

PROVIDER LABEL

OMB#: 0935-0118

**MEDICAL PROVIDER COMPONENT  
FOR REFERENCE YEAR 2007**

**CONTACT GUIDE FOR HOSPITALS**

A1. Hello, is this a hospital, hospital outpatient department, hospital satellite clinic or surgi-center?

YES ..... 1 (A3)  
NO ..... 2

A2. How would you describe this facility? Is this:

- A doctor's office;.....
- A publicly-funded clinic;.....
- An urgi-center;.....
  
- A health maintenance organization (HMO); .....
- A home care provider; .....
- A long term care facility such as a nursing home; or .....
- Something else? (SPECIFY:) \_\_\_\_\_

TERMINATE CALL,  
COMPLETE NIRF AND  
CODE CASE A '13'

**MEDICAL RECORDS**

A3. I need to speak to a person who handles requests for the release of Medical Records. Can you transfer me?

NUMBER: (\_\_\_\_)\_\_\_\_\_ EXT: \_\_\_\_\_

NAME (IF VOLUNTEERED): \_\_\_\_\_

A4. Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. We are conducting MEPS which is a study about how people in the United States use and pay for health care. [NUMBER FROM PATIENT LIST] patients identified (FACILITY) as a source of health care during 2007. Each patient signed an authorization form allowing us to contact you for information about the care they received from (FACILITY) in 2007. Would you or someone in your office be able to provide this type of information?

YES ..... 1  
NO ..... 2 (A4a)

I would like to send the authorization forms to you, along with additional information explaining the study. Would you prefer the authorization forms be sent to you by fax? By mail?

[INTERVIEWER: READ IF THE RESPONDENT 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 collect the data.

DEPARTMENT HAS ACCESS TO THE INFORMATION:

FAX AUTHORIZATION FORM(S) ..... 1 (A5)  
MAIL AUTHORIZATION FORM(S)..... 2 (A6)

DEPARTMENT DOES NOT HAVE ACCESS TO THE INFORMATION:

THIS TYPE OF INFORMATION IS NOT AVAILABLE  
(RECORD VERBATIM:) \_\_\_\_\_ 3 (TERMINATE AND  
CONSULT TASK  
COORDINATOR)

A4a. Who would we contact to obtain this information?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

Thank you very much for your help. [END CONTACT AND FOLLOW-UP WITH THE CONTACT NAMED IN A4a.]

A5. What is the FAX number?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

What name and title should I put on the FAX cover page?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
FACILITY: \_\_\_\_\_

GO TO A7

A6. What name and address should I put on the address label?:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
FACILITY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

A7. Once you have received the authorization form(s), we will collect the data. We are requesting information about diagnoses and services and the names of the physicians who treated each patient in 2007. Would you prefer providing that data to us over the phone, or would you rather fax or mail the data to us?

Should we need to contact you by phone, what would be the best day and time to call?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: FACILITY WILL RESPOND:	
BY FAX .....	1
BY MAIL.....	2
BY PHONE .....	3
NO PREFERENCE INDICATED.....	4
IS THE MAIL OR FAX BEING SENT TO:	
PERSON ON TELEPHONE .....	1
SOMEONE ELSE .....	2
INTERVIEWER: IF THE MAIL OR FAX IS BEING SENT TO SOMEONE ELSE, RECORD THE TELEPHONE CONTACT'S NAME:	
TELEPHONE CONTACT NAME: _____	

A8. We are interested in the amounts charged for these services before any adjustments or discounts, and the sources and amounts of payment. Can you provide this information?

MEDICAL RECORDS CAN PROVIDE INFO..... 1  
NO, CONTACT OTHER DEPARTMENT..... 2 (A9)

A9. Who could we contact to obtain this information?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT / SERVICE: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

A10. We are also interested in collecting information about the physicians who treated each patient. Can you provide this information too?

MEDICAL RECORDS CAN PROVIDE INFO..... 1  
NO, CONTACT OTHER DEPARTMENT..... 2 (A11)

A11. Who could we contact to obtain this information?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT / SERVICE: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

Thank you very much for your help. [END CONTACT AND RECORD FAX/MAIL DATE AND APPOINTMENT ON CALL RECORD.]

