MEDICAL EXPENDITURE PANEL SURVEY (MEPS) – MEDICAL PROVIDER COMPONENT (MPC)

CONTACT GUIDE FOR ALL PROVIDERS

REFERENCE YEAR 2024

INTRO QUESTIONS

DCS: IF YOU HAVE ALREADY READ THESE ITEMS TO THE POC DURING THIS CALL, CLICK CONTINUE WITHOUT READING THEM AGAIN.

A1. Have I reached [[PROVIDER] OR [POC_NAME]]?

PHONE NUMBER: [[PROVIDER TELEPHONE NUMBER] OR [POC TELEPHONE NUMBER]]

YES = 1
NO, BUT CAN RECORD A NEW NUMBER = 2
NO, NEED TO TRACE THE CASE = 3

[IF A1 = 1 GO TO A2,
IF A1 = 2 GO TO CONTACT BLOCK,
IF A1 = 3 GO TO Need_Sup_Review]

[Need_Sup_Review] Let me confer with my supervisor, and if necessary, we will call you back. Thank you for your time.

DCS: PLEASE CHECK WITH YOUR SUPERVISOR AS TO HOW TO HANDLE THIS SITUATION. PLEASE RETURN TO THE POC GRID NOW.

A2. [FILL_A2].

CONTINUE, THIS PERSON CAN HELP = 1
COLLECT CONTACT INFORMATION FOR SOMEONE ELSE = 2
NO MEDICAL / BILLING RECORDS DEPARTMENT; UNCLEAR WHO HANDLES RECORDS = 3

DCS: [FILL_A2] THE PROGRAMED RESPONSE WILL VARY BY PROVIDER TYPE

[IF A2= 1 GO TO B1,
IF A2=2 GO TO CONTACT BLOCK,
IF A2=3 GO TO Need_Sup_Review]

[Need_Sup_Review] Let me confer with my supervisor, and if necessary, we will call you back. Thank you for your time.

DCS: PLEASE CHECK WITH YOUR SUPERVISOR AS TO HOW TO HANDLE THIS SITUATION. PLEASE RETURN TO THE POC GRID NOW.

B1. My name is [YOUR NAME]. I am calling on behalf of the U.S. Department of Health and Human Services. We are conducting MEPS which is a study about how people in the United States use and pay for healthcare. For quality assurance and training purposes, this call may be monitored.

POC: [POC NAME]

[FILL_B1]

DCS: [FILL_B1] THE PROGRAMED RESPONSE WILL VARY BY PROVIDER TYPE

DCS: IF THIS PERSON CANNOT HELP, COLLECT NEW POC PHONE NUMBER IN THE CONTACT BLOCK.

ELIGIBILITY QUESTIONS

B2. Thank you. First, can you confirm that this is [FILL_B2]?

THIS IS A PHYSICIAN'S OFFICE, PUBLICLY-FUNDED CLINIC, OR URGENT CARE CENTER = 1
THIS IS A HOSPITAL, SATELLITE CLINIC, HOSPITAL OUTPATIENT DEPT, IMAGING CENTER, ENDOSCOPY CENTER, OR SURGI-CENTER = 2
THIS IS A HOME CARE PROVIDER = 3
THIS IS A LONG-TERM CARE FACILITY SUCH AS A NURSING HOME = 4
THIS IS SOMETHING ELSE (SPECIFY) = 5

DCS: [FILL_B2] THE PROGRAMED RESPONSE WILL VARY BY PROVIDER TYPE

[For HOSP provider type, IF B2=2 GO TO B4; IF B2 NE 2 GO TO hosp_b3a.
For INST provider type, IF B2=4 GO TO B4; IF B2 NE 4 GO TO inst_B3a.
For OBD provider type, IF B2=1 or 5 GO TO OBD_B3; IF B2=2 GO TO B4; IF B2=3 OR 4 GO TO Potentially_Ineligible.
For HH (or HNH) provider type, IF B2=3 GO TO B4; IF B2 NE 3 GO TO HC_B2a.]

hosp_B3a. How would you describe this facility? Is this:

A doctor's office = 1
A publicly funded clinic = 2
An urgent care center = 3 A home care provider = 4
A long-term care facility, such as a nursing home, or = 5
Something else? (SPECIFY): = 6

[IF hosp_B3a NE 6 GO TO B4;
IF hosp_B3a=6 Specify text field allows up to 250 characters.
THEN GO TO B4.]

inst_B3a. How would you describe this facility? Is this:

A doctor's office = 1
A publicly funded clinic = 2
An urgent care center = 3
A home care provider = 4
A long-term care facility, such as a nursing home, = 5
Or Something else? (SPECIFY): = 6

[IF inst_B3a NE 6 GO TO B4;
IF inst_B3a=6 Specify text field allows up to 250 characters.
THEN GO TO B4.]

OBD_B3. And is there at least one physician in the practice who is a Medical Doctor or a Doctor of Osteopathy?

ALL SPECIALTIES ARE CONSIDERED MD/DO EXCEPT FOR: DENTISTS, OPTOMETRISTS, CHIROPRACTORS AND PODIATRISTS.

YES = 1
NO = 2
GAVE SPECIALTY = 3

[IF OBD_B3=1 or 3 GO TO B4;
IF OBD_B3=2 GO TO OBD_B3_1]

OBD_B3_1. Is this office under the supervision of an MD or a DO?

YES = 1
NO = 2

[IF OBD_B3_1=1 GO TO B4;
IF OBD_B3_1=2 GO TO OBD_B3a]

OBD_B3a. WHAT KIND OF OFFICE IS THIS PROVIDER?

