

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.

LOOP_01

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FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER,
ASK PD01A - END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS VA AFFILIATION ADDRESS INFORMATION FOR PROVIDERS. THIS LOOP CYCLES ON PROVIDERS THAT MEET THE FOLLOWING CONDITIONS:

- CREATED THIS ROUND
- OR
- CREATED IN ROUND 1 AND WAS ASSOCIATED WITH AN IC EVENT (I.E., DID NOT COMPLETE LOOP_01)
- AND
- ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT
- OR
- ASSOCIATED WITH AN MV EVENT
- OR
- ASSOCIATED WITH A HH EVENT AND FLAGGED AS 'AGENCY'

PD01A
=====

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

IF PERSON PROVIDER, READ:

Is the clinic or place where (PROVIDER) was seen a
facility of the Veteran's Administration?

IF FACILITY PROVIDER, READ:

Is (PROVIDER) a facility of the Veteran's Administration?

YES 1
NO 2
REF -7
DK -8

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

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_01

OTHERWISE, GO TO END_LP01

BOX_01
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| IF PROVIDER IS: |  
| - ASSOCIATED WITH A HH EVENT AND FLAGGED AS |  
| 'AGENCY', |  
| OR |  
| - ASSOCIATED WITH AN IC EVENT, |  
| GO TO BOX_04 |  
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| OTHERWISE, CONTINUE WITH BOX_02 |  
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BOX_02
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| GO TO BOX_03 |  
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PD01
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OMITTED.

PD02
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OMITTED.

BOX_03
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| IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV |  
| EVENT AND RU IS NOT SELECTED FOR MPC, GO TO |  
| END_LP01 |  
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| OTHERWISE, CONTINUE WITH BOX_04 |  
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BOX_04
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IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03

OTHERWISE, GO TO PD04

PD03
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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
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/  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 |  
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|  
|-----  
|  OTHERWISE, CONTINUE WITH PD12  
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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 OR 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.
RE-TYPE ENTIRE FIELD TO MAKE CORRECTION.

PRESS ENTER TO PASS THROUGH FIELDS THAT REQUIRE NO CORRECTION.

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

| 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 1
NO 2 {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'.

PD160V
=====

[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

[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 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): [ _____ ]}
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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 1
NO 2 {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'.

PD190V
=====

[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.