Form Approved
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MEDICAL EXPENDITURE PANEL SURVEY
MEDICAL PROVIDER COMPONENT
EVENT FORM
FOR
OFFICE-BASED PROVIDERS
FOR
REFERENCE YEAR 2011

OMB

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SECTION 1

DCS: READ THIS ALOUD ONLY IF REQUESTED BY RESPONDENT.

PRESS NEXT TO CONTINUE IN THIS EVENT FORM

PRESS BREAKOFF TO DISCONTINUE

B1. During this period, what is the (first/next) visit date in your records for (PATIENT NAME)?

REFERENCE PERIOD – CALENDAR YEAR 2011

Month:_____
Day:_____
Year:_____

B3. DID (PATIENT NAME) RECEIVE THE SERVICES ON (VISIT DATE) IN A:

Physician's Office? 1
Hospital as an Inpatient? 2
Hospital Outpatient Department? 3
Hospital Emergency Room? 4
Somewhere else?.....5
(IF SOMEWHERE ELSE: Where was that?_____)

GLOBAL FEE

B2a. Was the visit on (VISIT DATE) covered by a global fee, that is, was it included in a charge that covered services received on other dates as well?

EXPLAIN IF NECESSARY: Examples would be a surgeon's fee covering surgery as well as pre- and post-operative care, or an obstetrician's fee covering normal delivery as well as pre- and post-natal care

YES.....1, (GO TO B2b)
NO.....2 (GO TO B3)
DK/REF/RETRIEVABLE (GO TO B4a)

B2b. What other dates of service were covered by this global fee? Please include dates before or after 2011 if they were included in the global fee

[SYSTEM WILL SET UP AS A LOOP, SO NO LIMIT ON NUMBER OF DATES REQUIRED]

MONTH:___/DAY:___ /YEAR:_____TYPE:____IF TYPE 96, SPECIFY:_____
MONTH:___/DAY:___ /YEAR:_____TYPE:____IF TYPE 96, SPECIFY:_____
MONTH:___/DAY:___ /YEAR:_____TYPE:____IF TYPE 96, SPECIFY:_____
MONTH:___/DAY:___ /YEAR:_____TYPE:____IF TYPE 96, SPECIFY:_____
MONTH:___/DAY:___ /YEAR:_____TYPE:____IF TYPE 96, SPECIFY:_____

B2c. Did (PATIENT NAME) receive the services on this date in a:

ADMINISTER B2c FOR EACH DATE OF SERVICE COVERED BY THE GLOBAL FEE

- Physician's Office (TYPE=MV)
- Hospital as an Inpatient (TYPE=SH)
- Hospital Outpatient Department (TYPE=SO)
- Hospital Emergency Room (TYPE=SE)
- Somewhere else (TYPE=96)? (IF SOMEWHERE ELSE: Where was that? _____)

B2d. Do you expect (PATIENT NAME) will receive any future services that will be covered by this same global fee?

YES=1, NO=2

[If B2b is DK/REF/RETRIEVABLE – CONTINUE TO B2c for dates with at least YEAR specified, otherwise GO TO B2d.

If B2c is DK/REF/RETRIEVABLE – CONTINUE TO B2d.

If B2d is DK/REF/RETRIEVABLE – CONTINUE TO B4a.]

DIAGNOSES

B4a. I need the diagnoses for (this visit/these visits). I would prefer the ICD-9 codes, or the DSM-4 codes, if they are available.

IF CODES ARE NOT USED, RECORD DESCRIPTIONS. RECORD UP TO FIVE ICD-9 CODES OR DESCRIPTIONS.

ICD-9 CODE:_____ DESCRIPTION:_____

CHECK HERE IF THIS IS AN ICD-10 CODE

[SYSTEM WILL ALLOW FOR A MAXIMUM OF 5 ICD-9 CODES TO BE COLLECTED

CONTINUE TO B5a.]

SERVICES/CHARGES

B5a. I need to know what services were provided during (this visit/these visits). I would prefer the CPT-4 codes, if they are available.

IF CPT-4 CODES ARE NOT USED, DESCRIBE SERVICES AND PROCEDURES PROVIDED. ENTER UP TO 8 CHARACTERS.

IF CODE BEGINS WITH W, X, Y OR Z, ENTER A DESCRIPTION INSTEAD.

CPT-4 CODE:_____ DESCRIPTION:_____
CPT-4 CODE:_____ DESCRIPTION:_____
CPT-4 CODE:_____ DESCRIPTION:_____
CPT-4 CODE:_____ DESCRIPTION:_____

B5b. ASK FOR EACH CPT-4 CODE OR DESCRIPTION: What was the full established charge for this service, before any adjustments or discounts?

NOTE: WE NEVER ENTER $0 FOR A CHARGE

IF PROVIDER APPLIED THE CHARGE FOR THIS SERVICE TO SOME OTHER SERVICE, ENTER -4

What was the full established charge, or charge equivalent, for this service?

$_____.____
$_____.____
$_____.____
$_____.____
$_____.____
$_____.____
$_____.____

C2. I show the total charges as [SYSTEM WILL COMPUTE AND DISPLAY TOTAL] / I show the charge as undetermined. / I show the charge as [SYSTEM WILL COMPUTE AND DISPLAY TOTAL], although one or more charges are missing. Is that correct?