PSYCHOLOGIST'S OFFICE = 1
DENTIST'S OFFICE = 2
CHIROPRACTOR'S OFFICE = 3
PODIATRIST'S OFFICE = 4
OPTOMETRIST'S (EYE DOCTOR) OFFICE = 5
STAND-ALONE NURSE PRACTITIONER'S OFFICE (NP) = 6
PHYSICAL THERAPIST'S OFFICE (PT) = 7

OCCUPATIONAL THERAPIST'S OFFICE (OT) = 8
OTHER (SPECIFY) = 9

I'm sorry. The information I was hoping to collect today is specific to doctor's offices. Because this is not a doctor's office one of my colleagues will be calling back to collect the necessary information.

[IF OBD_B3a=9, ENTER IN SPECIFY FIELD.]

[OTHER (SPECIFY) field allows up to 250 characters.]

HC_B2a. Does your organization include a home care unit or department?

YES = 1
NO = 2

[IF HC_B2a=1 GO TO B4;
IF HC_B2a=2 GO TO HC_B2b]

HC_B2b. Does your organization ever make arrangements for other organizations or individuals to provide some kind of assistance to people in their homes?

YES = 1
NO = 2

[IF HC_B2b=1 GO TO B4;
IF HC_B2b=2 GO TO HC_B3]

HC_B3. Does your organization provide any kind of assistance to people in their homes?

YES = 1
NO = 2

[IF HC_B3=1 GO TO HC_B3a;
IF HC_B3=2 GO TO Potentially_Ineligible]

HC_B3a. Are your services provided to persons who need in-home assistance for health reasons?

EXPLAIN IF NECESSARY: Health reasons can include either physical or mental health conditions.

YES = 1
NO = 2

[IF HC_B3A = 1, GO TO B4;
IF HC_B3A = 2, GO TO HC_B3b]

NOTE: IF HC_B3a=1, THEN THE CASE SHOULD BE LABELED AS A HOME CARE HEALTH FOR EVENT FORM DATA COLLECTION.

IF HC_B3a=2, THE CASE SHOULD BE HOME CARE NON-HEALTH.

HC_B3b. What kind of services does your organization provide to people in their homes?

CLEANING OR YARD WORK = 1
TRANSPORTATION = 2
SHOPPING = 3
EMOTIONAL SUPPORT PERSON OR ONE-ON-ONE BUDDY = 4
SUPPORT GROUPS = 5
CHILD CARE = 6
OTHER (RECORD:) = 7

[IF HC_B3b NE 7 GO TO B4;
IF HC_B3b=7 GO TO Potentially_Ineligible]
[IF HC_B3b=7, ENTER IN OTHER-RECORD FIELD.]

Item is select-all-that-apply.

B4. [FILL_B4]

Maintained in this office = 1
Need to contact [FILL_MED_BILL_SVC] = 2

DCS [FILL_B4] THE PROGRAMED RESPONSE WILL VARY BY PROVIDER TYPE

[IF B4 = 1 GO TO Contact Block Section,
IF B4 = 2 GO TO B4_1]

B4_1. Are you the person who deals with the [FILL_MED_BILL_SVC]?

YES = 1
NO = 2

[IF YES, GO TO Contact Block Section;
IF NO, GO TO B4_2]

B4_2. I'll need to collect the name and telephone number for the person in your office who deals with the [FILL_MED_BILL_SVC].

Continue BUTTON TAKES USER TO THE CONTACT BLOCK

CONTACT BLOCK

GROUP/PRACTICE NAME

*ONLY FILL THIS OUT IF WORKING WITH INTERNAL CONTACT FOR EXTERNAL SERVICE

MEDICAL RECORDS/BILLING SERVICE NAME

TITLE

POC FIRST NAME

POC LAST NAME

TIME ZONE

PHONE

PHONE EXT

FAX

VERIFY FAX

Primary POC for this role?

YES
NO

POC_Role.

MEDICAL RECORDS = 1
FACILITY BILLING = 2
PROFESSIONAL BILLING = 3
OTHER BILLING = 4
ADMINISTRATIVE OFFICE = 5

How do you want the AFs sent to you?

FAX = 1
MAIL = 2
ELECTRONIC PORTAL = 4
EMAIL = 5
N/A = 3

[DCS: EMAIL = 5 OPTION ONLY DISPLAYS FOR CONTACT GROUPS WITH 24 OR FEWER PAIRS]

E-MAIL

VERIFY E-MAIL

DEPARTMENT

ADDRESS

ADDRESS (LINE 2)

CITY

STATE

ZIP

Individual packets? ARE INDIVIDUALIZED PACKETS NEEDED. (COMMONLY USED FOR VA CASES.)

YES
NO

Is this a Military Provider? (For Pharmacy Provider Types only)

YES
NO

CB2.

PROVIDER LEVEL GATEKEEPER = 1
HANDLES RELEASE OF IN-HOUSE RECORDS (PA) = 2
DEALS WITH [[FILL_CB2]] = 3
[[FILL_CB2]] GATEKEEPER = 4
HANDLES RELEASE OF RECS FOR [[FILL_CB2]] = 5
ON SITE - HANDLES RELEASE OF RECS FOR [[FILL_CB2]] = 16
DEALS WITH IN-HOUSE RECORDS FOR MR = 9
DEALS WITH MEDICAL RECORDS SERVICE = 10
MEDICAL RECORDS SERVICE GATEKEEPER = 11
HANDLES RELEASE FOR MEDICAL RECORDS SERVICE = 12
ON SITE - HANDLES RELEASE FOR MEDICAL RECORDS SERVICE = 17
HANDLES RELEASE OF IN-HOUSE/AO POC = 14
POC FOR REMAINING PROVIDERS (SBDs) = 15
ADMINISTRATIVE OFFICE POC = 13
COURTESY PACKET RECIPIENT = 6
PERMISSION PACKET RECIPIENT = 7
NEW/UPDATED NAME FOR PROVIDER = 8

[DCS: An entry is required in POC FIRST NAME, POC LAST NAME, or both fields in order to save the POC. Some fields require numbers only. Phone and Fax require 10 digits.

