.          |
|                                                     |
| - ELSE, DISPLAY FACILITY NAME FIELD.                |
-------------------------------------------------------


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


-------------------------------------------------------
| CONTINUE WITH PD19                                  |
-------------------------------------------------------
```

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 PV}
  1ST_STR_ADDRESS:  [_____]
                         {2ND_STR_Provider Address from PV}
  2ND_STR_ADDRESS:  [_____]
             CITY:  [_____]
            STATE:  [_____]
         ZIP CODE:  [_____]
            PHONE:  [_____]
        SPECIALTY:  [_____]
```

USE HELP TO VIEW 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.            |
--------------------------------------------------------


--------------------------------------------------------
| ENTRY FIELD SPECIFICATIONS:                          |
|                                                      |
| - FOR NAME, IF PERSON-TYPE-PROVIDER, DISPLAY         |
|   TITLE, FIRST NAME, AND LAST NAME FIELDS.           |
|                                                      |
| - 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                                   |
--------------------------------------------------------
```

15

PD19
====

        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 .... 1 {PD19OV}
           NO .... 2 {END_LP01}

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

    --------------------------------------------------
    | IF PROVIDER SELECTED AT PD05A/B, DISPLAY NAME,   |
    | ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR     |
    | PROVIDER SELECTED IN PD05A OR PD05B FOR 'NAME OF  |
    | PROVIDER SELECTED AT PD05A/B'.                   |
    --------------------------------------------------
```

PD19OV
======

        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}

        RECORD NOTE. TO CONTINUE, PRESS TAB AND THEN ENTER, OR SELECT
        NEXT PAGE.

           [ENTER TEXT].................... {END_LP01}

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

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