

PROVIDER LABEL

OMB#: 0935-0108

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

A1. Hello, is this a hospital, outpatient department, satellite clinic, or surgi-center?

- 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 long term care facility such as a nursing home; or } INSTITUTION 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. Can you transfer me?

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. [NUMBER] of your patients identified this facility as a source of health care during 2005 and signed authorization form(s) 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. Would you or someone in your office be able to provide this type of 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. Can you provide this information?

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

A6. Who could we contact to obtain this information?

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]

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 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 (A9)
- MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 3 (A10)
- PREFERS MAILING RECORDS–FAX AUTHORIZATION FORM(S) 4 (A9)
- PREFERS MAILING RECORDS–MAIL AUTHORIZATION FORM(S) 5 (A10)

A8. [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 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)

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 FORMS 1
- DIFFERENT FROM NAME WHO WILL RECEIVE FORMS/MATERIALS (RECORD:) 2

A11. CODE ONE:

- HOSPITAL 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 records to our office within 2 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 HOSPITAL OR A BILLING SERVICE?

- YES..... 1 (A15)
- NO 2 (A22)
- ALL INFORMATION COMPLETE 3 (END CONTACT)

PATIENT ACCOUNTS/ 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) patient(s).

[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) from this/these patient(s) and then call back to collect the few pieces of information we need. May I FAX the form(s) to you? (IF NOT: May I mail the form(s) 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 FORM(S) 4 (A17)
- PREFERS MAILING RECORDS-MAIL AUTHORIZATION FORM(S) 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 form(s) for your files.

CODE ONE:	FAX AUTHORIZATION FORM(S).....	1
	MAIL AUTHORIZATION FORM(S)	2 (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 form(s)?

- 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:

- 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 form(s) 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 form(s), we hope you can mail the records to our office within 2 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 form(s) 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).

- HAS FAX 1
- DOES NOT HAVE FAX OR PREFERS 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..... 1
- 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 2 weeks. Thank you very much for your time and your help with this study. [END CONTACT]

FOLLOW-UP INTRODUCTION (if necessary)

A32. 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 (A37)
NO AND WAS FAXED 2
NO AND WAS MAILED 3

A33. Let me (FAX/send) the authorization form(s) to you (again).

HAS FAX 1
DOES NOT HAVE FAX OR PREFERS MAIL 2 (A35)

A34. 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.]

A35. 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: _____

A36. 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.]

A37. 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 (A39)
PREFERS MAILING RECORDS..... 3 (A41)

A38. 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]

A39. 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.]

A40. OMITTED

A41. We hope you can mail the records to our office within 2 weeks. Thank you very much for your time and your help with this study. [END CONTACT]

ADMINISTRATIVE OFFICE OR MEDICAL STAFFING

HAVE CONTACT NAME → May I please speak to (NAME)?

DO NOT HAVE CONTACT NAME → May I please speak to someone in the administrative office?

INTRODUCTION

Hello, my name is (YOUR NAME) and I am calling about 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 given your name by (NAME) in the (NAME OF REFERRING DEPARTMENT)/I need to speak to someone who knows which physicians are staff physicians and which have staff privileges at this facility.)

Earlier, your medical records department gave us information about the care that some of our study patients received at your facility and the names of the physicians who provided that care. Now we need information on whether the charges for these physicians' services would be included in the hospital's bill or billed separately by the physician.

B1. As I give you the names of the physicians I have, can you tell me which ones' services were included in the hospital bill?

- WILL COMPLETE BY PHONE NOW..... 1
- WILL COMPLETE BY PHONE IN THE FUTURE 2 (B3)
- CANNOT PROVIDE THE INFORMATION..... 3 (B4)

B2. REVIEW SBD LISTS.

- INFORMATION PROVIDED FOR ALL SBDs LISTED 1
- Thank you very much for your help. [END CONTACT]
- INFORMATION NOT PROVIDED FOR ALL SBDs LISTED..... 2 (B4)

B3. 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.]

B4. Please give me the name and telephone number of the person who can provide that information.

NAME: _____

TITLE: _____

DEPARTMENT: _____

TELEPHONE: (_____)_____ EXT:_____

Thank you very much for your help. [END CONTACT]