

PROVIDER LABEL

OMB#: 0935-0108

MEDICAL PROVIDER COMPONENT FOR REFERENCE YEAR 2005

CONTACT GUIDE FOR SEPARATELY BILLING DOCTORS

1. ASK IF NOT OBVIOUS: Have I reached (PROVIDER)?

- CORRECT PROVIDER → VERIFY ADDRESS AND THEN CONTINUE WITH 2
- PROBLEM WITH PROVIDER → RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH A TASK COORDINATOR

2. May I please speak to someone in the patient billing department?

- HAS BILLING DEPARTMENT
→ CONTINUE WITH INTRODUCTION
- BILLING IS PERFORMED BY AN OUTSIDE BILLING SERVICE
→ ASK TO SPEAK TO SOMEONE WHO DEALS WITH THE BILLING SERVICE
- ALL SERVICES PROVIDED ON PREPAID OR CAPITATED BASIS
→ ASK TO SPEAK TO SOMEONE WHO DEALS WITH MEDICAL RECORDS
- NO BILLING DEPARTMENT AND IT IS NOT CLEAR WHO TO SPEAK TO
→ RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH A TASK COORDINATOR _____

NOTE: IF ON SECOND CALL PERSON IS UNAVAILABLE, ASK TO SPEAK TO SOMEONE ELSE IN THAT DEPARTMENT

INTRODUCTION

Hello, my name is (YOUR NAME) and I am calling about the Medical Expenditure Panel Survey which is being conducted for the U.S. Public Health Service. This is a nationwide study about how people in the United States use and pay for health care.

A1. ASK IF NOT OBVIOUS: Have I reached (PROVIDER)?

- CORRECT PROVIDER → CONTINUE WITH A4
- PROBLEM WITH PROVIDER → RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH A TASK COORDINATOR

A2 THROUGH A3 NOT ASKED THIS VERSION

A4. INTERVIEWER: IS THIS A RUBBERBAND CASE?

YES..... 1

NO..... 2 (A5)

A4a. I need to determine if the following providers were associated with this practice during 2005.
[REVIEW EACH PROVIDER WITH THE CONTACT PERSON AND COMPLETE RUBBERBAND FORM AS APPROPRIATE.]

A5. This practice was identified as a source of health care for (NUMBER) patient(s) who received care at (HOSPITAL). The patient(s) (has/have) signed authorization form(s) allowing us to contact you for information about their care. For each date of service, we need information about diagnoses, services provided, charges, and payments. Would you or someone in your office be able to provide this information?

- YES, OFFICE CAN PROVIDE INFORMATION 1
- NO, NEED TO CONTACT BILLING SERVICE 2 (A14)
- NO, THIS TYPE OF INFORMATION IS NOT AVAILABLE
(RECORD RESPONSE BELOW VERBATIM) 3 (TERMINATE AND CONSULT A TASK COORDINATOR)

A6. 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 form(s) 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 (A8)
- MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 3 (A9)
- PREFERS MAILING RECORDS..... 4 (A9)

A7. [COMPLETE EVENT FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY:] Thank you very much for your time and 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 (A9)

A8. What is your FAX number?

FAX NUMBER: (_____) _____

A8a. And what name and title should I put on the FAX cover page?

NAME: _____

TITLE: _____

DEPARTMENT: _____

PROVIDER: _____

A8b. RESPONDENT NAME:

SAME AS NAME RECORDED IN A8a..... 1
DIFFERENT FROM NAME RECORDED IN A8a
(RECORD):_____ 2

GO TO A10

A9. 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)

A9a. Let me also verify that I have the correct mailing address:

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

A9b. RESPONDENT NAME:

SAME AS NAME RECORDED IN A9a..... 1
DIFFERENT FROM NAME RECORDED IN A9a
(RECORD):_____ 2

A10. CODE ONE:

MEDICAL EVENT FORM(S) COMPLETE 1
FAX AUTHORIZATION FORM(S) BEFORE COLLECTING
DATA 2 (A11)
MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING
DATA 3 (A11)
RESPONDENT MAILING RECORDS..... 4 (A13)

A10a. We will be sending you the authorization form(s) today. Thanks again. [END CONTACT]

A11. 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 CPR.]