CB2 choices are restricted for certain provider types:

HOSP, INST – display all response options
OBD, HH (and HNH), SBD, PHAR – restrict to response options 1, 2, 3, 4, 5, 16, 6, 7, 8

CB2 [FILL_CB2]:

[IF PHAR, FILL_CB2 = "OTHER DEPARTMENT/CORPORATE OFFICE";
IF HOSP, INST, OBD, HH (or HNH), SBD, FILL_CB2 = "EXTERNAL BILLING SERVICE"]

POC CATEGORIZATION

SECTION NOTE: THIS SECTION IS SKIPPED FOR PHAR PROVIDER TYPE.

DCS: POC_ROLE AND CB2 FILL WITH ANSWERS FROM PREVIOUS QUESTIONS. CHANGE ANSWERS ONLY IF POC VOLUNTEERS UPDATED ANSWERS; OTHERWISE, ASK ITEM CB2b OR CB2c NEXT.

POC_Role.

(CHECK ALL THAT APPLY.)

MEDICAL RECORDS = 1
FACILITY BILLING = 2
PROFESSIONAL BILLING = 3
OTHER BILLING = 4
ADMINISTRATIVE OFFICE = 5

This item pre-fills in the POC Categorization section based on the answer(s) to this item from the Contact Block. The responses can be edited in the POC Categorization section, if necessary.

POC_Role option 5 (ADMINISTRATIVE OFFICE) appears only for HOSP and INST provider types.

CB2.

PROVIDER LEVEL GATEKEEPER = 1
HANDLES RELEASE OF IN-HOUSE RECORDS (PA) = 2
DEALS WITH [[FILL_CB2]] = 3
[[FILL_CB2]] GATEKEEPER = 4
HANDLES RELEASE OF RECS FOR [[FILL_CB2]] = 5
ON SITE - HANDLES RELEASE OF RECS FOR [[FILL_CB2]] = 16
DEALS WITH IN-HOUSE RECORDS FOR MR = 9
DEALS WITH MEDICAL RECORDS SERVICE = 10
MEDICAL RECORDS SERVICE GATEKEEPER = 11
HANDLES RELEASE FOR MEDICAL RECORDS SERVICE = 12
ON SITE - HANDLES RELEASE FOR MEDICAL RECORDS SERVICE = 17
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ADMINISTRATIVE OFFICE POC = 13
COURTESY PACKET RECIPIENT = 6
PERMISSION PACKET RECIPIENT = 7
NEW/UPDATED NAME FOR PROVIDER = 8

CB2 choices are restricted for certain provider types:

HOSP, INST – display all response options
OBD, HH (and HNH), SBD, PHAR – restrict to response options 1, 2, 3, 4, 5, 16, 6, 7, 8

CB2 [FILL_CB2]:

[IF PHAR, FILL_CB2 = "OTHER DEPARTMENT/CORPORATE OFFICE";
IF HOSP, INST, OBD, HH (or HNH), SBD, FILL_CB2 = "EXTERNAL BILLING SERVICE"]

[IF POC_Role=2, 3, AND/OR 4, GO TO CB2b;
IF POC_Role NE 2, 3, AND/OR 4, BUT POC_Role = 1, GO TO CB2c]

CB2b. Does this office handle records for… (CHECK ALL THAT APPLY)

- Physician billing
- Outpatient billing
- Inpatient/ER billing
- All Facility billing
- Billing that includes all professional and facility fees for all types of services: inpatient, ER, outpatient, and office visits,
- Some other type of billing

Item not asked for HH, HHN.

[IF POC_Role=1 IN ADDITION TO 2, 3, AND/OR 4, GO TO CB2c;
ELSE, GO TO PROVIDER VERIFICATION SECTION]

IF HOSP OR INST AND THEY HANDLE MEDICAL RECORDS, ASK THIS QUESTION.

IF FOR THE CURRENT POC WE DON'T HAVE THIS INFO AND THE POC HANDLES MEDICAL RECORDS, THEN ASK CB2c:

CB2c. Does this office handle medical records for… (CHECK ALL THAT APPLY)

- Emergency Room
- Inpatient stays
- Outpatient care
- Clinic care
- All Medical Records (including ER, Inpatient and Outpatient care)
- Some other type of medical records

DCS: Item asked only for HOSP and INST.

[GO TO PROVIDER VERIFICATION SECTION]

PROVIDER CONFIRMATION

Before we send you the form(s) I'll need to determine that you can provide [FILL_MED_BILL] records for all of the providers or locations I have listed as associated with this provider in [FILL_YR]. I'm going to read you a list of providers or locations; please tell me if you can provide [FILL_YR] [FILL_MED_BILL] records for each.

IF A PROVIDER IS NOT ASSOCIATED WITH THIS PRACTICE IN 2023, CHECK THE BOX NEXT TO THEIR NAME(S) AND CLICK "Remove selected provider(s)". IF NO PROVIDERS ARE TO BE REMOVED FROM THE LIST, CLICK "Continue".

List of providers associated with this grid

ABOVE HEADER BOX, DISPLAY: These questions are posed if POC has not confirmed the providers yet.

