

MEDICAL EXPENDITURE PANEL SURVEY (MEPS) - MEDICAL PROVIDER COMPONENT (MPC)

ATTACHMENT 74
CONTACT GUIDE
FOR
HEMOCARE PROVIDERS

REFERENCE YEAR 2017

[A]CALL PROVIDER

A1. Hello, have I reached [PROVIDER]?

PHONE NUMBER: [PROVIDER TELEPHONE NUMBER]

- YES.....= 1
- NO, BUT CAN RECORD A NEW NUMBER.....= 2
- NO, NEED TO TRACE THE CASE.....= 3

[IF A1 = 1 GO TO A2b, IF A1 = 2 GO TO CONTACT BLOCK,
IF A1 = 3 GO TO EXIT]

A2b. (READ IF HOSPITAL: Hello, have I reached the home care department?) I have [an] authorization form[s] for the release of billing and payment records and would like to speak to the person that can help me with that process.

- IF RECORDS ARE KEPT BY AN EXTERNAL BILLING SERVICE, ASK TO SPEAK WITH THE PERSON IN THE OFFICE WHO DEALS WITH THE EXTERNAL BILLING SERVICE.

- CONTINUE, THIS PERSON CAN HELP = 1
- COLLECT CONTACT INFORMATION FOR SOMEONE ELSE = 2
- NO BILLING DEPARTMENT; UNCLEAR WHO HANDLES BILLING = 3

[IF A2b= 1 GO TO B1,
IF A2=2, GO TO CONTACT BLOCK
IF A2=3 GO TO EXIT SCREEN]

[B]IDENTIFY DC POC

B1. My name is (YOUR NAME).

I am calling on behalf of the U.S. Department of Health and Human Services. We are conducting MEPS which is a study about how people in the United States use and pay for health care. For quality assurance and training purposes, this call may be monitored.

POC: [POC NAME]

READ IF NECESSARY: I have [an] authorization form[s] for the release of billing and payment records and would like to speak to the person that can help me with that process.

IF THIS PERSON CANNOT HELP, ASK TO BE TRANSFERRED TO SOMEONE WHO CAN.

- CONTINUE, THIS PERSON CAN HELP.....= 1
- COLLECT CONTACT INFORMATION FOR SOMEONE ELSE.....= 2

[IF B1=1, GO TO B2,
IF B1=2, GO TO CONTACT BLOCK;]

B2. First, can you confirm that this is a home care organization?

YES, THIS IS A HOME CARE ORGANIZATION.....1
NO, THIS IS A HOSPITAL.....2
NO, THIS IS SOMETHING ELSE.....3

[IF B2 = 1 GO TO B3a
IF B2 = 2 OR 3 GO TO B2a]

B2a. Does your organization include a home care unit or department?

YES.....1
NO.....2

[IF B2a = 1 GO TO B3a
IF B2a = 2 GO TO B2b]

B2b. Does your organization ever make arrangements for other organizations or individuals to provide some kind of assistance to people in their homes?

YES.....1
NO.....2

[IF B2b = 1 GO TO B3a
IF B2b = 2 GO TO B3]

B3. Does your organization provide any kind of assistance to people in their homes?

YES.....1
NO.....2

[IF B3 = 1 GO TO B3a
IF B3 = 2 GO TO EXIT]

B3a. Are your services provided to persons who need in-home assistance for health reasons?

EXPLAIN IF NECESSARY: Health reasons can include either physical or mental health conditions.

YES.....1
NO.....2

[IF B3a = 1 GO TO B4
IF B3a = 2 GO TO B3b]

B3b. What kind of services does your organization provide to people in their homes? SELECT ALL THAT APPLY.

CLEANING OR YARD WORK..... 1
TRANSPORTATION..... 2
SHOPPING..... 3
EMOTIONAL SUPPORT PERSON OR ONE-ON-ONE BUDDY... 4
SUPPORT GROUPS..... 5
CHILD CARE..... 6
OTHER (RECORD:) _____7

[IF any response in B3b = 1, 2, 3, 4, 5, 6 GO TO B4

IF B3b = 7 GO TO EXIT

B4. At this time, [NUMBER FROM PATIENT LIST] patient[s] identified [PROVIDER] as a source of health care during [FILL_YR]. [The/Each] patient signed an authorization form allowing us to contact you for information about the cost of the care they received from [PROVIDER] in [FILL_YR]. {IF B3A=2, FILL “We need information about the services provided to the persons in our study and about the charges and payments for those services.”, ELSE FILL “We are collecting information about the in-home services provided to the persons in our study and about the charges and payments for those services. ”} Much of the information we need is within the billing and payment records. Are the billing and payment records maintained in your office, or is an external billing service used?

