Event Driver (ED) Section
November 14, 2017

MEPS P21R5/P22R3/P23R1

The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and **users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.**

BOX_00
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```
---------------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:                  |
|  DISPLAY PERS.FULLNAME, PROV.LORPNAME,                 |
|  EVPV.EVNTTYPE, EVPV.EVNTBEGM, EVPV.EVNTBEGD, AND      |
|  EVPV.EVNTBEGY.                                        |
---------------------------------------------------------
```

BOX_01
======

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

LOOP_01
=======

```
---------------------------------------------------------
|  FOR EACH ELEMENT IN PERSON'S-MEDICAL-EVENTS-         |
|  ROSTER, ASK LOOP_02 - END_LP01.                      |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  LOOP DEFINITION:  LOOP_01 CORRECTS EVENT             |
|  INFORMATION, IF NECESSARY, AND CALLS THE             |
|  APPROPRIATE UTILIZATION SECTION FOR THE EVENT.       |
|  THIS LOOP CYCLES ON EVENTS THAT MEET THE             |
|  FOLLOWING CONDITIONS:                                |
|  -  EVENT TYPE IS NOT PM OR IC                        |
|  -  EVENT IS NOT YET FLAGGED AS PROCESSED IN          |
|     UTILIZATION                                       |
---------------------------------------------------------
```

LOOP_02
=======

```
      -----------------------------------------------------
      |  LOOP DEFINITION: LOOP_02 CORRECTS CURRENT ROUND   |
      |  EVENT INFORMATION COLLECTED IN THE EVENT ROSTER   |
      |  SECTION, AS NEEDED. THE LOOP CYCLES ON EVENTS      |
      |  THAT MEET THE FOLLOWING CONDITIONS:                |
      |  - EVENT TYPE IS NOT PM OR IC                       |
      |  - EVENT IS NOT YET FLAGGED AS PROCESSED IN         |
      |    UTILIZATION                                      |
      |  - EVENT IS NOT YET CODED AS 'INFORMATION OK' AT    |
      |    ED02                                             |
      |                                                     |
      |  ASK ED02 - END_LP02                                |
      -----------------------------------------------------
```

ED02
====

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

{The next questions ask detail about each of the times {you/{PERSON}}
received medical or dental care.}

Let's talk about {the hospital stay for {you/{PERSON}} at {PROVIDER}
that began on {ADMIT DATE}/when {you/{PERSON}} visited the emergency
room at {PROVIDER} on {VISIT DATE}/when {you/{PERSON}} received medical
care from an outpatient department at {PROVIDER} on {VISIT DATE}/when
{you/{PERSON}} received medical care from {PROVIDER} on {VISIT DATE}/
when {you/{PERSON}} received dental care from {PROVIDER} on {VISIT
DATE}/the {OME ITEM GROUP NAME} used by {you/{PERSON}} since {START
DATE}/the services {you/{PERSON}} received at home from {PROVIDER}
during {MONTH}}.

{THIS IS AN OPEN EVENT. EVENT DATA WILL BE COLLECTED NEXT ROUND./
EVENT WILL BE PROCESSED AS A PRESCRIBED MEDICINE.}

THERE {IS/ARE} {NUMBER} {EVENT/EVENTS} REMAINING FOR {PERSON}.

CODE INFORMATION OK ('1') UNLESS RESPONDENT VOLUNTEERS CORRECTION.

```
    INFORMATION OK ........................ 1 {END_LP02}
    DATE(S) INCORRECT ..................... 3
    WRONG EVENT TYPE ...................... 4
    WRONG PROVIDER ........................ 5
    WRONG OME ITEM GROUP .................. 6
    EVENT NOT FOR THIS PERSON ............. 7
    EVENT ENTERED IN ERROR ................ 8
    WANT TO REVIEW {PERSON}'S EVENTS OR
      ADD EVENT FOR ANY RU MEMBER ......... 9 {ED09}
```

[Code One]