DCS NOTE: Checkboxes below have been disabled. You can't disavow the only provider in the group.

[FILL_MED_BILL]:

- If POC_Role=1 (but not 2, 3, or 4), fill "medical";
- If POC_Role=2, 3, and/or 4 (but not 1), fill "billing and payment";
- If POC_Role = 1 and POC_Role = 2, 3, and/or 4, fill "billing and payment/medical".

IF PROVIDER TYPE = HOSP OR INST, USE FILL_MED_BILL INSTRUCTIONS IMMEDIATELY ABOVE. IF PROVIDER TYPE = OBD OR HOME HEALTH, ALWAYS FILL WITH "billing and payment". IF PROVIDER TYPE = PHAR, ALWAYS FILL WITH "prescription".

GO TO B4.

SEND AFs

B4. [REFER TO ELIGIBILITY SECTION FOR SPECS ON ITEM B4.]

CONFIRM INFORMATION IF QUESTION BACKGROUND IS SHADED GRAY.

[IF B4 = 1 GO TO B4b;
IF B4 = 2 GO TO B4_1]

B4_1. Are you the person who deals with the [[FILL_MED_BILL_SVC]]?

YES = 1
NO = 2

[IF YES, GO TO B4b;
IF NO, GO TO B4a.]

B4a. I'll need to collect the name and telephone number for the person in your office who deals with the [[FILL_MED_BILL_SVC]]. Do you know that person?

YES = 1
NO = 2 (DCS: THIS WILL CHANGE POC PRIMARY STATUS)

[IF B4a = 1 (YES), GO TO CONTACT BLOCK;
IF B4a = 2 (NO), RETURN TO POC GRID, MAKE THIS POC NOT PRIMARY, AND MAKE THEM INACTIVE.

DISPLAY: "My supervisor or someone else may call back in the future to try to gather additional information. Thank you for your time." ALSO DISPLAY: "PLEASE RETURN TO POC GRID NOW."]

B4b. I would like to send the authorization form to you, along with additional information explaining the study. I need to be sure I have the correct information for the packet. Should I direct it to you?

READ IF THE PERSON ON THE PHONE WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORMS: In order to remain HIPAA compliant, I need to send you the authorization form first. Once you have received the form, then we can arrange for the collection of the data.

YES = 1
NO = 2

(IF THEY SAY NO, GO TO THE CONTACT BLOCK.)

IF B4b = 1, GO TO B4b_1;
IF B4b = 2, NO FURTHER ITEMS ARE DISPLAYED. DCS IS INSTRUCTIONED (VIA ONSCREEN INSTRUCTION) TO GO TO CONTACT BLOCK.

B4b_1. Do you want me to send them to you by fax, mail, [FILL EMAILPORTAL]?

DCS NOTE: IF POC REQUESTS EMAIL, BUT IT IS NOT AVAILABLE: (For security reasons, emailing of authorization forms is offered only to providers with fewer than 25 patients in the sample.)

BY FAX = 1
BY MAIL = 2
BY ELECTRONIC PORTAL = 4
BY EMAIL = 5

DCS NOTE: PROGRAMMING COMPARES SELECTION AGAINST CONTACT BLOCK ENTRY

IF B4b_1 = 5 (BY EMAIL) AND ACCOUNT FOR EMAILING AFS IS NOT ALREADY ASSOCIATED WITH USER EMAIL ADDRESS, GO TO B4b_2. IF USER EMAIL ADDRESS ALREADY HAS ACCOUNT FOR EMAILING AFS, GO TO B4b_3. ELSE, GO TO F1.

B4b_2. You will receive an email from noreplyMEPS@RTI.org containing a file with the authorization forms. The file will be encrypted using a password that you choose. The password must be at least 8 characters, and must contain a mix of letters and numbers. Special characters can also be used.

This password will be used any time we email Authorization Forms to this email address. What password would you like to use for the file?

Note: PASSWORD IS CASE SENSITIVE AND MUST MEET REQUIREMENTS.

_____ PASSWORD

_____ VERIFY PASSWORD

B4b_3. You already have an account for receiving authorization forms by email to that address. You will receive an email from noreplyMEPS@RTI.org containing a file with the authorization forms. The file that is emailed to you will be encrypted. You will use the same password to open this file as you have used with previous emailed files.

DCS NOTE: IF POC NEEDS TO RESET PASSWORD, CLICK THE "Reset Password" BUTTON AND ENTER NEW PASSWORD. AFTER ENTERING NEW PASSWORD, TELL POC: ("Your password has been updated. The password you provided will be used to open the encrypted file you receive by email".)

GO TO F1.

EXPLAIN NEXT STEPS (part of SEND AFs)

F1. [FILL_F1]

[FILL_F1_MR]
[FILL_F1_PA]

NOTE: [FILL_F1] VARIES BY PROVIDER TYPE AND BY CONTRACT GROUP SIZE FOR OBD AND SBD

DCS: AS NEEDED, PROBE: (Once you have received the authorization form packet, is there a delay before you're able to view it? IF YES: How long is that?)

PROVIDER WILL RESPOND:

BY PHONE = 1
BY FAX = 2
BY MAIL = 3
BY ELECTRONIC PORTAL = 4
BY EMAIL = 5

NOTE: [FILL_F1] VARIES BY PROVIDER TYPE AND BY CONTRACT GROUP SIZE FOR OBD AND SBD

[RESPONSE VARIES SLIGHTLY BY PROVIDER TYPE] Within the next [FILL_FAXMAILTIME] we will [FILL_FAXMAIL] the authorization forms and include instructions for providing the information we need. I will call you back to confirm receipt [FILL HOW RESPOND]. We may call again if other patients identify your practice as a source of medical services.

