

PROVIDER LABEL

OMB#: 0935-0118

MEDICAL PROVIDER COMPONENT FOR REFERENCE YEAR 2007

CONTACT GUIDE FOR SEPARATELY BILLING DOCTORS

1. ASK IF NOT OBVIOUS: Have I reached (PROVIDER)?
[VERIFY PROVIDER SPECIALTY THEN RECORD ON FRONT COVER OF EVENT BOOKLET.]

- CORRECT PROVIDER → VERIFY ADDRESS AND THEN CONTINUE WITH 2
 PROBLEM WITH PROVIDER → RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH A TASK COORDINATOR

2. May I please speak to someone in the patient billing department?

- HAS BILLING DEPARTMENT
→ CONTINUE WITH INTRODUCTION
- BILLING IS PERFORMED BY AN OUTSIDE BILLING SERVICE
→ ASK TO SPEAK TO SOMEONE WHO DEALS WITH THE BILLING SERVICE AND CONTINUE WITH INTRODUCTION
- ALL SERVICES PROVIDED ON PREPAID OR CAPITATED BASIS
→ ASK TO SPEAK TO SOMEONE WHO DEALS WITH MEDICAL RECORDS AND CONTINUE WITH INTRODUCTION
- NO BILLING DEPARTMENT AND IT IS NOT CLEAR WHO TO SPEAK TO
→ RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH A TASK COORDINATOR _____

NOTE: IF ON SECOND CALL PERSON IS UNAVAILABLE, ASK TO SPEAK TO SOMEONE ELSE IN THAT DEPARTMENT

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.

- A1. ASK IF NOT OBVIOUS: Have I reached (PROVIDER)?
[IF NOT YET DONE, VERIFY PROVIDER SPECIALTY THEN RECORD ON FRONT COVER OF EVENT BOOKLET.]

- CORRECT PROVIDER → CONTINUE WITH A2
 PROBLEM WITH PROVIDER → RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH A TASK COORDINATOR

A2. INTERVIEWER: IS THIS A RUBBERBAND CASE?

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

A2a. I need to determine if the following providers were associated with this practice during 2007.
 [REVIEW EACH PROVIDER WITH THE CONTACT PERSON AND COMPLETE RUBBERBAND FORM AS APPROPRIATE.]

A3. This practice was identified as a source of health care for (NUMBER) patient(s) who received care at (HOSPITAL) in 2007. (The/Each) patient signed an authorization form allowing us to contact you for information about the care they received at that hospital. We need information about charges, payments, diagnoses, and services for each date of **hospital** service. Would you or someone in your office be able to provide this information?

YES 1
 NO 2 (A3a)

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.

OFFICE MAINTAINS THE INFORMATION:

FAX AUTHORIZATION FORM(S) 1 (A4)
 MAIL AUTHORIZATION FORM(S) 2 (A5)

OFFICE DOES NOT MAINTAIN THE INFORMATION:

NEED TO CONTACT BILLING SERVICE..... 3 (A7)
 THIS TYPE OF INFORMATION IS NOT AVAILABLE
 (RECORD VERBATIM:) _____ 4 (TERMINATE AND
 CONSULT TASK
 COORDINATOR)

A3a. 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 A3a.]

A4. 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 A6

A5. What name and address should I put on the address label?:

NAME: _____

TITLE: _____

DEPARTMENT: _____

PROVIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: () _____ EXT: _____

A6. Once you have received the authorization form(s), we will call back to collect the information.
[IF PROVIDER PREFERS TO FAX OR MAIL DATA, CIRCLE APPROPRIATE CODE IN BOX BELOW.]

What would be the best day and time to call?

DAY: _____ DATE: _____ R's TIME: _____ AM/PM

INTERVIEWER: PROVIDER WILL RESPOND:	
BY PHONE.....	1
BY FAX.....	2
BY MAIL.....	3
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: _____	

Thank you very much for your help. We may call again if other patients have identified this practice as a source of **hospital** services. [END CONTACT AND RECORD CALLBACK INFORMATION, FAX/MAIL DATE ON CALL RECORD.]

A7. We will need to get in touch with the billing service to obtain some of the information we need. What is the name of the billing service, their telephone number, and the name of a contact person?

NAME OF BILLING SERVICE: _____

TELEPHONE: (_____) _____ EXT: _____

PERSON'S NAME: _____

TITLE: _____

A8. I think we can probably get all the additional information we need from (BILLING SERVICE). We will send you a copy of the authorization form(s) for your files. Let me verify that I have your correct mailing address.

NAME: _____

TITLE: _____

DEPARTMENT: _____

PROVIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

And what is your fax number?

