

Attachment 84

Medical Expenditure Panel Survey  
Medical Provider Component

Office-Based Doctors Provider  
Authorization Form Package,  
Phone Data Collection Anticipated



OMB#: 0935-0118

OFFICE-BASED  
DOCTORS

Medical Expenditure Panel Survey - Medical Provider Component

Reference #: «GID»

«DATE»

«CONTACT\_NAME»

Billing Records Department

«FAX\_NUMBER»

Total Pages (including cover sheet): «TOTAL\_PAGES»

Total Number of Patients: [FILL]

---

«Instructions»

Thank you for speaking with me earlier. Per our conversation, this packet includes the study information and the signed patient authorization forms. These forms were signed by your patients who are actively participating in this research study. These signed forms allow us to contact you to obtain data from the *complete* billing and payment records for 2017, for the patients listed on the enclosed confidential patient checklist. We will be calling you shortly to collect the information.

«SPECIAL\_COMMENT»

**Enclosures:**

- Letter from the CDC and AHRQ
- Confidential Patient Check List
- Fax Coversheet and Mail Return Form
- Frequently Asked Questions (FAQ)
- «TOTAL\_AFS» - Signed Authorization Forms

*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 «TOLL\_PHONE\_NUMBER» and destroy the contents of this fax immediately. Thank you.*

**Notice** - Public reporting burden for this collection of information is estimated to average 5 minutes per patient. Any comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden should be sent to: AHRQ/MEPS Reports Clearance Officer, 5600 Fishers Lane, Rockville, MD 20857, Attention: PRA Paperwork Reduction Project (0935-0118). (Please do not send patient data to this address as it will delay data processing.)



«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 health care agency 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 2017. With the written permission of members of these households, we are now contacting their medical providers to determine the actual dates of service, the diagnoses/conditions, the services provided, the amount that was charged, the amount that was paid, and the sources of payment. One or more of your patients have given us written authorization to request this information from your medical and billing records.

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

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 client 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 client 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 client or establishment will not be disclosed unless that client 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, or would prefer to upload the records using the project's electronic portal, call RTI-SSS, toll-free at «TOLL\_PHONE\_NUMBER».

Sincerely,

A handwritten signature in black ink, appearing to be a stylized name.

A handwritten signature in black ink, appearing to be a stylized name.

Gopal Khanna, M.B.A.  
Director  
Agency for Healthcare Research and Quality

Charles J. Rothwell, M.B.A, M.S.  
Director  
National Center for Health Statistics  
Centers for Disease Control and Prevention



Medical Expenditure Panel Survey - Medical Provider Component

OMB#: 0935-0118

OFFICE-BASED DOCTORS

Reference #: «GID»

## Confidential Patient Checklist - PLEASE RETURN

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

**Step 1:** Please check the appropriate box next to the patient name on the list below to indicate which of the following applies to each patient: you were able to locate the patient's records for 2017, you were able to locate the patient but there were no 2017 records, or the individual is not a patient.

**Step 2: Please Provide Information to Data Collection Specialist via Telephone:** We will be calling you shortly to collect the information. For each patient listed below, we are requesting information for all 2017 services each patient received between January 1, 2017 and December 31, 2017.

**FOR EACH PATIENT EVENT WE NEED THE FOLLOWING:**

- Date(s) of Service in 2017
- Services Provided in 2017 (CPT-4, HCPCS, or descriptions)
- Diagnoses or Conditions (ICD-10 Codes or descriptions)
- Charges for Each Service Provided
- Payments and Who the Payment was Made by (if insurance, please specify Medicare, Medicaid, Private, etc.)
- Adjustment Activity

Should you prefer, you can fax or mail the information using the Fax Cover Sheet or Mail Return Form included in this fax. Please include this **completed** Confidential Patient Check List, along with any records for those patients that received services in 2017.

If you would prefer to upload the records using the project's electronic portal, call RTI-SSS, toll-free at «TOLL\_PHONE\_NUMBER».

					CHECK ONE FOR EACH PATIENT		
Provider Name	Patient Name	Date of Birth	Gender	2017 Patient Records Located	Patient Located - No 2017 Records	Is Not A Patient	

# Fax Cover Sheet and Mail Return Form

When returning the Confidential Patient Checklist and copies of the billing and payment records, please use this page as either a Fax Cover Sheet or Mail Return Form. This form is not necessary if you are responding via the electronic portal.

<b>To</b>	Data Collection Specialist
<b>Fax</b>	«TOLL_FAX_NUMBER»
<b>Phone</b>	«TOLL_PHONE_NUMBER»
<b>From</b>	
<b>Reference Number</b>	«GID»
<b>Date</b>	
<b>Total Pages (including cover sheet)</b>	

Please send mail to:

**MEPS-Medical Provider Component**

«MEPS\_MAIL\_ADDRESS»

**REFERENCE#: «GID»**

*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 «TOLL\_PHONE\_NUMBER» and destroy the contents of this fax immediately. Thank you.*



Medical Expenditure Panel Survey – Medical Provider Component

OMB#: 0935-0118

OFFICE-BASED  
DOCTORS

Reference #: «GID»

## 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 practices chosen?

Office-based medical providers were named by respondents in the household data collection as sources of care during 2017. The patients we are asking about signed HIPAA-compliant forms authorizing and requesting you 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.

### What is the electronic portal?

Providers can upload MEPS records through a secure electronic portal. If you prefer to upload the records using

the project’s electronic portal, call RTI-SSS, toll-free at «TOLL\_PHONE\_NUMBER».

**Why should this practice participate?**

Office-based medical provider expenditures are a major component of health care costs. The information that you supply will supplement that given by your patient and help us build a more complete picture of health care expenditures for respondents in our study. Your patients 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 practice.

**What information is needed?**

For each of the patients on the enclosed list, we need this information about their medical events. For each date of service in 2017, we will need:

- **Date(s) of Service in 2017**
- **Services Provided in 2017 (CPT-4, DRG, revenue code, HCPCS, or descriptions)**
- **Diagnoses or Conditions (ICD-10 Codes or descriptions)**
- **Charges for Each Service Provided**
- **Payments and Who the Payment was Made By (if insurance, please specify Medicare, Medicaid, Private, etc.)**
- **Adjustment Activity**

**What questions will the data collected answer?**

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

- How much of office-based medical costs are covered by insurance?
- How much do people pay out of pocket for their office-based medical care?
- What conditions are being treated by office-based medical providers?
- What types of health care services are people receiving from office-based medical providers?