

PROVIDER LABEL

OMB#: 0935-0108

**MEDICAL PROVIDER COMPONENT
FOR REFERENCE YEAR 2005**

CONTACT GUIDE FOR OFFICE-BASED PROVIDERS

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

- CORRECT PROVIDER → CONTINUE WITH A2
- PROBLEM WITH PROVIDER → RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH TASK COORDINATOR

A2. May I please speak to the office manager or the person who does the billing?

- HAS BILLING DEPARTMENT → CONTINUE WITH A3
- BILLING IS PERFORMED BY AN OUTSIDE BILLING SERVICE
→ ASK TO SPEAK TO SOMEONE WHO DEALS WITH THE BILLING SERVICE
- NO BILLING DEPARTMENT AND IT IS NOT CLEAR WHO TO SPEAK TO
→ RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH
TASK COORDINATOR

A3. Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. First, let me verify that this is a doctor's office and not a hospital.

- PHYSICIAN'S OFFICE, PUBLICLY-FUNDED CLINIC,
URGI-CENTER
- HEALTH MAINTENANCE ORGANIZATION (HMO) } (TERMINATE CALL AND
CONSULT A TASK
COORDINATOR)
- HOSPITAL, HOSPITAL SATELLITE CLINIC, HOSPITAL
OUTPATIENT DEPARTMENT, SURGI-CENTER } (HOSPITAL CONTACT
GUIDE)
- HOME HEALTH PROVIDER } (HOME HEALTH
CONTACT GUIDE)
- LONG-TERM CARE FACILITY SUCH AS A NURSING HOME... } (INSTITUTION CONTACT
GUIDE)
- SOMETHING ELSE (SPECIFY: _____) ... } (TERMINATE AND
CONSULT A TASK
COORDINATOR)

A4. And is there at least one physician in the practice who is a Medical Doctor or a Doctor of Osteopathy?

YES 1
NO 2

→ For this study, we are only asking about care provided by or supervised by Medical Doctors and Doctors of Osteopathy. Thank you very much for your time. [END CONTACT. PRACTICE NOT ELIGIBLE.]

A5. INTERVIEWER: IS THIS A RUBBERBAND CASE?

YES..... 1 (A5a)
NO 2 (A6)

A5a. I need to determine if the following providers were associated with this practice during 2005. [REVIEW EACH PROVIDER WITH THE CONTACT PERSON AND COMPLETE SAMPLE PROBLEM FORM AS APPROPRIATE]

A6. [NUMBER] of your patients identified (PROVIDER) as a source of health care during 2005. We would like to send you a copy of the authorization form(s) they signed allowing us to contact you for information about their care. We will then call back to collect information about the services provided, charges, and payments.

May I FAX the forms to you? (IF NOT: May I mail the forms to you?)

OFFICE CAN PROVIDE INFORMATION:

CAN PROVIDE INFORMATION BEFORE RECEIVING AUTHORIZATION FORM(S)..... 1 (A7)
FAX AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 2 (A8)
MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING INFORMATION..... 3 (A9)
PREFERS MAILING RECORDS..... 4 (A9)

OFFICE CANNOT PROVIDE INFORMATION:

NEED TO CONTACT BILLING SERVICE..... 5 (A14)
THIS TYPE OF INFORMATION IS NOT AVAILABLE (RECORD VERBATIM:) 6 (TERMINATE AND CONSULT TASK COORDINATOR)

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 (A8)
DOES NOT HAVE FAX OR PREFERS MAIL 2 (A9)

A8. What is your FAX number?

FAX NUMBER: (_____) _____

A8a. RESPONDENT NAME:

SAME AS NAME ON FAX COVER PAGE 1

DIFFERENT FROM NAME ON FAX COVER PAGE

(RECORD:) _____ 2

A8b. And what name and title should I put on the FAX cover page?

NAME: _____

TITLE: _____

DEPARTMENT: _____

PROVIDER: _____

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. RESPONDENT NAME:

SAME AS NAME WHO WILL RECEIVE FORMS 1

DIFFERENT FROM NAME WHO WILL RECEIVE

FORMS (RECORD:) _____ 2

A9b. Let me also verify that I have the correct mailing address:

NAME: _____

TITLE: _____

DEPARTMENT: _____

PROVIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____ EXT: _____

A10. CODE ONE:

MEDICAL EVENT FORM(S) COMPLETE, NEED TO SEND AUTHORIZATION FORM(S).....	1 (A10a)
FAX AUTHORIZATION FORM(S) BEFORE COLLECTING DATA	2 (A11)
MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING DATA	3 (A11)
RESPONDENT WILL MAIL RECORDS, NEED TO SEND AUTHORIZATION FORM(S).....	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 CALL RECORD.]

A12. OMITTED

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. 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 (A17)
- 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 send you a copy of the authorization form(s) for your files.

CODE ONE:

- FAX AUTHORIZATION FORM(S)..... 1
- MAIL AUTHORIZATION FORM(S) 2 (A19)

A18. What is your FAX number?

FAX NUMBER: (_____)_____

A18a. RESPONDENT NAME:

- SAME AS NAME ON FAX COVER PAGE 1
- DIFFERENT FROM NAME ON FAX COVER PAGE (RECORD:)_____ 2

A18b. And what name and title should I put on the fax cover page?

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

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. RESPONDENT NAME:

- SAME AS NAME WHO WILL RECEIVE FORM(S)..... 1
- DIFFERENT FROM NAME WHO WILL RECEIVE FORM(S) (RECORD:)..... 2

A19b. Let me also verify that I have the correct mailing address.

NAME: _____

TITLE: _____

DEPARTMENT: _____

PROVIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (_____) _____ EXT: _____

A20. CODE ONE:	
MEDICAL EVENT FORM(S) COMPLETE, NEED TO SEND AUTHORIZATION FORM(S).....	1 (A20a)
FAX AUTHORIZATION FORM(S) BEFORE COLLECTING DATA	2 (A21)
MAIL AUTHORIZATION FORM(S) BEFORE COLLECTING DATA	3 (A21)
RESPONDENT WILL MAIL RECORDS, NEED TO SEND AUTHORIZATION FORM(S).....	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. (IF MAILING, ALLOW ONE WEEK FOR RECEIPT OF MAIL.)

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.]

A22. OMITTED

A23. 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.]

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 (A25)
- NO AND WAS MAILED 3 (A25)

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

- HAS FAX 1 (A26)
- 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?

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

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.]

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 CALL RECORD.]

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 (A30)
- 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 CALL RECORD.]

A32. OMITTED

A33. 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.]