F2. [FILL_HOW_RESPOND]:

IF OBD, AND # OF PAIRS IS < OR = 25 AND B2 = 1, [FILL_HOW_RESPOND]: , and collect the information over the phone. For each date of service in [[FILL_YR]], I will need to collect the charges, payments, and services.

IF OBD, AND # OF PAIRS IS > 25 AND/OR B2 DOES NOT = 1, [FILL_HOW_RESPOND]: . Once you have received the authorization form(s) you can send us the billing and payment records by either fax or mail. For each date of service in [[FILL_YR]], we are requesting information about charges, payments, and services provided in [[FILL_YR]].

IF SBD, AND # OF PAIRS IS < OR = 25, [FILL_HOW_RESPOND]: , and collect the information over the phone. For each date of service in [[FILL_YR]], I will need to collect the charges, payments, and services.

IF SBD, AND # OF PAIRS IS > 25, [FILL_HOW_RESPOND]: . Once you have received the authorization form(s) you can send us the billing and payment records by either fax, mail, our electronic portal, or email. For each date of service in [[FILL_YR]], we are requesting information about charges, payments, and services provided in [[FILL_YR]].

[FILL_FAXMAILTIME]:

IF B4b_1 = 1 (BY FAX), [FILL_FAXMAILTIME]: 30 minutes
IF B4b_1 = 2 (BY MAIL) or 4 (BY ELECTRONIC PORTAL) or 5 (BY EMAIL), [FILL_FAXMAILTIME]: 24 hours

[FILL_FAXMAIL]:

IF B4b_1 = 1 (BY FAX), [FILL_FAXMAIL]: fax
IF B4b_1 = 2 (BY MAIL), [FILL_FAXMAIL]: mail
IF B4b_1 = 4 (BY ELECTRONIC PORTAL), [FILL_FAXMAIL]: electronically upload
IF B4b_1 = 5 (BY EMAIL), [FILL_FAXMAIL]: email

[FILL_MED_BILL]:

If POC_Role = 1 (but not 2, 3, or 4), fill "medical";
If POC_Role = 2, 3, and/or 4 (but not 1), fill "billing and payment";
If POC_Role = 1 and POC_Role = 2, 3, and/or 4, fill "billing and payment/medical".

FILL_F1_MR and FILL_F1_PA are populated for only HOSP and INST provider types. Otherwise, they are blank.

DCS NOTE: POC_Role response may vary by provider type.

IF POC_Role = 1, [FILL_F1_MR]: "For each date of service in [[FILL_YR]], we are requesting information about the diagnoses and services, and the names of the physicians who treated each patient in [[FILL_YR]]."

IF POC_Role NE 1, [FILL_F1_MR]: " "

IF POC_Role = 2, 3, and/or 4, [FILL_F1_PA]: "For each date of service in [[FILL_YR]], we are collecting the amounts charged for services before any adjustments or discounts, and the sources and amounts of payment."

IF POC_Role NE 2, 3, and/or 4, [FILL_F1_PA]: " "

If POC_Role includes both 1 as well as 2, 3, and/or 4, populate both [FILL_F1_MR] and [FILL_F1_PA].

If B4b_1 = 4 (BY ELECTRONIC PORTAL) AND/OR F1 = 4 (BY ELECTRONIC PORTAL) GO TO F3. ELSE, ALLOW ONLY NAVIGATION THREE BUTTON OPTIONS: "Send AF event", "Return to POC Grid", AND "Go to Contact Block".

DCS NOTE: IF 4 (BY ELECTRONIC PORTAL) IS SELECTED, AND AN EMAIL ADDRESS HAS NOT ALREADY BEEN COLLECTED IN CONTACT BLOCK OR AT B4b_1, DISPLAY TWO TEXT FIELDS TO COLLECT THE POC E-MAIL ADDRESS AND TO VERIFY THE POC E-MAIL ADDRESS. ONSCREEN TEXT ABOVE THE TEXT FIELDS: "You have selected to send us records by electronic portal, however, I do not have an email address on record. Can you provide your email address so I can send you the necessary information to send the records?"

LABEL THE TOP TEXT FIELD AS "E-MAIL" AND THE BOTTOM FIELD AS "VERIFY E-MAIL". ALLOW UP TO 250 CHARACTERS IN EACH FIELD. ONCE AN ENTRY IS MADE IN THE E-MAIL FIELD, DISPLAY A WARNING MESSAGE IN RED TEXT NEXT TO THE "VERIFY E-MAIL" FIELD UNTIL BOTH FIELDS MATCH. THE WARNING MESSAGE SAYS: "Email entries do not match". ONCE BOTH EMAIL FIELDS MATCH, A "Save Email" BUTTON ON SCREEN BECOMES ACTIVE.

IF EMAIL ADDRESS WAS ALREADY CAPTURED IN CONTACT BLOCK OR AT B4b_1, DO NOT DISPLAY EMAIL FIELDS IN THIS ITEM. THAT SAME EMAIL ADDRESS FROM CONTACT BLOCK OR B4b_1 WILL BE USED FOR ALLOWING POC TO POST RECORDS TO PORTAL

Items F1 and F2 were combined into item F1.
USE TABLE BELOW TO DETERMINE GO TO RULES AFTER ITEM F1.

