

Attachment 103

Medical Expenditure Panel Survey  
Medical Provider Component

Veterans Affairs  
Authorization Form Package

«DATE»

«**CONTACT\_NAME**»

«FAX NUMBER»

Total Pages (including cover sheet):

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«Instructions»

Thank you for taking the time to speak with me earlier. This package contains the study information and signed patient authorization forms that I said I would send to you. These forms were signed by your VA patients who are actively participating in this research study. These signed forms allow us to contact you for a few pieces of information about the **medications and supplies** that you provided to these patients in 2017. We will be calling you shortly to collect the information.

*SPECIAL COMMENT*

**We need 2017 medication records sorted by filled date. We would also like to have the priority group # for the veterans in 2017.**

Thanks in advance,

**Caroline Miranda**

**Data Collection Specialist**

**Ph # 877-267-2877 EXT 4405**

**Fax # 866-309-4557**

**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



«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 2017. 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 patients have given us written authorization to request this information from your 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 patient 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 patient 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 patient or establishment will not be disclosed unless that patient 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,

Handwritten signature of Gopal Khanna in black ink.

Gopal Khanna, M.B.A.  
Director

Handwritten signature of Charles J. Rothwell in black ink.

Charles J. Rothwell, M.B.A, M.S.  
Director

Agency for Healthcare Research and Quality

National Center for Health Statistics  
Centers for Disease Control and Prevention



OMB#: 0935-0118 422624

PHARMACY

Medical Expenditure Panel Survey - Medical Provider Component

Reference #: «PROVIDER\_ID»

Confidential Patient Checklist - PLEASE RETURN

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

Step 1: Please check the appropriate box next to the 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 the Complete 2017 Records for Each Patient for whom you were able to locate 2017 records. For each patient listed below, we are requesting information for all 2017 medications or supplies that each patient received between January 1, 2017 and December 31, 2017.

FOR EACH MEDICATION OR SUPPLIES FOR EACH PATIENT WE NEED THE FOLLOWING:

- Checkboxes for: Date of Service/Filled Date, NDC if applicable, Quantity Dispensed, Medications/Supply Name, Days Supplied (if available), Patient Payment per Rx, 3rd Party Payment per RX if available, 3rd Party Type ( Medicare, Tricare/VA/Champ VA).

Please include label headers on your reports in the closest way possible to the variables that we are looking for in the study.

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 Patient Check List, along with any records for those patients that received medications or supplies 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».

The patient(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.

Table with 8 columns: Provider Name, Patient Name, Date of Birth, Sex M/F, 2017 Patients Records Located, Patient Located - No 2017 Records, Is Not A Patient, and a header row for 'CHECK ONE FOR EACH CUST'.



OMB#: 0935-0118

PHARMACY

Medical Expenditure Panel Survey - Medical Provider Component

Reference #: «PROVIDER\_ID»

# Fax Cover Sheet and Mail Return Form

When returning the Confidential Patient Checklist and copies of the 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**

1009 Slater Road Suite 120Durham , NC 27703

**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 877-267-2877 and destroy the contents of this fax immediately. Thank you.*



OMB#: 0935-0118

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 supplies during 2017. 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.

**What is the electronic portal?**

Pharmacies and medical supply companies 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 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 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 pharmacy and medical supply company.

**What information is needed?**

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

- Date of Service
- NDC if applicable
- Quantity Dispensed
- Medications/Supply Name
- Days supplied (if available)
- Patient Payment per Rx
- 3<sup>rd</sup> Party Payment per Item
- 3<sup>rd</sup> Party Type (e.g., Medicare, Tricare/VA/Champ VA,)

**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?