**PATIENT ACCOUNTS/ BILLING SERVICE**

**INTRODUCTION**

A12. Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. We are conducting MEPS which is a study about how people in the United States use and pay for health care. We were referred to you by (CONTACT PERSON / PROVIDER) for information about [NUMBER FROM PATIENT LIST] patients who identified (FACILITY) as a source of health care during 2007. For each date of service in 2007, we are collecting amounts charged for services before any adjustments or discounts, and the sources and amounts of payment. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

AUTHORIZATION FORM(S) RECEIVED:

- CONTINUE WITH INTERVIEW ..... 1 (A13)
- PREFERS FAX/MAILING INFORMATION..... 2 (A17)

[INTERVIEWER: IF AUTHORIZATION FORM(S) HAVE BEEN RECEIVED BY MEDICAL RECORD DEPARTMENT WITHIN SAME FACILITY, IT IS NOT NECESSARY TO SEND FORMS AGAIN, UNLESS REQUESTED BY PATIENT ACCOUNTS.

AUTHORIZATION FORM(S) NOT RECEIVED:

- FAX AUTHORIZATION FORM(S)..... 3 (A14)
- MAIL AUTHORIZATION FORM(S) ..... 4 (A15)

A13. [COMPLETE EVENTS FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY:] Thank you very much for your time and your help with this study.

A14. What is the FAX number?

FAX NUMBER: (\_\_\_\_\_)\_\_\_\_\_

What name and title should I put on the FAX cover page?

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

GO TO A16

A15. What name and address should I put on the address label?:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_)\_\_\_\_\_ EXT: \_\_\_\_\_

A16. Once you have received the authorization form(s), we will collect the data. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

Should we need to contact you by phone, what would be the best day and time to call?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: FACILITY WILL RESPOND:	
BY FAX .....	1
BY MAIL.....	2
BY PHONE .....	3
NO PREFERENCE INDICATED.....	4
IS THE MAIL OR FAX BEING SENT TO:	
PERSON ON TELEPHONE .....	1
SOMEONE ELSE .....	2
INTERVIEWER: IF THE MAIL OR FAX IS BEING SENT TO SOMEONE ELSE, RECORD THE TELEPHONE CONTACT'S NAME:	
TELEPHONE CONTACT NAME: _____	

A17. We hope you can send the records to our office within 2 weeks. Let me verify that you have our correct contact information.

IF MAILING INFORMATION: Anne Denbow  
WESTAT  
9274 Gaither Road, GA 48F  
Gaithersburg, MD 20877-1420

IF FAXING INFORMATION: YOUR NAME AND EXTENSION IF APPLICABLE  
FAX NUMBER: 1-800-792-3670  
PHONE NUMBER: 1-800-792-3656

Thank you very much for your time and your help with this study. [END CONTACT.]

**FOLLOW-UP INTRODUCTION FOR BOTH MEDICAL RECORDS AND PATIENT ACCOUNTS**

A18. May I please speak to (RESPONDENT)?  
Hello, my name is (YOUR NAME) and I am calling about MEPS, which is a study that we are conducting for the U.S. Public Health Service. Did you receive the authorization form(s) we (FAXed/sent)?

- YES..... 1 (A23)
- YES, DATA SENT/FAXED TO WESTAT..... 2 (A18a)
- NO ..... 3 (A19)

A18a. Approximately, when was the information sent?

MONTH:\_\_\_\_\_ DAY:\_\_\_\_\_ YEAR:\_\_\_\_\_

Thank you very much for your help. [END CONTACT AND RECORD FAX/MAIL DATE.]

A19. Let me (FAX/send) the authorization form(s) to you.

- HAS FAX MACHINE ..... 1 (A20)
- DOES NOT HAVE FAX MACHINE OR PREFERS MAIL ..... 2 (A21)

[INTERVIEWER: READ IF THE RESPONDENT 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 collect the data.