IF INCORRECT, CORRECT ENTRIES SHOWN ABOVE AS NEEDED

[If B5a is DK/REF/RETRIEVABLE – CONTINUE TO B5b.

If B5b is DK/REF/RETRIEVABLE – CONTINUE TO C2.]

SOURCES OF PAYMENT

C3. Was the practice reimbursed for (this visit/these visits) on a fee-for-service basis or capitated basis?

EXPLAIN IF NECESSARY:
Fee-for-service means that the practice was reimbursed on the basis of the services provided.

Capitated basis means that the patient was enrolled in a prepaid managed care plan where reimbursement is not tied to specific visits.

IF IN DOUBT, CODE FEE-FOR-SERVICE

FEE-FOR-SERVICE BASIS ...1
CAPITATED BASIS .....2 (go to C7a)

C4. From which of the following sources has the practice received payment for (this visit/these visits) and how much was paid by each source? Please include all payments that have taken place between (VISIT DATE) and now for (this visit/these visits).

RECORD PAYMENTS FROM ALL THAT APPLY

[DCS ONLY] IF NAME OF INSURER, PUBLIC, OR HMO, PROBE: And is that Medicare, Medicaid, or private insurance?

[DCS ONLY] IF PROVIDER VOLUNTEERS THAT PATIENT PAYS A MONTHLY PREMIUM, VERIFY: So, you receive a monthly payment rather than payment for the specific service?

IF YES: GO BACK TO C3 AND CODE AS CAPITATED BASIS.

IF ANY OF THE PAYMENTS IS A LUMP SUM THAT IS NOT YET ALLOCATED, ENTER F8 IN THE APPROPRIATE FIELD(S).

RECORD PAYMENTS FROM ALL APPLICABLE PAYERS.

a. Patient or Patient's Family ..... $_____.____
b. Medicare ..... $_____.____
c. Medicaid ..... $_____.____
d. Private Insurance ..... $_____.____
e. VA/Champva ..... $_____.____
f. Tricare ..... $_____.____
g. Worker's Comp; ..... $_____.____
h. Or something else?..... $_____.____
(IF SOMETHING ELSE: What was that? _____)

C5. [I show the total payment as **TOTPAYM** / I show the payment as undetermined. / I show the payment as **TOTPAYM**, although one or more payments are missing] Is that correct?

YES=1, NO=2

IF NO, CORRECT ENTRIES ABOVE AS NEEDED.

[If C4 is DK/REF/RETRIEVABLE – CONTINUE TO C5.
If C5 is DK/REF/RETRIEVABLE – CONTINUE TO BOX 1.]

BOX 1

DO TOTAL PAYMENTS EQUAL TOTAL CHARGES?

YES, AND ALL PAID BY PATIENT OR PATIENT'S FAMILY..... **– 1 (GO TO LSPCHECK)**
YES, OTHER PAYERS..... **- 2 (GO TO C5a)**
NO, PAYMENTS < CHARGES ..... **- 3 (GO TO PLC1)**
NO, PAYMENTS > CHARGES ..... **- 3 (GO TO Q6_EXCEEDED)**

[IF C2 OR C5 = DK/REF/RETRIEVABLE, GO TO BOX 2, ELSE FOLLOW INSTRUCTIONS FOR BOX 1.]

VERIFICATION OF PAYMENT

C5a: I recorded that the payment(s) you received equal the charge(s). I would like to make sure that I have this recorded correctly. I recorded that the total payment is [SYSTEM WILL DISPLAY TOTAL PAYMENT FROM C5]. Does this total payment include any other amounts such as adjustments or discounts, or is this the final payment?

IF NECESSARY, READ BACK AMOUNT(S) RECORDED IN C4.

YES, FINAL PAYMENTS RECORDED IN C4 AND C5... =1 (GO TO BOX 2)
NO..... =2 (GO BACK TO C4)

PAYMENTS LESS THAN CHARGES

PLC1: It appears that the total payments were less than the total charge. Is that because...

a. There were adjustments or discounts ..... YES=1 NO=2
b. You are expecting additional payment .... YES=1 NO=2
c. This was charity care or sliding scale ..... YES=1 NO=2
d. This was bad debt ..... YES=1 NO=2

[If [a=1 and b=1] or [a=2 and b=2 and c=2 and d=2] then show both C6_adjustments **and** C6_additional.
If both c=1 **and** d=1 with no other selection, show neither C6_adjustments or C6_additional.
If both c=1 **or** d=1 with no other selection, show neither C6_adjustments or C6_additional.]