B4b_1 response	F1 response	GO TO
EQUAL 4 (BY ELECTRONIC PORTAL)	EQUAL 1, 2, OR 3	F3
NE 4 (BY ELECTRONIC PORTAL)	EQUAL 1, 2, OR 3	ALLOW ONLY NAVIGATION THREE BUTTON OPTIONS: "Send AF event", "Return to POC Grid", AND "Go to Contact Block".
ANY	EQUAL 4 (BY ELECTRONIC PORTAL)	F3
ANY	EQUAL 5 (BY EMAIL)	F1b

F1b. We cannot accept unencrypted records by email. Please encrypt the records using WinZip or 7-Zip before emailing them, and use the following password to encrypt them: [FILL_ENCRYPT]

Email the encrypted records to: [FILL_ENCEMAIL]

Please do not encrypt the entire email – just the file(s) containing the records.

DCS: IF POC CANNOT USE WINZIP OR 7-ZIP TO ENCRYPT THE FILE, OR INSISTS ON ENCRYPTING THE ENTIRE EMAIL, PLEASE HAVE THEM CHOOSE ANOTHER METHOD FOR RETURNING RECORDS/PROVIDING DATA AT ITEM F1.

F3. [FILL_F3]

DCS: IF POC HAS FORGOTTEN THEIR PORTAL USERNAME, READ THIS:

(Your MEPS Portal username is [FILL_PORTAL_USERNAME].)

- IF B4b_1 = BY ELECTRONIC PORTAL, AND IF EMAIL ADDRESS COLLECTED IN CONTACT BLOCK OR B4b_1 ALREADY HAS PORTAL ACCOUNT: When the authorization form packet is ready, you will receive an email from noreplyMEPS@rti.org with your unique username to access the electronic portal. The username is a randomized set of numbers and is connected to your email account. You can use the login over the course of the project. You will have 30 calendar days to download the authorization form packet from the electronic portal. The authorization form

packet link will disappear after 30 days. It is very important that you download the packet to a different place so you can access it at a later time. It will no longer be available after 30 calendar days from the date it is posted.

NOTE: IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION A PORTAL EMAIL (EXISTING USER RECEIVING AFs).

- IF B4b_1 = BY ELECTRONIC PORTAL, AND IF EMAIL ADDRESS COLLECTED IN CONTACT BLOCK OR B4b_1 IS CREATING A NEW PORTAL ACCOUNT: When the authorization form packet is ready, you will receive an email from noreplyMEPS@rti.org notifying you that the packet is ready and inviting you to create an account. A personalized link in that email will take you to a registration form for setting up a username, password, and a security question and answer. You must complete this setup process within 30 days of receiving the email. Once you have registered, you can access the electronic portal using the new username and password you create. You can use the login over the course of the project. You will have 30 calendar days to download the authorization form packet from the electronic portal. The authorization form packet link will disappear after 30 days. It is very important that you download the packet to a different place so you can access it at a later time. It will no longer be available after 30 calendar days from the date it is posted.

  NOTE: IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION B PORTAL EMAIL (NEW USER RECEIVING AFs).

- IF B4b_1 = BY FAX or BY MAIL or BY EMAIL and F1 = BY ELECTRONIC PORTAL, and IF EMAIL ADDRESS COLLECTED IN CONTACT BLOCK OR B4b_1 ALREADY HAS PORTAL ACCOUNT: You will receive an email from noreplyMEPS@rti.org with a link to the MEPS electronic portal. Use your existing username and password that you created to log in. Once you have logged in, use the portal's "Upload Patient Records" page to send records to us.

  NOTE: IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION C PORTAL EMAIL (EXISTING USER NOT RECEIVING AFs).

- IF B4b_1 = BY FAX or BY MAIL or BY EMAIL and F1 = BY ELECTRONIC PORTAL, and IF EMAIL ADDRESS COLLECTED IN CONTACT BLOCK OR B4b_1 IS CREATING A NEW PORTAL ACCOUNT (I.E., USER DOES NOT ALREADY HAVE A PORTAL ACCOUNT): You will receive an email from noreplyMEPS@rti.org inviting you to create an account. A personalized link in that email will take you to a registration form for setting up a username, password, and a security question and answer. You must complete this setup process within 30 days of receiving the email. Once you have registered, you can access the electronic portal using the new username and password you create. You can use the login over the course of the project.

  Use the portal's "Upload Patient Records" page to send records to us.

  NOTE: IN THE SCENARIO IMMEDIATELY ABOVE, POC IS SENT VERSION D PORTAL EMAIL (NEW USER NOT RECEIVING AFs).

CONFIRM AFs

G1. DCS: CONFIRM YOU ARE SPEAKNG WITH [POC_NAME].

Hello, my name is [YOUR NAME]. I am calling on behalf of the U.S. Department of Health and Human Services. For quality assurance and training purposes, this call may be monitored. We previously spoke about the MEPS study.

Did you receive the authorization form[s] we sent to you?

YES = 1
NO = 2

IF POC DID NOT RECEIVE AFs: CLICK NO, AND GO TO THE CONTACT BLOCK TO VERIFY/UPDATE POC CONTACT INFORMATION. NOTE: IF THE PROVIDER TYPE IS OBD, AND THE ANSWER TO B2 IS 2, THERE IS NOT A PHONE OPTION.

IF G1=2, DCS IS TO FOLLOW ONSCREEN INSTRUCTION AND USE "Go to Contact Block" BUTTON TO UPDATE POC INFORMATION.

IF G1=1: [IF F1=1, GO TO G4_PH; ELSE, GO TO G4]

G4_PH. 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. DCS: PLEASE POST CONFIRM AF EVENT, THEN GO TO CMS = 1
WILL COMPLETE BY PHONE IN THE FUTURE = 2
WILL NOT COMPLETE BY PHONE / WILL SEND IN RECORDS = 3

[IF 1, DCS WILL USE Confirm AF event BUTTON THEN "Go To CMS" BUTTON;
IF 2, GO TO G4_PH_B;
IF 3, DCS WILL USE Confirm AF event BUTTON AND UPDATE ANSWER TO F1 TO CONTINUE]

NOTE: Once a full answer to either G4 or G4_PH is entered, the "Confirm AF event" button becomes active and the DCS can move forward with assigning an event code.