OFFICE MAINTAINS THE INFORMATION = 1
OFFICE USES AN EXTERNAL BILLING SERVICE = 2

[IF B4 = 1 GO TO B4b,
IF B4 = 2 GO TO B4_1]

B4_1. Are you the person who deals with the external billing service?

YES = 1
NO = 2

[IF B4_1 = 1, GO TO C2,
IF B4_1 = 2, GO TO B4a]

B4a. I'll need to collect the name and telephone number for the person in your office who deals with the external billing service.

PRESS “NEXT” TO GO TO THE CONTACT BLOCK. ADD THE NEW POC TO THE CONTACT BLOCK AND CALL THEM USING **SECTION C: IDENTIFY BILLING SERVICE.**

B4b. I would like to send the authorization form[s] to you, along with additional information explaining the study I need to be sure I have the correct information for the package. Should I direct it to you?

- READ IF THE PERSON ON THE PHONE WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S): In order to remain HIPAA compliant, I need to send you the authorization form[s] first. Once you have received the form[s], then we can arrange for the collection of the data.

YES.....= 1
NO.....= 2

[GO TO CONTACT BLOCK]

B5. Can you please provide the name and number for the person who needs to receive the courtesy packet/needs to receive the forms to approve the release of data?

YES.....= 1
NO.....= 2

[IF B5 = 1 GO TO CONTACT BLOCK,
IF B5 = 2 GO TO EXIT SCREEN.]

[C]IDENTIFY BILLING SERVICE

C1. Hello, my name is (YOUR NAME).

I am calling on behalf of the U.S. Department of Health and Human Services.
We are conducting MEPS which is a study about how people in the United States use and pay for health care.
For quality assurance and training purposes, this call may be monitored.

POC: [POC NAME]

READ IF NECESSARY: I have [an] authorization form[s] for the release of billing and payment records and would like to speak to the person that can help me get in touch with the external billing service that maintains your billing and payment records.

- IF THIS PERSON CANNOT HELP, ASK TO BE TRANSFERRED TO SOMEONE WHO CAN.

CONTINUE, THIS PERSON CAN HELP.....= 1
COLLECT CONTACT INFORMATION FOR SOMEONE ELSE.....= 2

[IF C1=1, GO TO C2,
IF C1=2, GO TO CONTACT BLOCK]

C2. (READ IF NECESSARY: At this time, [NUMBER FROM PATIENT LIST] patient[s] identified [PROVIDER] as a source of health care during [FILL_YR]. [The/Each] patient signed an authorization form allowing us to contact you for information about the cost of the care they received from [PROVIDER] in [FILL_YR].)

We should be able to get all of the information we need from the billing service.
We can also send you a copy of the authorization form[s] for your files.

I need to be sure I have the correct information for the package. Should I direct it to you?

READ IF THE PERSON ON THE PHONE WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S): In order to remain HIPAA compliant, I need to send you the authorization form[s] first. Once you have received the form[s], then we can arrange for the collection of the data.

YES.....= 1
NO.....= 2

C3. Can you please provide the name of the billing service, the name of a contact person, their telephone number and title?

YES.....= 1
NO.....= 2

- IF THIS PERSON CANNOT HELP, ASK TO BE TRANSFERRED TO SOMEONE WHO CAN AND RESTART THIS SECTION.

[IF C3 = 1 GO TO CONTACT BLOCK,
IF C2 = 2 GO TO EXIT SCREEN.]

[D]CALL BILLING SERVICE

D1. Have I reached [BILLING SERVICE]?