```
   -----------------------------------------------------
   |  DISPLAY THE NAME OF THE MEDICAL PROVIDER AND THE  |
   |  EVENT DATE IN THE HEADER ONLY IF THE EVENT TYPE   |
   |  IS NOT 'OM'.                                      |
   -----------------------------------------------------


   -----------------------------------------------------
   |  DISPLAY 'The....care.' IF FIRST EVENT TO BE ASKED |
   |  ABOUT FOR THIS PERSON.                            |
   -----------------------------------------------------
```

```
--------------------------------------------------------
| DISPLAY 'the hospital....{ADMIT DATE}' IF EVENT     |
| TYPE IS HS.                                          |
| DISPLAY 'when...emergency...{VISIT DATE}' IF EVENT|
| TYPE IS ER.                                          |
| DISPLAY 'when...outpatient...{VISIT DATE}' IF      |
| EVENT TYPE IS OP.                                    |
| DISPLAY 'when...medical...{VISIT DATE}' IF EVENT   |
| TYPE IS MV.                                          |
| DISPLAY 'when...dental...{VISIT DATE}' IF EVENT    |
| TYPE IS DN.                                          |
| DISPLAY 'the {OME ITEM GROUP NAME}...{START DATE}'|
| IF EVENT TYPE IS OM. DISPLAY THE NAME OF THE OME    |
| GROUP BEING LOOPED ON FOR 'OME ITEM GROUP NAME'.    |
| DISPLAY 'the...home...{MONTH}' IF EVENT TYPE IS HH|
--------------------------------------------------------
```

```
--------------------------------------------------------
| DISPLAY 'THIS IS AN OPEN EVENT.  EVENT DATA WILL    |
| BE COLLECTED NEXT ROUND.' IF THE EVENT TYPE IS HS   |
| AND THE DISCHARGE DATE IS CODED AS 'STILL IN THE    |
| HOSPITAL' OR IF EVENT TYPE IS HH AND EV13 FOR THE   |
| INTERVIEW MONTH IS CODED '1' (YES).  DO NOT         |
| DISPLAY IF EVENT TYPE IS HH AND ROUND 5. THERE      |
| CANNOT BE AN OPEN HH EVENT IN ROUND 5. DISPLAY      |
| 'EVENT WILL BE PROCESSED AS A PRESCRIBED            |
| MEDICINE.' IF EVENT TYPE IS OM AND ITEM TYPE IS     |
| INSULIN OR OTHER DIABETIC EQUIPMENT OR SUPPLIES.    |
| OTHERWISE, USE A NULL DISPLAY.                      |
--------------------------------------------------------
```

```
--------------------------------------------------------
| DISPLAY 'IS' IF ONLY ONE EVENT LEFT TO BE ASKED     |
| ABOUT FOR THIS PERSON.  DISPLAY 'ARE' IF MORE THAN|
| ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON.  |
|                                                      |
| DISPLAY THE ACTUAL NUMBER OF EVENTS LEFT TO BE      |
| ASKED ABOUT FOR THIS PERSON FOR '{NUMBER}'.         |
|                                                      |
| DISPLAY 'EVENT' IF ONLY ONE EVENT LEFT TO BE ASKED|
| ABOUT FOR THIS PERSON.  DISPLAY 'EVENTS' IF MORE    |
| THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS      |
| PERSON.                                              |
--------------------------------------------------------
```

