

«DATE»

«**CONTACT_NAME**»

«FAX_NUMBER»

Total Pages (including cover sheet): «TOTAL_PAGES»

«Instructions»

Thank you for taking the time to speak with me earlier. This package contains the study information and signed customer authorization forms that I said I would send to you. These forms were signed by your customers who are actively participating in this research study. These signed forms allow us to contact you for a few pieces of information about the **equipment and supplies** that you provided to these customers in 2014. We will be calling you shortly to collect the information.

«SPECIAL_COMMENT»

Enclosures:

- Letter from the CDC and AHRQ
- Confidential Customer Check List
- Fax Coversheet and Mail Return Form
- Frequently Asked Questions (FAQ)
- «TOTAL_AFS» – Signed Authorization Forms



«DATE»

Dear «POC_NAME»:

We understand that one of our data collection specialists has talked to you about the Medical Provider Component of the Medical Expenditure Panel Survey. We are appreciative of the contributions you and your company are providing to this important study that is being conducted for the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Disease Control and Prevention (CDC), both part of the U.S. Department of Health and Human Services. We wanted to take this opportunity to tell you more about the study.

The objective of the study is to provide accurate information to government policymakers and private researchers about the rapidly changing health care situation in this country. To accomplish this goal, we have collected data from a cross-section of American households on how they used and paid for health care during 2014. With the written permission of members of these households, we are now contacting their healthcare providers to determine the actual equipment/supply sales dates, NDC if applicable, charges, sources of payment and the amount that was paid. One or more of your customers have given us written authorization to request this information from your records.

The study materials enclosed with this letter include a list of your customers who have agreed to participate in the survey and an authorization form for each customer.

This survey is authorized by section 902(a) of the Public Health Service Act [42 U.S.C. 299a]. Participation is voluntary, but we are depending on you to help us toward a more complete understanding of the nation's health care. The customer information we obtain will be used for research purposes only and will be released publicly only in summary form in which establishments or individuals cannot be identified. The confidentiality of customer information is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 242m(d)]. Information that could identify a customer or establishment will not be disclosed unless that customer or establishment has consented to such a disclosure.

A Data Collection Specialist from our contractors, RTI International (RTI) and Social and Scientific Systems, Inc. (SSS), will call shortly after you have received these materials to see if you have any questions and to arrange for the collection of these data. If you have questions about the forms or procedures, call RTI-SSS, toll-free at «TOLL_PHONE_NUMBER».

Sincerely,

Handwritten signature of Richard Kronick in cursive.

Richard Kronick, Ph.D.
Director

Handwritten signature of Edward J. Sondik in cursive.

Edward J. Sondik, Ph.D.
Director

Agency for Healthcare Research and Quality

National Center for Health Statistics
Centers for Disease Control and Prevention



OMB#: 0935-0118

PHARMACY

Medical Expenditure Panel Survey - Medical Provider Component

Reference #: «PROVIDER_ID»

Confidential Customer Checklist - PLEASE RETURN

Thank you for taking the time to provide this billing information.

Step 1: Please check the appropriate box next to the customer name on the list below to indicate which of the following applies to each customer: you were able to locate the customer's records for 2014, you were able to locate the customer but there were no 2014 records, or the individual is not a customer.

Step 2: Please Provide the Complete 2014 Records for Each Customer for whom you were able to locate 2014 records. For each customer listed below, we are requesting information for all 2014 equipment or supplies each customer received between January 1, 2014 and December 31, 2014.

FOR EACH TYPE OF EQUIPMENT OR SUPPLIES FOR EACH CUSTOMER WE NEED THE FOLLOWING:

- Date of Service
- NDC if applicable
- Quantity Dispensed
- Equipment/Supply Name
- Days Supplied (if available)
- Customer Payment per Item
- 3rd Party Payment per Item
- 3rd Party Type (e.g., Medicare, Private, Manufacturer Discount)

Please include label headers on your reports in the closest way possible to the variables that we are looking for in the study, or provide a key. We have noticed that it is easy to miss 3rd Party Payments and Types when returning records. If this information is not available, please make a note on the paperwork that you return to us to reduce the number of follow-up calls.