PHONE NUMBER: [BILLING SERVICE TELEPHONE NUMBER]

- IF THE PERSON ON THE PHONE SAYS NO, VERIFY THAT YOU DIALED THE CORRECT NUMBER
- IF THE NUMBER IS CORRECT, ASK IF THE PERSON ON THE PHONE KNOWS OF ANOTHER NUMBER FOR THE BILLING SERVICE. IF THEY DO, GO TO THE CONTACT BLOCK AND EDIT THE INFORMATION FOR THE BILLING SERVICE.
- IF NO BETTER NUMBER IS AVAILABLE, SELECT “NO” BELOW.

YES.....= 1
NO.....= 2

[IF D1 = 1 GO TO D2,
IF D1 = 2 GO TO EXIT]

D2. We were referred to you by [PROVIDER] about [NUMBER FROM PATIENT LIST] of their patients who received medical service in [FILL_YR]. I have [an] authorization form[s] for the release of billing and payment records and would like to speak to the person that can help me with that process.

IF THE PERSON YOU NEED TO TALK TO IS UNAVAILABLE ATTEMPT TO GET THEIR CONTACT INFORMATION VIA THE CONTACT BLOCK AND SET AN APPOINTMENT IF POSSIBLE.

CONTINUE = 1
SERVICE DOES NOT MAINTAIN 2017 RECORDS FOR PROVIDER =2
NOT CLEAR WHO TO SPEAK TO; WRONG NUMBER = 3

[IF D2= 1 GO TO E1, ,
IF D2=2 OR 3, GO TO EXIT SCREEN]

[E]BILLING SERVICE: IDENTIFY POC

E1. Hello, my name is (YOUR NAME).

I am calling on behalf of the U.S. Department of Health and Human Services.
We are conducting MEPS which is a study about how people in the United States use and pay for health care.
For quality assurance and training purposes, this call may be monitored.

POC: [POC NAME]

READ IF NECESSARY: I have [an] authorization form[s] for the release of billing and payment records and would like to speak to the person that can help me with that process.

- IF THIS PERSON CANNOT HELP, ASK TO BE TRANSFERRED TO SOMEONE WHO CAN.

CONTINUE, THIS PERSON CAN HELP.....= 1

COLLECT CONTACT INFORMATION FOR SOMEONE ELSE.....= 2

[IF E1=1, GO TO E2,

IF E1=2, GO TO CONTACT BLOCK;]

E2. We were referred to you by [PROVIDER] for information about one or more of (his/her/their) patients. At this time, [NUMBER FROM PATIENT LIST] patient[s] signed an authorization form allowing us to contact you for information about the cost of the care they received from [PROVIDER] in [FILL_YR].

I would like to send the authorization form[s] to you, along with additional information explaining the study.

I need to be sure I have the correct information for the package. Should I direct it to you?

- READ IF THE PERSON ON THE PHONE WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S): In order to remain HIPAA compliant, I need to send you the authorization form[s] first. Once you have received the form[s], then we can arrange for the collection of the data.

YES.....= 1

NO.....= 2

E3. Can you please provide the name and number for the person who needs to receive the courtesy packet/needs to receive the forms to approve the release of data?

YES.....= 1

NO.....= 2

[IF E3 = 1 GO TO CONTACT BLOCK,

IF E3 = 2 GO TO EXIT SCREEN]

[F]DC: EXPLAIN NEXT STEPS

F1. Once you have received the authorization form[s] you can send us the billing and payment records by either fax or mail, or we can call back to collect the data over the phone.” For each date of service in [FILL_YR], we are requesting information about charges, payments, diagnoses, and services provided.

IF POC REQUESTS ELECTRONIC TRANSFER, DISCUSS WITH YOUR SUPERVISOR BEFORE SELECTING THIS OPTION.

PROVIDER WILL RESPOND:

-BY PHONE 1
-BY FAX 2
-BY MAIL 3
-ONLY USE OPTION 4 IF APPROVED BY SUPERVISOR
- BY ELECTRONIC PORTAL 4**

[IF F1 = 1 GO TO F2,
IF F1 = 2 GO TO F2,
IF F1 = 3 GO TO F2
IF F1 = 4 GO TO F2]

F2. Within the next [30 minutes / 24 hours] we will [fax/mail/electronically upload] the authorization form[s] and provide instructions for sending the records. If you have any questions about what to send us, please call our toll-free number on the instruction sheet. We will call to verify that you received the authorization forms.