```
--------------------------------------------------
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE   |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED    |
| ABOUT FOR THIS EVENT.                            |
|                                                  |
|    DISPLAY 'glasses or contact lenses' IF EVENT  |
|    TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES|
|    OR CONTACT LENSES).                           |
|                                                  |
|    DISPLAY 'ambulance services' IF THE OM ITEM   |
|    GROUP IS '4' (AMBULANCE SERVICES).            |
|                                                  |
|    DISPLAY 'orthopedic items' IF THE OM ITEM GROUP |
|    IS '5' (ORTHOPEDIC ITEMS).                    |
|                                                  |
|    DISPLAY 'hearing devices' IF THE OM ITEM GROUP |
|    IS '6' (HEARING DEVICES).                     |
|                                                  |
|    DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7'|
|    (PROSTHESES).                                |
|                                                  |
|    DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS |
|    '8' (BATHROOM AIDS).                          |
|                                                  |
|    DISPLAY 'medical equipment' IF THE OM ITEM GROUP|
|    IS '9' (MEDICAL EQUIPMENT).                   |
|                                                  |
|    DISPLAY 'disposable supplies' IF THE OM ITEM  |
|    GROUP IS '10' (DISPOSABLE SUPPLIES).          |
|                                                  |
|    DISPLAY 'alterations or modifications' IF THE OM|
|    ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS). |
|                                                  |
|    DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM|
|    GROUP IS '91' (OTHER).                        |
|                                                  |
|      FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE  |
|      TEXT CATEGORY ENTERED IN THE OTHER SPECIFY  |
|      FIELD FOR OM EVENTS.                        |
--------------------------------------------------


--------------------------------------------------
| IF POSSIBLE ON SCREEN, INSERT A COLUMN HEADER    |
| BEFORE THE VALUE OF '2', READING "CORRECTIONS    |
| NEEDED" AS SHOWN ON CAPI SCREEN.                 |
| IN LABEL FOR ANSWER CATEGORY 9, DISPLAY "(PERSON)"|
| IN PURPLE (TO BE READ FROM HEADER).             |
--------------------------------------------------
```

```
-------------------------------------------------------
| IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT|
| TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS  |
| HH, DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE NOT|
| AVAILABLE FOR HH EVENTS.  IF CORRECTION NECESSARY,|
| DELETE AND RE-ADD THIS HH EVENT.'                 |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '3' (DATE(S) INCORRECT), '4' (WRONG EVENT|
| TYPE), OR '5' (WRONG PROVIDER) AND EVENT TYPE IS  |
| OM, DISPLAY THE FOLLOWING MESSAGE:  'THIS CODE NOT|
| AVAILABLE FOR OM EVENTS.  IF CORRECTION NECESSARY,|
| DELETE AND RE-ADD THIS OM EVENT.'                 |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE   |
| IS DN, ER, OP, OR MV, CONTINUE WITH ED04A         |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE   |
| IS HS, GO TO ED04B                                |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '4' (WRONG EVENT TYPE) AND EVENT TYPE IS |
| NOT HH OR OM, GO TO ED07                          |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '5' (WRONG PROVIDER) AND EVENT IS ALREADY|
| LINKED TO A FLAT FEE BUNDLE, DISPLAY THE FOLLOWING|
| MESSAGE:  'CHANGE OF PROVIDER DISALLOWED.  RECORD |
| ALREADY LINKED TO OTHER EVENTS.'                  |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '5' (WRONG PROVIDER), AND EVENT TYPE IS  |
| NOT HH OR OM, AND EVENT IS NOT ALREADY LINKED TO  |
| A FLAT FEE BUNDLE, GO TO BOX_02                   |
-------------------------------------------------------


-------------------------------------------------------
| IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE|
| IS NOT OM, DISPLAY THE FOLLOWING MESSAGE:  'THIS  |
| CODE ONLY AVAILABLE FOR OM EVENTS.  ENTER NEW     |
| CODE.'                                            |
-------------------------------------------------------
```

6

```
---------------------------------------------------
| IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE|
| IS OM, AND OM GROUP TYPE IS 'REGULAR' (EV02A=1 OR |
| NOT ASKED), GO TO ED06                            |
---------------------------------------------------
```

```
---------------------------------------------------
| IF CODED '6' (WRONG OME ITEM GROUP) AND EVENT TYPE|
| IS OM, AND OM GROUP TYPE IS 'ADDITIONAL'          |
| (EV02A=2), GO TO ED06A                            |
---------------------------------------------------
```

