

Provider Directory (PD) Section

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| 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.                                  |
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BOX\_00  
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| CONTEXT HEADER DISPLAY INSTRUCTIONS:             |
| DISPLAY PROV.LORPNAME, PROV.PVSTRT1             |
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PD01AA  
=====

OMITTED.

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 WITHIN THIS SERIES.

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

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE 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\_01  
=====

OMITTED.

BOX\_02  
=====

OMITTED.

PD01  
=====

OMITTED.

PD02  
=====

OMITTED.

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

PD04  
====

OMITTED.

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.

-----  
| 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

LOOP\_02  
=====

OMITTED.

PD05  
=====

OMITTED.

PD06  
=====

OMITTED.

PD07  
=====

OMITTED.

PD08  
=====

OMITTED.

PD09  
=====

OMITTED.

PD10  
=====

OMITTED.

PD11  
=====

OMITTED.

BOX\_05  
=====

OMITTED.

PD12  
=====

OMITTED.

PD13  
=====

OMITTED.

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.

NAME: [ {Display Prov Name from ProvDir} ]  
1ST\_STR\_ ADDRESS: [ {Display Prov Street Address from ProvDir} ]  
CITY: [ {Display Prov City from ProvDir} ]  
STATE: [ {Display Prov State from ProvDir} ]  
ZIP CODE: [ {Display Prov Zip Code from ProvDir} ]  
TELEPHONE: [ {Display Prov Telephone from ProvDir} ]

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

PD16

====

OMITTED.

PD16OV

=====

OMITTED.

PD17

====

OMITTED.

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.

NAME: [ {Provider Name from PV} ]  
1ST\_STR\_ADDRESS: [ {1ST\_STR\_Provider Address from PV} ]  
2ND\_STR\_ADDRESS: [ {2ND\_STR\_Provider Address from PV} ]  
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

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'.

PD190V  
=====

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\_LP02  
=====

OMITTED.

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.