[We will work with you to set up a good time to collect the data over the phone./]

We may call again if other patients identify your practice as a source of medical services.]

[Instrument logic will be implemented so text only appears on screen when provider verification has not been completed]: Before we send you the form(s) I'll need to determine that all of the providers I have listed were in fact associated with this home care agency in [FILL_YR]. I'm going to read you a list of providers; please tell me if each one was associated with this home care agency in [FILL_YR].

IF CB3=1 OR 2, GO TO EXIT; IF CB3=4, GO TO F3.

F3.

When the authorization form packet is ready, you will receive an email with your unique username to access the electronic portal. The portal password is the part of your email address before the @ sign and the number 1234. Your password is <fill portal password> all in lower case. It is highly recommended that you change your password after your first log-in.

Each authorization form packet will be encrypted with a password also. Your password for the packet is <fill AF password>. This password is also in lower case.

GO TO EXIT

[G]VERIFY RECEIPT OF AFs

G_Intro. May I please speak to [POC NAME]?

PERSON IS ON THE PHONE.....= 1
PERSON IS NOT AVAILABLE.....= 2

[IF G_Intro=1, GO TO G1,
IF G_Intro =2, GO TO APPOINTMENT SCREEN]

G1. Hello, my name is (YOUR NAME). I am calling on behalf of the U.S. Department of Health and Human Services. For quality assurance and training purposes, this call may be monitored. We previously spoke about the MEPS study.

Did you receive the authorization form[s] we sent to you?

YES, RECEIVED ALL = 1
YES, BUT PROBLEM REPORTED/NEEDS A RE-SEND = 2
NO = 3

[IF G1=1 and F1 = 1 (PHONE) GO TO G2;
IF G1=1 and F1 = 2 (FAX) OR 3 (MAIL) GO TO G4;
IF G1=2 OR 3, GO TO G5]

G2. 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

[IF G2=1 GO TO EXIT SCREEN;
IF G2=2 GO TO G3]

G3. I understand. What would be the best day and time to call you back to complete the data forms?

- o EARLY MORNING = 9AM
- o LATE MORNING = 11AM
- o EARLY AFTERNOON = 2PM
- o LATE AFTERNOON = 4PM

DATE: _____
R's TIME: _____ AM/PM

TIMEZONE:

IF COMPLETE, GO TO EXIT SCREEN

G4.

Our records indicate that you will [fax/mail/electronically send] the records to us.

Please send in the complete billing and payment records for all [FILL_YR\] dates of service for each client listed. The information we are attempting to collect from these records includes services, charges, payments, and adjustments for each date of service.

[IF THE POC MENTIONS UB04 OR CMS 1500, SAY:] We need a final itemized statement that includes payments and adjustments so that we do not have to call back to obtain this information, but we can use UB04/CMS 1500 forms to accompany these final itemized statements.

When will you send us these records?

DATE: _____

IF DATE IS SELECTED REPEAT THE DATE AND THE DAY OF THE WEEK

OR

- 1 DAYS
- 2 WEEKS

NUMBER OF DAYS/WEEKS:

G4_1: Thank you. We will call you back if we do not receive the records by [FILL DATE FROM G4 (CALCULATE DATE IF DAYS/WEEKS ENTERED)].

YOUR NEXT STEP WILL BE TO EXIT THE CONTACT GUIDE AND CODE THE CASE AS "AFs RECEIVED. WAITING FOR RECORDS TO BE SENT".

GO TO EXIT SCREEN

G4_2:

INTERVIEWER: USE THIS SCREEN WHEN PROMPTING FOR RECORDS

We were anticipating receiving billing and payment records from you by [DATE/CALCULATED DATE FROM G4], but my records show we have not received them. Have you sent the records to us?

- YES.....1
- NO.....2

IF G4_2 = 2 GO G4_5

G4_3: How did you send the records? Did you fax, mail hardcopies via express or regular mail, mail CDs via express or regular mail, or use a record service's portal?

