

PROVIDER LABEL

OMB#: 0935-0108

**MEDICAL PROVIDER COMPONENT  
FOR REFERENCE YEAR 2005  
CONTACT GUIDE FOR INSTITUTIONS**

A1. Hello, is this a long-term care facility?

NOTE: Include nursing homes, rehabilitation facilities, long-term units of hospitals (such as a Skilled Nursing Facility or SNF unit).

YES ..... 1 (A3)  
NO ..... 2

A2. How would you describe this facility? Is this:

- A doctor's office; .....  } OFFICE-BASED PROVIDER CONTACT GUIDE
- A publicly-funded clinic; .....  }
- An urgi-center; .....  }
  
- A health maintenance organization (HMO); .....  } (TERMINATE AND CONSULT TASK COORDINATOR)
  
- A home health provider; .....  } HOME HEALTH CONTACT GUIDE
  
- A hospital (but not long term care unit such as SNF), or .....  } HOSPITAL CONTACT GUIDE
  
- Something else? (SPECIFY:) \_\_\_\_\_  } (TERMINATE AND CONSULT TASK COORDINATOR)

A3. I need to speak to a person who handles requests for the release of medical records. Would you transfer please?

NUMBER: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

NAME (IF VOLUNTEERED): \_\_\_\_\_

A4. Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. This is a nationwide study about how people in the United States use and pay for health care. [NUMBER] of your patients identified this facility as a source of health care during 2005 and signed authorization forms allowing us to contact you for information about their care. We need the dates of service, the diagnosis, and the names of the physicians who treated the patient(s). Would you or someone in your office be able to provide this information?

YES ..... 1 (A5)  
 NO ..... 2

A4a. Who would we contact to obtain this information?

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 NAME OF SERVICE: \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

A5. We also need information regarding the types of services provided, the amounts charged for these services before any adjustments or discounts, and the sources and amounts of payment. Would you be able to provide this information?

MEDICAL RECORDS CAN PROVIDE INFO ..... 1 (A7)  
 NO, CONTACT BILLING SERVICE ..... 2  
 NO, CONTACT OTHER DEPARTMENT ..... 3 (A6a)

A6. Would you please provide the following information about the Billing Service?

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 NAME OF BILLING SERVICE: \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

CODE ONE:

A4 = 1 ..... 1  
 A4 = 2 ..... 2 CONTACT OTHER DEPARTMENT. Thank you very much for your help. [END CONTACT AND CALL NEW NUMBER]

A6a. I need the following information about the \_\_\_\_\_ department.

DEPARTMENT: \_\_\_\_\_  
NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

A7. We would like to send you a copy of the authorization form(s) and then call back to collect the information. May I FAX the forms to you? (IF NOT: May I mail the form(s) to you?)

CAN PROVIDE INFORMATION BEFORE RECEIVING AUTHORIZATION FORM(S)..... 1  
FAX AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 2 (A9)  
MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 3 (A10)  
PREFERS MAILING RECORD(S) – FAX AUTHORIZATION FORM(S) ..... 4 (A9)  
PREFERS MAILING RECORD(S) – MAIL AUTHORIZATION FORM(S) ..... 5 (A10)

A8. COMPLETE EVENTS FORM(S) NOW.

WHEN ALL FORMS HAVE BEEN COMPLETED, SAY: Thank you very much for your time and your help with this study. We will FAX you a copy of the authorization form(s) for your files.

HAS FAX ..... 1  
DOES NOT HAVE FAX OR PREFERS MAIL ..... 2 (A10)

A9. What is your FAX number?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

A9a. And what name and title should I put on the fax cover page?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_

A9b. RESPONDENT NAME:

SAME AS NAME ON FAX COVER PAGE ..... 1  
DIFFERENT FROM NAME ON FAX COVER PAGE (RECORD:) \_\_\_\_\_ 2

GO TO A11

A10. Would you be the best person to receive the authorization form(s)?

YES ..... 1 (VERIFY NAME, TITLE, AND DEPARTMENT)

NO: ..... 2 (OBTAIN NAME, TITLE, AND DEPARTMENT)

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

A10a. Let me also verify that I have the correct mailing address:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

A10b. RESPONDENT NAME:

SAME AS NAME WHO WILL RECEIVE FORM(S)..... 1

DIFFERENT FROM NAME WHO WILL RECEIVE FORM(S)/  
MATERIAL(S) (RECORD:) \_\_\_\_\_ 2

A11. CODE ONE:

INSTITUTIONAL EVENT FORM(S) COMPLETE ..... 1

FAX AUTHORIZATION FORM(S) BEFORE COLLECTING  
DATA ..... 2 (A12)

MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING  
DATA ..... 3 (A12)

RESPONDENT WILL MAIL RECORDS..... 4 (A13)

A11a. We will be sending you the authorization form(s) today. Thanks again. [END CONTACT]

A12. We will call you back shortly to collect the information.

What would be the best day and time to call?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD FAX/MAIL DATE AND APPOINTMENT ON CALL RECORD.]

