

Modified Items

Old

- 9b. *PROBE:* We include as ambulatory patients, any patients coming to see you for personal health services who are not currently on the premises. Does your work include any such individuals?
1-Yes, cares for ambulatory patients
2-No-does not give direct care-Determine reason, then read item 11 on page 4

Revised

- 9b. *PROBE:* We include as ambulatory patients individuals receiving health services without admission to a hospital or other facility. Does your work include any such individuals?
1-Yes, cares for ambulatory patients
2-No-does not give direct care-Determine reason, then read item 11 on page 4**

Modified Answer Choices

Old

- 13g (3) Are you a full- or part-owner, employee, or an independent contractor?
1-Owner-Automatically mark “Physician or physician group” in item 13g(4)
2-Employee
3-Contractor

Revised

- 13g(3) Are you a full- or part-owner, employee, or an independent contractor?
Choose all that apply.
1-Full-Owner-Automatically mark “Physician or physician group” in item 13g(4)
2-Part-Owner
3-Employee
4-Contractor**

Old

- 13g(4) Who owns the practice?
1-Physician or physician group
2-HMO
3-Community Health Center
4-Medical/Academic health center
5-Other hospital
6-Other health care corporation
7-Other-Specify

Revised

- 13g(4) Who owns the practice? Choose all that apply.**

- 1-Physician or physician group**
- 2-Insurance company, health plan, or HMO**
- 3-Community Health Center**
- 4-Medical/Academic health center**
- 5-Other hospital**
- 6-Other health care corporation**
- 7-Other-Specify**

Old

- 18f. Who owns the practice (at this/that in-scope location)?
- 1-Physician or physician group
 - 2-HMO
 - 3-Community Health Center
 - 4-Medical/Academic health center
 - 5-Other hospital
 - 6-Other health care corp
 - 7-Other

Revised

- 18f. Who owns the practice (at this/that in-scope location)?**

- 1-Physician or physician group**
- 2-Insurance company, health plan, or HMO**
- 3-Community Health Center**
- 4-Medical/Academic health center**
- 5-Other hospital**
- 6-Other health care corp**
- 7-Other**

Old

29. Roughly, what percent of your patient care revenue comes from each of the following methods of payment?
- 1-Usual, customary and reasonable fee-for-service?
 - 2-Discounted fee for service?
 - 3-Capitation?
 - 4-Case rates (e.g., package pricing/episode)
 - 5-Other

Revised

- 29. Roughly, what percent of your patient care revenue comes from each of the following methods of payment?**
- 1-Fee-for-service?**
 - 2-Capitation?**
 - 3-Case rates (e.g., package pricing/episode of care)**
 - 4-Other**

Modified Items and Answer Choices

Old

- 18e. Are you the full- or part-owner, employee or an independent contractor (at this/that in-scope location)? If “Owner” is marked then automatically mark “Physician or physician group in item 18f.
- 1-Owner
 - 2-Employee
 - 3-Contractor

Revised

- 18e. Are you the full- or part-owner, employee or an independent contractor (at this/that in-scope location)? If “Full-owner” is marked then automatically mark “Physician or physician group in item 18f.**
- 1-Full-owner**
 - 2-Part-owner**
 - 3-Employee**
 - 4-Contractor**

Old

What is your Federal Tax ID at each location?

Revised

What is your National Provider Identifier (NPI)?

Deleted Items

- 15c. Since it’s very important that we include any ambulatory patients that you might see in your office during that week, I’ll leave forms with you-just in case your plans change. I’ll check back with your office just before (Starting date) to make sure, and if necessary I can explain them in detail then.
Give the doctor the folio and enter the folio number on page 17. Then continue with item 16a on page8.
21. Do you or your staff verify an individual patient’s insurance eligibility electronically, with results returned immediately?
- 1-yes, with stand-alone practice management system
 - 2-Yes, with an EMR/EHR system
 - 3-Yes, using another electronic system
 - 4-No
 - 5-Unknown

Attachment G

- 28b. roughly, how many managed care contracts does this practice have such as HMOs, PPOs, IPAs, and point-of-service plans?
- 1-None
 - 2-Less than 3
 - 3-3 to 10
 - 4-More than 10

New Items

-The following 2 items will follow item 30b on the current 2011 NAMCS-1 form.

1. Which of the following methods best describes your basic compensation? Choose one.
 1. Fixed salary
 2. Share of practice billings or workload
 3. Mix of salary and share of billings or other measures of performance (for example, your own billings, practice's financial performance, quality measures, practice profiling)
 4. Shift, hourly or other time-based payment
 5. Other

2. Clinical practices may take various factors into account in determining the compensation (salary, bonus, pay rate, etc.) paid to the physicians in the practice. Please indicate whether the practice explicitly considers each of the following factors in determining your compensation. Choose one or more.
 1. Factors that reflect you own productivity (COMPPROD)
 2. Results of satisfaction surveys from your own patients (COMPSAT)
 3. Specific measures of quality, such as rates of preventive services for your patients (COMPQUAL)
 4. Results of practice profiling, that is, comparing your pattern of using medical resources with that of other physicians (COMPDROF)
 5. The overall financial performance of the practice (COMPFIN)

-The following item will follow item 31a on the current 2011 NAMCS-1 form.

3. Do you see any patients for whom you provide asthma diagnosis, education, and/or ongoing clinical management?
 - 1-Yes
 - 2-No

NAMCS-201

Modified Answer Choices

Old

10. What percent of your CHC's revenue comes from the following sources?
-330 Grant?

Attachment G

- Title V grant or contract?
- Other Federal Grant?
- Individual, corporation or foundation grants or donations?
- Medicare/Medicaid?
- Patient fees?
- Other?

New

10. What percent of your CHC's revenue comes from the following sources?

- 330 Grant?**
- Title V grant or contract?**
- Other Federal Grant?**
- State/Local Grant?**
- Individual, corporation or foundation grants or donations?**
- Medicare?**
- Medicaid/CHIP?**
- Patient payments?**
- Other (including private insurance, CHAMPUS, VA, etc.)?**