- FAX.....1
- MAIL HARDCOPIES VIA EXPRESS MAIL...2
- MAIL HARDCOPIES VIA REGULAR MAIL...3
- MAIL CDs VIA EXPRESS MAIL.....4
- MAIL CDs VIA REGULAR MAIL.....5
- RECORD SERVICE'S ELECTRONIC PORTAL.....6
- ELECTRONIC PORTAL.....8
- OTHER (Specify:_____).....7

IF POC IS SENDING CD: Was the password provided or did you send it separately?

- Provided
- Emailed separately
- Mailed separately

G4_4: What date did you send them?

DATE: _____

Thank you for sending them. The records are received in a separate department and it can take a few days to upload the documents into our system. We will investigate and call you back if we have further questions. We apologize for any inconvenience.

INTERVIEWER:

- DISPOSITION THE CASE AT CATEGORY: REFUSALS/PROBLEMS/OTHER WITH EVENT CODE 675-CASE REQUIRES SUPERVISOR REVIEW
- LEAVE A DETAILED CALL HISTORY COMMENT AFTER ENDING THE CALL
- USE "DIFFICULT CASE" SHEET TO CAPTURE CASE ID AND DETAILS AND HAVE A TEAM LEAD OR SUPERVISOR FOLLOW UP AND RESOLVE WITHIN 24 HOURS

NEXT WILL ROUTE TO EXIT SCREEN

G4_5

We need to obtain these records for the study as soon as possible. Is there something that can be done to speed up (or expedite) the process?

INTERVIEWER: LISTEN TO POC TO DETERMINE IF THERE IS ANYTHING WE CAN DO TO HELP FACILITATE THEM SENDING IN RECORDS. OFFER:

- FTP AND SECURE E-MAIL
- A FEDEX PICKUP FOR CASES THAT ARE ABOVE 15 PAIRS

When will you send us these records?

DATE: _____

IF DATE IS SELECTED REPEAT THE DATE AND DAY OF THE WEEK

OR

 DAYS

NUMBER OF DAYS/WEEKS:  WEEKS

Please send in the complete billing and payment records for all [FILL_YR] dates of service for each client listed. The information we are attempting to collect from these records includes, services, charges, payments, and adjustments for each date of service.

[IF THE POC MENTIONS UB04 OR CMS 1500, SAY:] We need a final itemized statement that includes payments and adjustments so that we do not have to call back to obtain this information, but we can use UB04/CMS 1500 forms to accompany these final itemized statements.

G4_6: Thank you. We will call you back if we do not receive the records by [FILL DATE FROM G4_5 (CALCULATE DATE IF DAYS/WEEKS ENTERED)].

INTERVIEWER: SET A CALL BACK AFTER THE RECORDS ARE EXPECTED SO WE CAN PROMPT AGAIN IF THEY STILLHAVE NOT BEEN RECEIVED.

GO TO EXIT SCREEN

G5. I'm sorry. Let me re-send the authorization form[s] to you.

I need to be sure I have the correct information for the package. Should I direct it to you?

YES = 1
NO = 2

[IF G5=1, GO TO CONTACT_BLOCK,
IF G5=2, GO TO CONTACT_BLOCK]

G6.

Once we verify that you have received the authorization forms, you will receive an email with your unique username to access the electronic portal. The portal password is the part of your email address before the @ sign and the number 1234. Your password is <fill portal password> all in lower case. It is highly recommended that you change your password after your first log-in.

GO TO EXIT

[H]BAD BILLING SERVICE INFO.

H1. ASK (BY NAME) TO SPEAK WITH THE POC WHO DEALS WITH THE EXTERNAL BILLING SERVICE

This is (YOUR NAME) calling on behalf of the U.S. Department of Health and Human Services. For quality assurance and training purposes, this call may be monitored.

We previously spoke about the MEPS study. Thank you for providing the contact information for [BILLING SERVICE NAME]. Unfortunately we were unable to locate [BILLING SERVICE NAME] with the contact information you provided. Could you please verify the contact information we currently have for [BILLING SERVICE NAME]?

[PRESENT BILLING SERVICE CONTACT INFO HERE]

BILLING SERVICE CONTACT INFO IS CORRECT _____=1

BILLING SERVICE CONTACT INFO IS NOT CORRECT __=2

[IF H1=1, GO TO H2,
IF H1=2, GO TO CONTACT BLOCK]

H2. That is currently the information we have on file. Do you know of any other way we can get in touch with [BILLING SERVICE NAME]?