```
---------------------------------------------------
| IF CODED '7' (EVENT NOT FOR THIS PERSON) AND      |
| SINGLE-PERSON RU, DISPLAY THE FOLLOWING MESSAGE:  |
| 'THIS CODE NOT AVAILABLE FOR SINGLE-PERSON RU.    |
| ENTER NEW CODE.'                                  |
---------------------------------------------------
```

```
---------------------------------------------------
| IF CODED '7' (EVENT NOT FOR THIS PERSON) AND      |
| EVENT IS ALREADY LINKED TO A FLAT FEE BUNDLE,     |
| DISPLAY THE FOLLOWING MESSAGE:  'TRANSFER         |
| DISALLOWED.  RECORD ALREADY LINKED TO OTHER       |
| EVENTS.'                                          |
---------------------------------------------------
```

```
---------------------------------------------------
| IF CODED '7' (EVENT NOT FOR THIS PERSON), AND     |
| MULTI-PERSON RU, AND EVENT IS NOT ALREADY LINKED  |
| TO A FLAT FEE BUNDLE, GO TO ED05                  |
---------------------------------------------------
```

```
---------------------------------------------------
| IF CODED '8' (EVENT ENTERED IN ERROR), AND EVENT  |
| IS NOT ALREADY LINKED TO A FLAT FEE BUNDLE,       |
| FLAG EVENT FOR DELETION AND GO TO END_LP02        |
---------------------------------------------------
```

```
---------------------------------------------------
| IF CODED '8' (EVENT ENTERED IN ERROR) AND EVENT   |
| IS ALREADY LINKED TO A FLAT FEE BUNDLE, DISPLAY   |
| THE FOLLOWING MESSAGE:  'DELETION DISALLOWED.     |
| RECORD ALREADY LINKED TO OTHER EVENTS.'           |
---------------------------------------------------
```

ED04A
=====

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

INTERVIEWER: TO CORRECT DATE, SELECT DATE, THEN CLICK THE
              EDIT DATE LINK.

   [Enter MM/DD/YYYY-4]

   | REFUSED AND DON'T KNOW ARE ALLOWED IN THE DAY AND |
   | YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD. |

   | WRITE CORRECTION TO PERSON'S-MEDICAL-EVENTS-ROSTER. |

   | GO TO END_LP02 |

ED04B
=====

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

INTERVIEWER: TO CORRECT DATE, SELECT DATE, THEN CLICK THE
              EDIT DATE LINK.

   [Enter MM/DD/YYYY-4] - [Enter MM/DD/YYYY-4]

   | REFUSED AND DON'T KNOW ARE ALLOWED IN THE DAY AND |
   | YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD. |

   | IF DISCHARGE DATE IS '95' (STILL IN FACILITY), |
   | THIS HS EVENT IS NOT CLOSED IN THE CURRENT ROUND. |
   | FLAG EVENT AS PROCESSED AND FLAG CHARGE PAYMENT AS |
   | PROCESSED. |

```
        -----------------------------------------------------
        |  WRITE CORRECTION TO PERSON'S-MEDICAL-EVENTS-ROSTER.|
        -----------------------------------------------------


        -----------------------------------------------------
        |  GO TO END_LP02                                    |
        -----------------------------------------------------
```

ED05
====

{NAME OF MEDICAL CARE PROVIDER......} {EV} {EVN-DT}

 INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

        [1. First Name,[Middle Name],Last
        Name-35] ....
        [2. First Name,[Middle Name],Last
        Name-35] ....
        [3. First Name,[Middle Name],Last
        Name-35] ....

                      [Code One]


```
        -----------------------------------------------------
        |  ROSTER DETAILS:                                  |
        |  TITLE: RU_MEMBERS_1                              |
        |                                                   |
        |  COL # 1 HEADER: NAME                             |
        |  INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
        |  AND LAST NAMES (PERS.FULLNAME)                   |
        -----------------------------------------------------