FAX NUMBER:(_____) _____

Thank you very much for your help. We may call again if other patients have identified this practice as a source of **hospital** services.[END CONTACT AND CALL BILLING SERVICE NAMED IN A7.]

BILLING SERVICE

A9. Hello, my name is (YOUR NAME). We are conducting MEPS for the U.S. Public Health Service which is a study about how people in the United States use and pay for health care. We were referred to you by (PROVIDER) for information about [NUMBER FROM PATIENT LIST] of their patients who received care at (HOSPITAL) in 2007. (The/Each) patient signed an authorization form allowing us to contact you for information about the **hospital** care they received from (PROVIDER). For each date of **hospital** service in 2007, we are requesting information about charges, payments, diagnoses, and services provided. 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 arrange for the collection of the data.

FAX AUTHORIZATION FORM(S)..... 1 (A10)
MAIL AUTHORIZATION FORM(S) 2 (A11)

A10. What is the FAX number?

FAX NUMBER: (_____) _____

And what name and title should I put on the fax cover page?

NAME: _____
TITLE: _____
DEPARTMENT: _____
NAME OF SERVICE: _____

GO TO A12

A11. What name and address should I put on the address label?:

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

A12. Once you have received the authorization form(s), we will call back to collect the information.
[IF SERVICE PREFERS TO FAX OR MAIL DATA, CIRCLE APPROPRIATE CODE IN BOX BELOW.]

What would be the best day and time to call?

DAY: _____ DATE: _____ R's TIME: _____ AM/PM

INTERVIEWER: PROVIDER WILL RESPOND:

BY PHONE..... 1
BY FAX..... 2
BY MAIL..... 3

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: _____

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

FOLLOWUP INTRODUCTION

A13. 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 (A18)
- YES, DATA SENT/FAXED TO WESTAT 2 (A13a)
- NO 3 (A14)

A13a. Approximately, when was the information sent?

MONTH:_____ DAY:_____ YEAR: _____

Thank you very much for your help. Once we receive and review the records, we may be contacting you again to answer questions about the data. [END CONTACT AND RECORD FAX/MAIL DATE ON CALL RECORD.]

A14. Let me (FAX/send) the authorization form(s) to you.

- HAS FAX MACHINE 1 (A15)
- DOES NOT HAVE FAX MACHINE OR PREFERS MAIL 2 (A16)

[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 arrange for the collection of the data.

A15. I would like to verify the FAX number and name that I should put on the FAX cover page. I have (IF PROVIDER, THEN GIVE NAME AND FAX NUMBER FROM A4. IF BILLING SERVICE, THEN GIVE NAME AND FAX NUMBER FROM A10.). Is that correct?

FAX NUMBER: (_____) _____

NAME: _____

TITLE: _____

DEPARTMENT: _____

PROVIDER: _____

For each date of **hospital** service in 2007, we are requesting information about charges, payments, diagnoses, and services provided. Once you have received the authorization form(s), we will call to collect the information. [IF PROVIDER/SERVICE PREFERS TO FAX OR MAIL DATA, CIRCLE APPROPRIATE CODE IN BOX BELOW.]

What would be the best day and time to call?

DAY:_____ DATE:_____ R's TIME:_____ AM/PM

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

A16. I would like to verify the name and address that should go on the address label. I have (IF PROVIDER, THEN GIVE NAME AND ADDRESS FROM A5. IF BILLING SERVICE, THEN GIVE NAME AND ADDRESS FROM A11). Is that correct? [MAKE CORRECTIONS AS NECESSARY]

NAME: _____
 TITLE: _____
 DEPARTMENT: _____
 PROVIDER NAME: _____
 ADDRESS: _____

 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: (____) _____ EXT: _____

A17. What would be the best day and time to call you back?

DAY: _____ DATE: _____ R's TIME: _____ AM/PM

<p>INTERVIEWER: PROVIDER WILL RESPOND:</p> <p>BY PHONE..... 1</p> <p>BY FAX..... 2</p> <p>BY MAIL..... 3</p> <p>IS THE MAIL OR FAX BEING SENT TO:</p> <p>PERSON ON TELEPHONE1 NAME: _____</p> <p>SOMEONE ELSE2</p>
--

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

A18. 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 (A19)
 WILL COMPLETE BY PHONE IN THE FUTURE..... 2 (A20)
 PREFERS FAXING OR MAILING RECORDS..... 3 (A21)

A19. COMPLETE EVENT FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY: Thank you very much for your time and your help with this study. We may call again if other patients have identified (this practice/a practice associated with this billing service) as a source of **hospital** services. [END CONTACT]

A20. 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.]

A21. 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. We may call again if other patients have identified (this practice/a practice associated with this billing service) as a source of hospital services. [END CONTACT.]