YES = 1

NO = 2

[IF H2 = 1 GO TO CONTACT_BLOCK,
IF H2=2 GO TO EXIT]

[I]ANY OTHER BILLING SERVICE?

I1. ASK (BY NAME) TO SPEAK WITH THE POC WHO DEALS WITH THE EXTERNAL BILLING SERVICE

This is (YOUR NAME) calling on behalf of the U.S. Department of Health and Human Services. For quality assurance and training purposes, this call may be monitored.

We previously spoke about the MEPS study. Thank you for providing the contact information for [BILLING SERVICE NAME]. We were able to locate [BILLING SERVICE NAME] with the information you provided. However, they reported that they did not maintain the billing and payment records for [PROVIDER(S)] in [FILL_YR] . Could you please check to see if another billing service maintained billing and payment records for [PROVIDER(S)] in [FILL_YR] ?

- OTHER BILLING SERVICE MAINTAINED RECORDS..... 1
- NO OTHER BILLING SERVICE MAINTAINED RECORDS..... 2


[IF I1=1, GO TO CONTACT BLOCK,
IF I1=2, GO TO EXIT SCREEN]

CONTACT BLOCK

CB3. Can you provide a fax number to receive the information?

[INTERVIEWER: IF POC ASKS ABOUT MAIL, OFFER THE MAIL OPTION. IF POC REQUESTS ELECTRONIC PORTAL, DISCUSS WITH YOUR SUPERVISOR BEFORE SELECTING THIS OPTION.]

- 1. FAX
- 2. MAIL
- 4. ELECTRONIC PORTAL
- 3. N/A

 INDIVIDUALIZED PACKETS NEEDED. (COMMONLY USED FOR VA CASES.)

CB3A: COMMENTS

CONTACT FIELDS

PROVIDER NAME:

BILLING SERVICE NAME:

POC FIRST NAME:

POC LAST NAME:

PHONE:

EXT:

TIMEZONE:

FAX:
VERIFY FAX:

E-MAIL:
VERIFY E-MAIL:

TITLE:

DEPARTMENT:

ADDRESS:

CITY:

STATE:

ZIP:

CB1. WILL YOU BE CALLING THIS PERSON NEXT?

1. YES
2. NO

CB2. WHAT TYPE OF POC IS THIS PERSON?

Undefined

1. PROVIDER LEVEL GATEKEEPER
2. HANDLES RELEASE OF IN-HOUSE RECORDS
3. DEALS WITH EXTERNAL BILLING SERVICE
4. EXTERNAL BILLING SERVICE GATEKEEPER
5. HANDLES RELEASE OF RECORDS FOR EXTERNAL BILLING SERVICE
6. COURTESY PACKET RECIPIENT
7. PERMISSION PACKET RECIPIENT
8. NEW/UPDATED NAME FOR PROVIDER

CB4. ADD ANOTHER POC?

1. YES
2. NO

BRANCH

BRANCH

[Open Patient List](#)

TYPICAL CONTACT SEQUENCE BY SECTION:

INTERNAL BILLING: A, B, Contact Block, F, end call

EXTERNAL BILLING SERVICE: Call provider: A, B, C, Contact Block, end call.

Call billing service: D, E, edit Contact Block, F, end call

VERIFY AFs WERE RECEIVED: Go to G

CLICK ON YOUR NEXT STEP:

- IDENTIFY A POC AT THIS PROVIDER'S OFFICE (SECTION B)
- IDENTIFY A POC WHO WORKS WITH EXTERNAL BILLING SERVICE (SECTION C)
- CALL THE EXTERNAL BILLING SERVICE (SECTION D)
- VERIFY AUTHORIZATION FORMS WERE RECEIVED (SECTION G)

« Previous	Next »	Breakoff »	Return to Test
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SET CALLBACK/APPOINTMENT

Can you please provide me with a better time to call back in order to reach him/her?