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


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

```
--------------------------------------------------------
|   ROSTER FILTER:                                     |
|   EXCLUDE THE PERSON CURRENTLY BEING LOOPED ON WHEN  |
|   DISPLAYING THE RU MEMBERS ROSTER.                  |
--------------------------------------------------------
```

```
--------------------------------------------------------
|   DELETE EVENT FROM PERSON'S-MEDICAL-EVENTS-ROSTER   |
|   FOR PERSON ORIGINALLY ASSOCIATED WITH EVENT        |
|   AND ADD EVENT TO PERSON'S-MEDICAL-EVENT-ROSTER     |
|   FOR SELECTED PERSON.                               |
--------------------------------------------------------
```

```
--------------------------------------------------------
|   GO TO END_LP02                                     |
--------------------------------------------------------
```

BOX_02
======

```
--------------------------------------------------------
|   ASK THE PROVIDER ROSTER (PV) SECTION FOR THIS      |
|   EVENT.                                             |
|   AT COMPLETION OF PROVIDER ROSTER (PV) SECTION,     |
|   CONTINUE WITH BOX_03                               |
--------------------------------------------------------
```

BOX_03
======

```
--------------------------------------------------------
|   WRITE PROVIDER CORRECTION TO PERSON'S-EVENT-       |
|   PROVIDER-PAIRS-ROSTER.                             |
--------------------------------------------------------
```

```
--------------------------------------------------------
|   GO TO END_LP02                                     |
--------------------------------------------------------
```

ED06
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

```
    GLASSES OR CONTACT LENSES .............. 1 {END_LP02}
    INSULIN ................................ 2 {END_LP02}
    OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3 {END_LP02}
```

[Code One]

```
 ------------------------------------------------------
| IF CODED '2' (INSULIN), ADD 'INSULIN' TO            |
| PERSON'S-PRESCRIBED-MEDICINES-ROSTER.               |
 ------------------------------------------------------


 ------------------------------------------------------
| IF CODED '3' (OTHER DIABETIC EQUIPMENT OR           |
| SUPPLIES), ADD 'OTHER DIABETIC EQUIP/SUPPLIES'      |
| TO PERSON'S-PRESCRIBED-MEDICINES-ROSTER.            |
 ------------------------------------------------------


 ------------------------------------------------------
| CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH     |
| THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP   |
| SELECTED IN ED06.                                   |
 ------------------------------------------------------


 ------------------------------------------------------
| GO TO END_LP02                                      |
 ------------------------------------------------------
```

ED06A
=====

               {PERSON'S FIRST MIDDLE AND LAST NAME}

               INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

                    AMBULANCE SERVICES .... 1 {BOX_ED06A}
                    ORTHOPEDIC ITEMS .... 2 {BOX_ED06A}
                    HEARING DEVICES .... 3 {BOX_ED06A}
                    PROSTHESES .... 4 {BOX_ED06A}
                    BATHROOM AIDS .... 5 {BOX_ED06A}
                    MEDICAL EQUIPMENT .... 6 {BOX_ED06A}
                    DISPOSABLE SUPPLIES .... 7 {BOX_ED06A}
                    ALTERATIONS/MODIFICATIONS .... 8 {BOX_ED06A}
                    OTHER .... 91 {ED06AOV}

                            [Code One]

                 HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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

ED06AOV
=======

               OTHER GROUP OF OTHER MEDICAL EXPENSES (OME) ITEMS:

                    [Enter Other Specify] .... {BOX_ED06A}
                    REF .... -7
                    DK .... -8

BOX_ED06A
=========

                 | CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH |
                 | THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP |
                 | SELECTED IN ED06A OR ENTERED IN ED06AOV. |

                 | GO TO END_LP02 |

ED07
====

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

INTERVIEWER: SELECT CORRECT EVENT TYPE.