DIFFERENCE BETWEEN PAYMENTS AND CHARGES

C6: It appears that the total payments were (less than/more than) the total charges. What is the reason for that difference? Please include all adjustment activity that has taken place between (VISIT DATE) and now for (this visit/these visits). Was it a:

C6_adjustments
PAYMENTS LESS THAN CHARGES:
Adjustment or discount

a. Medicare limit or adjustment? ..... YES=1 NO=2
b. Medicaid limit or adjustment? ..... YES=1 NO=2
c. Contractual arrangement with insurer or managed care organization? ..... YES=1 NO=2
d. Courtesy discount? ..... YES=1 NO=2

e. Insurance write-off? ..... YES=1 NO=2
f. Worker's Comp limit or adjustment? ..... YES=1 NO=2
g. Eligible veteran? ..... YES=1 NO=2
h. Something else? ..... YES=1 NO=2
(IF SOMETHING ELSE: What was that? _____)

C6_additional
Expecting additional payment

i. Patient or Patient's Family? ..... YES=1 NO=2
j. Medicare? ..... YES=1 NO=2
k. Medicaid? ..... YES=1 NO=2
l. Private Insurance? ..... YES=1 NO=2
m. VA/Champva? ..... YES=1 NO=2
n. Tricare? ..... YES=1 NO=2
o. Worker's Comp? ..... YES=1 NO=2
p. Something else ..... YES=1 NO=2
(IF SOMETHING ELSE: What was that? _____)

Q6_exceeded

q. Charity care or sliding scale?..... YES=1 NO=2
r. Bad debt?..... YES=1 NO=2

Q6_extra
PAYMENTS MORE THAN CHARGES:

s. Medicare adjustment?..... YES=1 NO=2
t. Medicaid adjustment?..... YES=1 NO=2
u. Private insurance adjustment?..... YES=1 NO=2
v. Something else?..... YES=1 NO=2
(IF SOMETHING ELSE: What was that? _____)

It appears that the total payments were more than the total charges. What is the reason for that difference? Please include all adjustment activity that has taken place between (DATE) and today. Was it (a)

[After C6 - GO TO BOX 2]

LUMP SUM PAYMENTS

LSPCHECK

WAS ANY LUMP SUM ASSOCIATED WITH THE SOURCES OF PAYMENT?

YES 1
NO 2

[GO TO FINISH.]

CAPITATED BASIS

C7a. What kind of insurance plan covered the patient for (this visit/these visits)? Was it:

[DCS ONLY] IF NAME OF INSURER, PUBLIC, OR HMO, PROBE: And is that Medicare, Medicaid, or private insurance?

a. Medicare? ..... YES=1 NO=2
b. Medicaid? ..... YES=1 NO=2
c. Private Insurance? ..... YES=1 NO=2
d. VA/Champva? ..... YES=1 NO=2
e. Tricare? ..... YES=1 NO=2
f. Worker's Comp? ..... YES=1 NO=2
g. Something else ..... YES=1 NO=2
(IF SOMETHING ELSE: What was that? _____)

C7b. Was there a co-payment for (this visit/these visits)?

YES 1
NO ..... 2 (GO TO C7e)

If C7a is DK/REF/RETRIEVABLE – CONTINUE TO C7b.
If C7b is DK/REF/RETRIEVABLE – GO TO C7e.]

C7c. How much was the co-payment?

$_____._____

C7d. Who paid the co-payment? Was it:

[DCS ONLY] IF NAME OF INSURER, PUBLIC, OR HMO, PROBE: And is that Medicare, Medicaid, or private insurance?

a. Patient or Patient's Family? ..... YES=1, NO=2
b. Medicare? ..... YES=1, NO=2
c. Medicaid? ..... YES=1, NO=2
d. Private Insurance? ..... YES=1, NO=2
e. Something else? ..... YES=1, NO=2
(IF SOMETHING ELSE: What was that?)

If C7c is DK/REF/RETRIEVABLE – CONTINUE TO C7d.
If C7d is DK/REF/RETRIEVABLE – CONTINUE TO C7e.]

C7e. Do your records show any other payments for (this visit/these visits)?

YES=1,
NO=2

[If DK/REF/RETRIEVABLE – GO TO BOX 2.]

C7f. From which of the following other sources has the practice received payment for (this visit/these visits) and how much was paid by each source? Please include all adjustment activity that has taken place between (VISIT DATE) and now for (this visit/these visits).

RECORD PAYMENTS FROM APPLICABLE PAYERS.

[DCS ONLY] IF NAME OF INSURER, PUBLIC, OR HMO, PROBE: And is that Medicare, Medicaid, or private insurance?

a. Patient or Patient's Family .....YES=1 NO=2
b. Medicare ..... YES=1 NO=2
c. Medicaid ..... YES=1 NO=2
d. Private Insurance ..... YES=1 NO=2
e. VA/Champva ..... YES=1 NO=2
f. Tricare ..... YES=1 NO=2
g. Worker's Comp ..... YES=1 NO=2
h. Or something else? ..... YES=1 NO=2
(IF SOMETHING ELSE: What was that? _____)

[If DK/REF/RETRIEVABLE – CONTINUE TO BOX 2.]

BOX 2

IF FEEORCAP = 1 ASK LSPCHECK AND FINISH SCREEN
IF FEEORCAP = 2 GO TO FINISH SCREEN

AFTER VALIDATION USER RETURNS TO CMS AND IS ASKED "ANY MORE EVENTS?"

FINISH SCREEN

PRESS VALIDATE TO COMPLETE THIS EVENT FORM.