- EARLY MORNING = 9AM
- LATE MORNING = 11AM
- EARLY AFTERNOON = 2PM
- LATE AFTERNOON = 4PM

DATE: _____

R's TIME: _____ AM/PM

TIMEZONE:

EXIT SCREEN

EXIT/ExitHere

[Open Patient List](#)

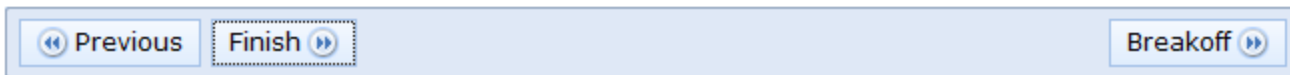
PRESS "FINISH" TO EXIT THE CONTACT GUIDE AND GO TO CASE MANAGEMENT SYSTEM

DO NOT HANG UP UNTIL YOU REACH THE CALL DISPOSITION SCREEN.

IF POC RECEIVED AUTHORIZATION FORMS AND CAN REPORT DATA BY PHONE NOW,
ENTER EVENT CODE **441: AFs Received-Ready for Phone Data Collection.**

IF YOU NEED TO SEND A COURTESY OR PERMISSION PACKET:

1. SAVE EVENT CODE FOR FAX/MAIL TO THIS POC FIRST
2. RE-ENTER CONTACT GUIDE AND CALL THE BILLING SERVICE OR PERMISSION POC.
3. SAVE EVENT CODE FOR FAX/MAIL PACKET FOR COURTESY OR PERMISSION PACKET.



[J]GAINING PERMISSION

INTRODUCTION:

May I please speak to [POC NAME]?
Hello, my name is (YOUR NAME).

I am calling on behalf of the U.S. Department of Health and Human Services. We are conducting MEPS which is a study about how people in the United States use and pay for health care. For quality assurance and training purposes, this call may be monitored.

I recently spoke with {POC YOU ARE WORKING WITH FOR DATA COLLECTION} about the study. I explained that at this time, [NUMBER FROM PATIENT LIST] patient[s] identified [PROVIDER] as a source of health care during [FILL_YR]. [The/Each] patient signed an authorization form allowing us to contact you for information about the cost of the care they received from [PROVIDER] in [FILL_YR]. Much of the information we need is within the billing and payment records.

{POC YOU ARE WORKING WITH FOR DATA COLLECTION} has agreed to participate and provide us with the information we are looking for, but has requested that we first send you a copy of the authorization form[s] for patients in order to receive permission to release the data to us.

I'm calling to confirm that you are in fact the best person to receive the form[s] and information about the study by fax, and confirm your contact information so that I can address the information to you.

VERIFY PERMISSION PACKET RECEIPT:

May I please speak to [POC NAME]?

(Hello, my name is (YOUR NAME).) I am calling on behalf of the U.S. Department of Health and Human Services. We

previously spoke about the MEPS study. For quality assurance and training purposes, this call may be monitored. Did you receive the authorization form[s] we sent to you?

- IF THE PERSON ON THE PHONE **DID** RECEIVE THE FORMS, ASK:
 - Do you have any questions or concerns about the study information or the forms we sent?
 - At this point may I follow-up with {POC YOU ARE WORKING WITH FOR DATA COLLECTION} about the release of data?
 - o IF YOU ARE CLEARED TO SPEAK WITH THE POC YOU ARE WORKING WITH FOR DATA COLLECTION,
 - EXIT TO THE CMS, MAKE THE POC YOU ARE WORKING WITH FOR DATA COLLECTION THE PRIMARY POC ON THE POC SCREEN
 - CALL THEM USING **SECTION G: VERIFY RECEIPT OF AFS**
 - o IF THE PERSON ON THE PHONE DOES NOT GIVE YOU PERMISSION
 - EXIT TO THE CMS TO CODE THE CASE AS “CASE REQUIRES SUPERVISOR REVIEW” AND ENTER A PROBLEM REPORT ON THIS CASE WHEN YOU RETURN TO THE CMS

- IF THE PERSON ON THE PHONE **DID NOT** RECEIVE THE FORMS, SAY
 - I'm sorry. Let me re-send the authorization form[s] to you.
 - o GO TO THE CONTACT BLOCK BY PRESSING NEXT AND VERIFY THE CONTACT INFORMATION WE HAVE ON FILE, THEN
 - o EXIT TO THE CMS AND TRIGGER A RE-SEND OF THE PERMISSION PACKET TO THIS PERSON