A12. OMITTED

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

A14. We will need to get in touch with the billing service to obtain some of the information we need. What is the name of the billing service, their telephone number, and the name of a contact person?

PERSON'S NAME: _____
TITLE: _____
NAME OF SERVICE: _____
TELEPHONE: (_____) _____ EXT: _____

A15. I think we can probably get all the additional information we need from (BILLING SERVICE). We will send you a copy of the authorization form(s) for your files. Let me verify that I have your correct mailing address.

NAME: _____
TITLE: _____
DEPARTMENT: _____
PROVIDER NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Thank you very much for your help. [END CONTACT AND CALL BILLING SERVICE NAMED IN A14.]

BILLING SERVICE

A16. 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 (PROVIDER) for information about (NUMBER) of their patients.
[READ IF NECESSARY: We are collecting information about the care (this/these) patient(s) received from (PROVIDER) during 2005. We would like to send you copies of the authorization form(s) we have from (this/these) patient(s) and then call back to collect the information we need. May I FAX the form(s) to you? (IF NOT: May I mail the form(s) to you?)]

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

- CAN PROVIDE INFORMATION BEFORE RECEIVING AUTHORIZATION FORM(S)..... 1
- FAX AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 2 (A18)
- MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 3 (A19)
- PREFERS MAILING RECORDS..... 4 (A19)

A17. [COMPLETE EVENT FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY:] Thank you very much for your time and 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 (A19)

A18. What is your FAX number?

FAX NUMBER: (_____) _____

A18a. And what name and title should I put on the FAX cover page?

NAME: _____
 TITLE: _____
 DEPARTMENT: _____
 NAME OF SERVICE: _____

A18b. RESPONDENT NAME:

- SAME AS NAME RECORDED IN A18a..... 1
- DIFFERENT FROM NAME RECORDED IN A18a (RECORD): _____ 2

GO TO A20

A19. 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)

A19a. Let me also verify that I have the correct mailing address.

NAME: _____

TITLE: _____

DEPARTMENT: _____

BILLING SERVICE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____ EXT: _____

A19b. RESPONDENT NAME:

- SAME AS NAME RECORDED IN A19a..... 1
- DIFFERENT FROM NAME RECORDED IN A19a
(RECORD): _____ 2

A20. CODE ONE:

- MEDICAL EVENT FORM(S) COMPLETE 1
- FAX AUTHORIZATION FORM(S) BEFORE COLLECTING
DATA 2 (A21)
- MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING
DATA 3 (A21)
- RESPONDENT MAILING RECORDS..... 4 (A23)

A20a. We will be sending you the authorization form(s) today. Thanks again. [END CONTACT]

A21. 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 CPR.]

A22. OMITTED

A23. After you receive the authorization form(s), we hope you will mail the records to our office within two weeks. Thank you very much for your time and your help with this study.

FOLLOWUP INTRODUCTION

A24. 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 form(s) we (FAXed/sent)?

- YES 1 (A29)
- NO AND WAS FAXED..... 2
- NO AND WAS MAILED 3

A25. Let me (FAX/send) the authorization form(s) to you (again).

- HAS FAX 1
- DOES NOT HAVE FAX OR PREFERS MAIL 2 (A27)

A26. I would like to verify your name and FAX number. I have (NAME AND FAX NUMBER FROM A8a). Is that correct? [MAKE CORRECTIONS AS NECESSARY]

FAX NUMBER: (_____) _____
NAME: _____
TITLE: _____
DEPARTMENT: _____
PROVIDER: _____

We will FAX the materials to you, then call you 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 CPR.]

A27. I would like to verify your name and address. I have (NAME AND ADDRESS FROM A9a). Is that correct? [MAKE CORRECTIONS AS NECESSARY]

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

A28. 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 MAIL DATE AND APPOINTMENT ON CPR.]

A29. 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 1
- WILL COMPLETE BY PHONE IN THE FUTURE 2 (A31)
- PREFERS MAILING RECORDS..... 3 (A33)

A30. 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]

A31. 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 CPR.]

A32. OMITTED

A33. After you receive the authorization form(s), we hope you will mail the records to our office within two weeks. Thank you very much for your time and your help with this study.