G4_PH_B. I understand. What would be the best date and time to call you back to complete the data forms?

[DISPLAY CALENDAR TO COLLECT DATE AND TIME]

A "Save Appointment" BUTTON SAVES THE APPOINTMENT INFORMATION.

GO TO G4_PH_C.

G4_PH_C. Thank you for your time. I will call you back on [FILL_APPT_DATE_TIME]

G4. Our records indicate that you will [FILL_FAX_MAIL_UPLOAD_EMAIL] the records to us.

[FILL_G4] VARIES BY PROVIDER TYPE
[FILL_G4_MR]
[FILL_G4_PA]

IF THE POC MENTIONS UB04 OR CMS 1500, SAY: We need a final itemized statement that includes payments and adjustments so that we do not have to call back to obtain this information, but we can use UB04/CMS 1500 forms to accompany these final itemized statements.

IF POC MENTIONS A SUMMARY REPORT, SAY: We need something like a tax statement that includes patient payment and third-party payment, and type.

When will you send us these records?

[DISPLAY CALENDAR]: DATE IS CAPTURED VIA AN ONSCREEN CALENDAR. THE DATE SELECTED POPULATES IN A FILL FOR G4_1.

GO TO G4_1

G4_1. Thank you. We will call you back if we do not receive the records by [FILL G4 DAY, DATE].

PROMPT FOR RECORDS

G4_2. DCS: PLEASE CONFIRM YOU ARE SPEAKING WITH [POC_NAME]. POC INDICATED THEY WILL [FILL_FAX_MAIL_UPLOAD] RECORDS.

Hello, my name is [YOUR NAME]. I am calling on behalf of the U.S. Department of Health and Human Services. For quality assurance and training purposes, this call may be monitored. We previously spoke about the MEPS study.

We were anticipating receiving [FILL_MED_BILL] records from you by [FILL G4 DATE], but my records show we have not received them. Have you sent the records to us?

YES = 1
NO = 2

IF G4_2 = 1, GO TO G4_3;
IF G4_2 = 2 GO TO G4_5]

G4_3. How did you send the records? Did you fax, mail hardcopies via express or regular mail, mail CDs via express or regular mail, or use a record service's portal?

BY FAX = 1
BY EXPRESS MAIL = 2
BY REGULAR MAIL = 3
ON CDs BY EXPRESS MAIL = 4
ON CDs BY REGULAR MAIL = 5
THROUGH RECORDS SERVICE PORTAL = 6
UPLOADED TO MEPS (RTI) PORTAL = 7
BY EMAIL = 8
OTHER (SPECIFY_____) = 99

IF POC IS SENDING CD: Was the password provided or did you send it separately?

Can you tell me the password used to encrypt the file please? _____

IF POC IS SENDING BY EMAIL AND DID NOT USE THE PROVIDED ENCRYPTION PASSWORD OF [FILL_ENCRYPT]: What password did you use to encrypt the emailed records?

PASSWORD_____

G4_4. What date did you send them?

[DISPLAY CALENDAR]

Thank you for sending them. The records are received in a separate department and it can take a few days to upload the documents into our system. We will investigate and call you back if we have further questions. We apologize for any inconvenience.

[DISPLAY CALENDAR]: DATE IS CAPTURED VIA AN ONSCREEN CALENDAR.

G4_5. We need to obtain these records for the study as soon as possible. Is there something that can be done to speed up (or expedite) the process?

INTERVIEWER: LISTEN TO POC TO DETERMINE IF THERE IS ANYTHING WE CAN DO TO HELP FACILITATE THEM SENDING IN RECORDS. OFFER:

- ELECTRONIC PORTAL
- A FEDEX PICKUP FOR CASES THAT ARE ABOVE 15 PAIRS GO TO G4_5_1

IF POC IS SENDING BY EMAIL, PROVIDE EMAIL ADDRESS AND ENCRYPTION PASSWORD, AS NEEDED.

- EMAIL ADDRESS FOR SENDING RECORDS: [FILL_ENCEMAIL]
- ENCRYPTION PASSWORD FOR EMAILING RECORDS: [FILL_ENCRYPT]
- INSTRUCT THEM TO USE WINZIP OR 7-ZIP TO ENCRYPT THE RECORDS FILE(S).

G4_5_1. When will you send us these records?

[DISPLAY CALENDAR]

[DISPLAY CALENDAR]: DATE IS CAPTURED VIA AN ONSCREEN CALENDAR. THE DATE SELECTED POPULATES IN [FILL G4_6 DAY, DATE] FILL FOR G4_6.

GO TO G4_6

G4_6. Thank you. We will call you back if we do not receive the records by [FILL G4_6 DAY, DATE].

PROVIDER / AO CONTACT

AO_A2.

IF AO POC WAS PROVIDED BY MEDICAL RECORDS OR PATIENT ACCOUNTS:

> May I please speak to [POC NAME]?

IF NO AO POC PROVIDED BY MEDICAL RECORDS OR PATIENT ACCOUNTS:

> Can I please speak to someone in your Medical Staffing department, Credentialing department, or whichever department handles contact information for doctors who provide services at your hospital?