Should you prefer, you can fax or mail the information using the Fax Cover Sheet or Mail Return Form included on page 4 of this fax. Please include this **completed** Confidential Customer Check List, along with any records for those customers that received equipment or supplies in 2014.

The customer(s) listed below have given us written authorization to contact you and request information from your records. Copies of the signed authorization forms are included in this fax.

					CHECK ONE FOR EACH CUST		
Provider Name	Customer Name	Date of Birth	Gender	2014 Customer Records Located	Customer Located - No 2014 Records	Is Not A Cust.	



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Fax Cover Sheet and Mail Return Form

When returning the Confidential Customer Checklist and copies of the records, please use this page as either a Fax Cover Sheet or Mail Return Form.

TO	Data Collection Specialist
Fax	«TOLL_FAX_NUMBER»
Phone	«TOLL_PHONE_NUMBER»
From	
Reference Number	«GID»
Date	
Total Pages (including cover sheet)	

Please send mail to:

MEPS-Medical Provider Component
«MEPS_MAIL_ADDRESS»

REFERENCE#: «GID»
«PROVIDER_NAME»

This fax includes confidential information, and may be used only by the person or entity to which it is addressed. If the receiver of this fax is not the intended recipient or his or her authorized agent, the receiver is hereby notified that dissemination, distribution or copying of this fax is prohibited. If you have received this fax in error, please notify the sender by calling 877-267-2877 and destroy the contents of this fax immediately. Thank you.



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PHARMACY

Medical Expenditure Panel Survey – Medical Provider Component

Reference #: «PROVIDER_ID»

Frequently Asked Questions

What is the Medical Expenditure Panel Survey (MEPS)?

MEPS is a nationwide research study conducted to learn more about the health care services people use, the charges for those services and the sources that pay for them. MEPS is conducted annually by the U.S. Department of Health and Human Services through the Agency for Healthcare Research and Quality and the Centers for Disease Control and Prevention. Major components of MEPS include surveys of:

- A nationally representative sample of households;
- Hospitals, physicians, home care providers, and pharmacies reported by the household participants; and
- Providers of health insurance.

MEPS is the most complete source of data available on health care use and expenses in the United States and is used by government policymakers and private researchers.

How are pharmacies and medical supply companies chosen for the MEPS Pharmacy Component?

Pharmacies and medical supply companies were named by respondents in the household data collection as sources of prescribed drugs, and medical equipment and supplies during 2014. These household respondents signed HIPAA-compliant forms authorizing and requesting each of their pharmacies and medical supply companies to release the information sought by the study.

How do I know the information will be kept confidential?

The confidentiality of data collected for MEPS is protected by Federal law under Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 242m(d)]. No information that could identify an individual or establishment will be disclosed unless that individual or establishment has consented to such a disclosure.

Personal identifying information such as names or addresses are removed before information from the study is made available to researchers. Findings are published in statistical summaries and tables and micro-data is released on “public use” data files.

Why should my company participate?

Prescription medicines and medical equipment and supplies are major components of health care costs. The information that you supply will supplement that given by your customer and help us build a more complete picture of health care expenditures for respondents in our study. Your customers have asked specifically for your help by signing the authorization form.

Who is collecting this data?

The U.S. Department of Health and Human Services has chosen RTI International (RTI) and Social and Scientific Systems, Inc. (SSS) to administer the study. A professionally trained data collection specialist from RTI-SSS will contact each pharmacy and medical supply company.

What information is needed?

For each of the customers on the enclosed list, we need this information about their medical equipment and supplies. For each date of service in 2014, we will need:

- Date of Service
- NDC if applicable
- Quantity Dispensed
- Equipment/Supply Name
- Days supplied (if available)
- Customer Payment per Item
- 3rd Party Payment per Item
- 3rd Party Type (e.g., Medicare, Private, Manufacturer Discount etc.)

What questions will the data collected answer?

MEPS data provide answers to many important questions. For example:

- How much of equipment and supply costs are covered by insurance?
- What do people pay out of pocket for medical supplies and equipment?
- What supplies and equipment are people receiving?
- What types of supplies and equipment are not covered by insurance plans?