A20. I would like to verify the FAX number and name that I should put on the FAX cover page. I have (IF MEDICAL RECORDS, THEN GIVE NAME AND FAX NUMBER FROM A5. IF PATIENT ACCOUNTS, THEN GIVE NAME AND FAX NUMBER FROM A14.). Is that correct?

FAX NUMBER: (\_\_\_\_\_)\_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

Once you have received the authorization form(s), we will collect the data. For each date of service in 2007, we are requesting information on amounts charged for services before any adjustments or discounts, and the sources and amounts of payment. We are also collecting information about diagnoses and services provided. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

DAY:\_\_\_\_\_ DATE:\_\_\_\_\_ R's TIME:\_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD FAX DATE AND APPOINTMENT ON CALL RECORD.]

A21. I would like to verify the name and address that should go on the address label. I have (IF MEDICAL RECORDS, THEN GIVE NAME AND ADDRESS FROM A6. IF PATIENT ACCOUNTS, THEN GIVE NAME AND ADDRESS FROM A15). Is that correct? [MAKE CORRECTIONS AS NECESSARY]

NAME: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_  
 PROVIDER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

A22. Should we need to contact you by phone, what would be the best day and time to call you back?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: FACILITY WILL RESPOND:	
BY FAX .....	1
BY MAIL.....	2
BY PHONE .....	3
NO PREFERENCE INDICATED.....	4
IS THE MAIL OR FAX BEING SENT TO:	
PERSON ON TELEPHONE .....	1 NAME: _____
SOMEONE ELSE .....	2

Thank you very much for your help. [END CONTACT AND RECORD MAIL DATE AND APPOINTMENT ON CALL RECORD.]

A23. 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 (A24)  
 WILL COMPLETE BY PHONE IN THE FUTURE..... 2 (A25)  
 PREFERS FAXING OR MAILING RECORDS ..... 3 (A26)

A24. COMPLETE EVENT FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY: Thank you very much for your time and your help with this study. [END CONTACT]

A25. What would be the best day and time to call you back?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD APPOINTMENT ON CALL RECORD.]

A26. We hope you can send the records to our office within 2 weeks. Let me verify that you have our correct contact information.

IF MAILING INFORMATION: Anne Denbow  
 WESTAT  
 9274 Gaither Road, GA 48F  
 Gaithersburg, MD 20877-1420

IF FAXING INFORMATION: YOUR NAME AND EXTENSION IF APPLICABLE  
 FAX NUMBER: 1-800-792-3670  
 PHONE NUMBER: 1-800-792-3656

Thank you very much for your time and your help with this study. [END CONTACT.]

**ADMINISTRATIVE OFFICE OR MEDICAL STAFFING**

HAVE CONTACT NAME → May I please speak to (NAME)?

DO NOT HAVE CONTACT NAME → May I please speak to someone in the administrative office?

**INTRODUCTION**

Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. We are conducting MEPS which is a study about how people in the United States use and pay for health care. We were referred to you by (CONTACT PERSON / PROVIDER). Earlier, your medical records department gave us information about the care that some of our study patients received at your facility and the names of the physicians who provided that care. Now we need information on whether the charges for these physicians' services would be included in the hospital's bill or billed separately by the physician.

B1. As I give you the names of the physicians I have, can you tell me which ones' services were included in the hospital bill?

- WILL COMPLETE BY PHONE NOW..... 1 (B2)
- WILL COMPLETE BY PHONE IN THE FUTURE..... 2 (B3)
- CANNOT PROVIDE THE INFORMATION..... 3 (B4)

B2. INTERVIEWER: REVIEW SBD LISTS.

- INFORMATION PROVIDED FOR ALL SBDs LISTED..... 1
- Thank you very much for your help. [END CONTACT]
- INFORMATION NOT PROVIDED FOR ALL SBDs LISTED..... 2 (B4)

B3. What would be the best day and time to call you back?

DAY:\_\_\_\_\_ DATE:\_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD APPOINTMENT ON CALL RECORD.]

B4. Please give me the name and telephone number of the person who can provide that information.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_)\_\_\_\_\_ EXT: \_\_\_\_\_

Thank you very much for your help. [END CONTACT]