        HOSPITAL STAY .... HS {ED08}
        HOSPITAL EMERGENCY ROOM .... ER {END_LP02}
        HOSPITAL OUTPATIENT DEPARTMENT .... OP {END_LP02}
        MEDICAL PROVIDER VISIT .... MV {END_LP02}
        DENTAL CARE .... DN {END_LP02}

                    [Code One]

    HELP AVAILABLE FOR DEFINITIONS OF EVENT TYPES.

     | CHANGE THE EVENT TYPE ORIGINALLY ASSOCIATED WITH |
     | THE EVENT BEING ASKED ABOUT TO THE EVENT TYPE |
     | SELECTED IN ED07. IF EVENT TYPE WAS HOSPITAL |
     | STAY, THE NEW EVENT DATE WILL BE THE ADMIT DATE |
     | COLLECTED FOR THE HOSPITAL STAY. |

     | IF CHANGE TO HS, ER, OR OP AND PROVIDER IS A |
     | PERSON-TYPE-PROVIDER, DISPLAY THE FOLLOWING |
     | MESSAGE: 'YOU MUST CHANGE TO A FACILITY PROVIDER |
     | BEFORE CHANGING THE EVENT TYPE.' |

     | IF THE SELECTED EVENT TYPE MATCHES THE EVENT TYPE |
     | ORIGINALLY ASSOCIATED WITH THE EVENT BEING ASKED |
     | ABOUT, DISPLAY THE FOLLOWING MESSAGE: 'YOU MUST |
     | CHANGE THE EVENT TYPE. PLEASE RESELECT.' |

ED08
====

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

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

[Enter MM/DD/YYYY-4] - [Enter MM/DD/YYYY-4]

```
-------------------------------------------------------
|  WHEN SCREEN IS DISPLAYED, DISPLAY THE EVENT DATE   |
|  AS THE ADMIT DATE AND LEAVE THE DISCHARGE DATE     |
|  BLANK.  BOTH DATES CAN BE CORRECTED.               |
-------------------------------------------------------


-------------------------------------------------------
|  WRITE CORRECTION TO PERSON'S-MEDICAL-EVENTS-ROSTER.|
-------------------------------------------------------


-------------------------------------------------------
|  GO TO END_LP02                                     |
-------------------------------------------------------


-------------------------------------------------------
|  REFUSED AND DON'T KNOW ARE ALLOWED IN THE DAY AND  |
|  YEAR FIELDS BUT ARE DISALLOWED IN THE MONTH FIELD. |
-------------------------------------------------------
```

ED09
====

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

INTERVIEWER: SO FAR, THE FOLLOWING EVENTS HAVE BEEN RECORDED
FOR {PERSON}:

ED09_01. NAME MEDICAL PROVIDER	ED09_02. EVENT TYPE	ROSTER. DATE-DATE	ED09_04. UTIL	ED09_05. C/P
1. [Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]
2. [Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]
3. [Display Medical Provider-35]	[Display Event Code]	[Display Month Day Year-4]	[Display Selection]	[Display Selection]

```
-----------------------------------------------------
|  CONTEXT HEADER DISPLAY INSTRUCTIONS:              |
|  ADD TEXT FOR EVNT.OMTYPE CODE                     |
-----------------------------------------------------
```

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--------------------------------------------------------
|  ROSTER DETAILS:                                     |
|  TITLE: PERS_EVNT_DISPLAY_1                          |
|                                                      |
|  COL # 1 NAME MEDICAL PROVIDER                       |
|  DISPLAY MEDICAL PROVIDER                            |
|  EVPV.LORPNAME, EVPV.DRFNAM, EVPV.DRMNAM             |
|                                                      |
|  COL # 2 EVENT TYPE                                  |
|  DISPLAY EVENT TYPE                                  |
|  EVNT.EVNTTYPE                                       |
|                                                      |
|  COL # 3 EVENT DATE                                  |
|  DISPLAY EVENT DATE                                  |
|  EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY         |
|  EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY         |
|                                                      |
|  COL # 4 UTIL                                        |
|  DISPLAY SELECTION                                   |
|  EVNT.UTFLAG                                         |
|                                                      |
|  COL # 5 C/P                                         |
|  DISPLAY SELECTION                                   |
|  EVNT.PROCFLAG                                       |
--------------------------------------------------------