A13. After you receive the authorization form(s), we hope you can mail the record(s) to our office within two weeks. Thank you very much for your time and your help with this study. [END CONTACT]

A14.	INTERVIEWER: IS THE MEDICAL RECORD INFORMATION COLLECTED AND DO YOU NEED TO CALL PATIENT ACCOUNTS OR OTHER DEPARTMENT IN THE INSTITUTION OR A BILLING SERVICE?	
	YES.....	1 (A15)
	NO .....	2 (A22)
	ALL INFORMATION COMPLETE .....	3 (END CONTACT)

**PATIENT ACCOUNTS/OTHER DEPARTMENT/BILLING SERVICE**

**INTRODUCTION**

A15. Hello, my name is (YOUR NAME). We are conducting the Medical Expenditure Panel Survey for the U.S. Public Health Service. The survey is about how people in the United States use and pay for health care. We were referred to you by (CONTACT PERSON/PROVIDER) for information about (NUMBER) patients.

**[READ IF NECESSARY:** We are collecting information about the care these patients received from (PROVIDER) during 2005. We would like to send you copies of the authorization forms from these patients and then call back to collect the few pieces of information we need. May I FAX the forms to you? (IF NOT: May I mail the forms to you?)]

IF ASKED WHAT TYPE OF INFORMATION WE NEED: For each date of service, we need information about diagnosis, services provided, charges and payments.

- CAN PROVIDE INFORMATION BEFORE RECEIVING AUTHORIZATION FORM(S)..... 1
- FAX AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 2 (A17)
- MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 3 (A18)
- PREFERS MAILING RECORDS – FAX AUTHORIZATION FORMS..... 4 (A17)
- PREFERS MAILING RECORDS – MAIL AUTHORIZATION FORMS..... 5 (A18)

A16. [COMPLETE EVENTS FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY:] Thank you very much for your time and your help with this study. We will send you a copy of the authorization forms for your files.

GO TO A18

A17. What is your FAX number?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

A17a. And what name and title should I put on the fax cover page?

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

A17b. RESPONDENT NAME:

SAME AS NAME ON FAX COVER PAGE ..... 1

DIFFERENT FROM NAME ON FAX COVER PAGE

(RECORD:) \_\_\_\_\_ ..... 2

GO TO A19

A18. Would you be the best person to receive the authorization forms?

YES ..... 1 (VERIFY NAME, TITLE, AND DEPARTMENT)

NO ..... 2 (OBTAIN NAME, TITLE, AND DEPARTMENT)

A18a. Let me also verify that I have the correct mailing address.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

A18b. RESPONDENT NAME:

SAME AS NAME WHO WILL RECEIVE FORMS ..... 1

DIFFERENT FROM NAME WHO WILL RECEIVE FORMS

(RECORD:) \_\_\_\_\_ ..... 2

A19. CODE ONE:

- INSTITUTIONAL EVENT FORM(S) COMPLETE ..... 1
- FAX AUTHORIZATION FORM(S) BEFORE COLLECTING  
DATA ..... 2 (A20)
- MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING  
DATA ..... 3 (A20)
- RESPONDENT WILL MAIL RECORDS..... 4 (A21)

A19a. We will be sending you the authorization forms today. Thanks again. [END CONTACT]

A20. We will call you back shortly to collect the information.

What would be the best day and time to call?

DAY:\_\_\_\_\_ DATE:\_\_\_\_\_ R's TIME:\_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD FAX/MAIL DATE AND APPOINTMENT ON CALL RECORD.]

A21. After you receive the authorization forms, we hope you can mail the records to our office within two weeks. Thank you very much for your time and your help with this study. [END CONTACT]

**FOLLOW-UP INTRODUCTION**

A22. May I please speak to (RESPONDENT)?

Hello, my name is (YOUR NAME) and I am calling about the Medical Expenditure Panel Survey, which we are conducting for the U.S. Public Health Service. Did you receive the authorization forms we (FAXED/sent)?

- YES ..... 1 (A27)
- NO AND WAS FAXED ..... 2
- NO AND WAS MAILED ..... 3

A23. Let me (FAX/send) the authorization form(s) to you ( again).

- FAX ..... 1
- MAIL ..... 2 (A25)

A24. I would like to verify your name and FAX number. I have (NAME AND FAX NUMBER FROM A9a). Is that correct?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_  
NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_

We will FAX the materials to you and call back shortly to collect the information. What would be the best day and time to call you back?

DAY:\_\_\_\_\_ DATE:\_\_\_\_\_ R's TIME:\_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD FAX DATE AND APPOINTMENT ON CALL RECORD.]

A25. I would like to verify your name and address. I have (NAME AND ADDRESS FROM A10a). Is that correct? [MAKE CORRECTIONS AS NECESSARY]

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
PROVIDER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

A26. What would be the best day and time to call you back? [ALLOW ONE WEEK FOR RECEIPT OF MAIL.]

DAY:\_\_\_\_\_ DATE:\_\_\_\_\_ R's TIME:\_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD MAIL DATE AND APPOINTMENT ON CALL RECORD.]

A27. If it is convenient for you, we can just go ahead and complete the data forms together over the phone right now. I'd be happy to hold on while you get the information you need from your records.

WILL COMPLETE BY PHONE NOW.....  
WILL COMPLETE BY PHONE IN THE FUTURE ..... 2 (A29)  
PREFERS MAILING RECORDS..... 3 (A30)



A28. COMPLETE EVENT FORMS NOW.

WHEN ALL FORMS HAVE BEEN COMPLETED, SAY: Thank you very much for your time and your help with this study. [END CONTACT]

A29. What would be the best day and time to call you back?

DAY:\_\_\_\_\_ DATE:\_\_\_\_\_ R's TIME:\_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD APPOINTMENT ON CALL RECORD.]

A30. OMITTED

A31. We hope you can mail the records to our office within two weeks. Thank you very much for your time and your help with this study. [END CONTACT]