--------------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS THE          |
|  PERSON'S-MEDICAL-EVENTS-ROSTER FOR DISPLAY.         |
--------------------------------------------------------


--------------------------------------------------------
|  ROSTER BEHAVIOR:                                    |
|  1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.        |
|  2. CAPI DISPLAYS A CHECK MARK IN THE 'UTIL'         |
|     COLUMN IF THE EVENT HAS COMPLETED THE            |
|     APPROPRIATE UTILIZATION SECTION.                 |
|  3. CAPI DISPLAYS A CHECK MARK IN THE 'C/P' COLUMN   |
|     IF THE EVENT HAS COMPLETED THE CHARGE/PAYMENT    |
|     (CP) SECTION.                                    |
--------------------------------------------------------


--------------------------------------------------------
|  ROSTER FILTER:                                      |
|  THIS ITEM DISPLAYS ALL EVENTS ON THE PERSON'S-      |
|  MEDICAL-EVENTS_ROSTER THAT WERE CREATED IN THE      |
|  CURRENT ROUND OR HELD OVER FROM THE PREVIOUS        |
|  ROUND (I.E., UTIL AND THE CHARGE/PAYMENT (CP)       |
|  SECTION WERE NOT MARKED AS PROCESSED, EXCEPT        |
|  EVENTS WITH THE EVENT TYPE (EVPV.EVNTTYPE) 'PM'.    |
--------------------------------------------------------
```

16

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         -------------------------------------------------
         |  CONTINUE WITH ED09OV1                         |
         -------------------------------------------------
```

ED09OV1
=======

ADD AN EVENT?

```
         YES ..................................... 1 {BOX_04}
         NO ...................................... 2 {END_LP02}
```

```
         -------------------------------------------------
         |  ED09OV1 IS DISPLAYED BENEATH THE GRID ON ED09 |
         |  WHENEVER ED09 IS DISPLAYED.                   |
         -------------------------------------------------
```

BOX_04
======

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         -------------------------------------------------
         |  ASK THE EVENT ROSTER (EV) SECTION FOR THIS EVENT. |
         |  AT COMPLETION OF EVENT ROSTER (EV) SECTION,   |
         |  CONTINUE WITH END_LP02                        |
         -------------------------------------------------
```

```
         -------------------------------------------------
         |  NOTE:  CAPI CONTINUES THE LOOP FOR THE EVENT  |
         |  THAT WAS IN PROCESS WHEN ANOTHER EVENT WAS ADDED. |
         |  ADDED EVENTS ARE PROCESSED IN THE ED SECTION  |
         |  AFTER EVENTS THAT WERE RECORDED IN THE PROVIDER |
         |  PROBES (PP) SECTION.                          |
         -------------------------------------------------
```

END_LP02
========

```
         -------------------------------------------------
         |  IF ED02 IS CODED '1' (INFORMATION OK), CONTINUE |
         |  WITH END_LP01                                 |
         -------------------------------------------------
```

```
         -------------------------------------------------
         |  OTHERWISE, CYCLE ON THE SAME EVENT TO COLLECT ANY |
         |  ADDITIONAL CORRECTION.                        |
         -------------------------------------------------
```

17

END_LP01
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         -------------------------------------------------------
         | ASK APPROPRIATE UTILIZATION SECTION FOR THIS EVENT.|
         | WHEN UTILIZATION IS COMPLETED FOR THIS EVENT,      |
         | CYCLE ON NEXT EVENT IN PERSON'S-MEDICAL-EVENTS-    |
         | ROSTER THAT MEETS THE CONDITIONS STATED IN THE     |
         | LOOP DEFINITION.                                   |
         -------------------------------------------------------


         -------------------------------------------------------
         | IF NO MORE EVENTS MEET THE STATED CONDITIONS, END  |
         | LOOP_01 AND CONTINUE WITH BOX_05                   |
         -------------------------------------------------------
```


BOX_05
======

```
         -------------------------------------------------------
         | GO TO THE NEXT QUESTIONNAIRE SECTION               |
         -------------------------------------------------------
```