IF THE PERSON YOU NEED TO TALK TO IS UNAVAILABLE ATTEMPT TO GET THEIR CONTACT INFORMATION VIA THE CONTACT BLOCK AND SET AN APPOINTMENT IF POSSIBLE.

> CONTINUE, THIS PERSON CAN HELP = 1
> COLLECT CONTACT INFORMATION FOR SOMEONE ELSE = 2 (LINK TO Contact Block)
> UNCLEAR WHO TO SPEAK TO = 3 (DCS WILL EXIT CONTACT GUIDE)

IF DCS SELECTS 3 (UNCLEAR WHO TO SPEAK TO), DISPLAY UNDER RESPONSE OPTIONS: "THANK YOU: Thank you for your time. PLEASE RETURN TO THE POC GRID NOW."

[POC NAME] SHOULD FILL WITH THE POC MARKED AS PRIMARY AO POC

[IF AO_A2= 1 GO TO AO_A3,
IF AO_A2=2, GO TO CONTACT BLOCK,
IF AO_A2=3 GO TO POC GRID]

AO_A3. Hello, my name is [YOUR NAME].

I am calling on behalf of the U.S. Department of Health and Human Services.

We are conducting MEPS which is a study about how people in the United States use and pay for healthcare.

Earlier, your medical records department gave us information about the care that some of our study participants received at your facility and the names of the providers of that care. Now we need locating information for those providers and whether the charges for their services would be included in the facility's bill or billed separately by the provider. Can you provide this information?

POC: [POC NAME]

IF THIS PERSON CANNOT HELP, ASK TO BE TRANSFERRED TO SOMEONE WHO CAN.

> CONTINUE, THIS PERSON CAN HELP = 1
> COLLECT CONTACT INFORMATION FOR SOMEONE ELSE = 2

[POC NAME] should fill with the name flagged as primary AO POC

[IF AO_A3=1, GO TO AO_A4,
IF AO_A3=2, GO TO CONTACT BLOCK]

AO_A4. For quality assurance and training purposes, this call may be monitored. If it is convenient for you, I can collect this locating information 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
> WILL COMPLETE BY PHONE IN THE FUTURE = 2

[IF AO_A4=1 GO TO AO_A5;
IF AO_A4=2 GO TO AO_A4a]

AO_4a. I understand. What would be the best day and time to call you back to collect this information?

ASK WHICH DAY OF THE WEEK IS BEST.

ASK WHICH SECTIONS OF A DAY (MORNING, AFTERNOON) ARE BEST AND USE THE FOLLOWING GUIDELINES FOR SCHEDULING:

- EARLY MORNING = 9AM

- LATE MORNING = 11AM
- EARLY AFTERNOON = 2PM
- LATE AFTERNOON = 4 PM

[DISPLAY CALENDAR TO COLLECT DATE, TIME, AM/PM, AND TIMEZONE]

AO_A5.

PULL UP THE LIST OF PROVIDERS THAT WAS COLLECTED IN MR SECTION OF EVENT FORMS WITHIN THE CONTACT GROUP

GO TO SBD SUBROUTINE [SBD_CGINTRO]

SBD SUB ROUTINE

SBD_CGINTRO. I want to ask about [PHYSICIAN NAME], whose specialty is [SPECIALTY]. This doctor was reported as someone who bills separately for services.

SBD_CG8a. Can you tell whether this physician bills separately or has charges included in your facility's bill?

BILLS SEPARATELY = 1
CHARGES INCLUDED IN FACILITY BILL = 2
BILLING ARANGEMENT VARIES (SPECIFY) = 3
DON'T KNOW = 4

IF SBD_CG8a=3, "OTHER SPECIFY" TEXT BOX TO RECORD DETAILS OF HOW THE PHYSICIAN'S BILLING PRACTICES VARY.

SBD_CG7. What is the business practice phone number and location for [FILL_PHYSICIAN_NAME]?

Name of Group Practice (If applicable):

- PHONE:
- PHONE EXTENSION:
- NATIONAL PROVIDER ID:
- GROUP NPI:
- STREET:
- CITY:
- STATE:
- ZIP:

[DK/REF – CONTINUE TO SBD_CG8B]

SBD_CG8b. Does this physician use a billing service or have billing contact information that is different than his or her business practice location?

YES = 1 R_BILLSRVC
NO = 2

[(IF R_BILLSRVC = 1 (YES), GO TO SBD_CG9;
IF R_BILLSRVC = 2 (NO), GO TO SBD_CG10]

SBD_CG9. What is the billing contact information?

Use Previously entered billing services for this Contact Group

Name of Billing Service:
PHONE of billing service:
PHONE EXTENSION:
Address of billing service:
STREET
CITY
STATE
ZIP

[DK/REF – CONTINUE TO SBD_CG10]

SBD_CG10. RECORD ANY NOTES AO GIVES ABOUT [FILL_PHYSICIAN_NAME]

GENERAL NOTES: R_GENNOTE

How are you finalizing this SBD? SELECT ONE.

Done with this SBD- contacting information collected or confirmed does not bill separately = 1
Done with this SBD – unable to collect contacting information = 2
Still working to obtain contact information for this SBD = 3

AFTER ALL SBDs HAVE BEEN FINALIZED, CLICKING THE "Continue" BUTTON WILL TAKE YOU TO SBD_CG11.

SBD_CG11. Have you obtained contact information for all providers/SBDs in the list?

YES, OBTAINED ALL AVAILABLE CONTACT INFORMATION FOR ALL SBDS LISTED = 1
NO, STILL WORKING ON GETTING CONTACT INFORMATION = 2

[IF SBD_CG11 = 1 (YES) GO TO EXIT SCREEN THANKING POC FOR THEIR TIME ("Thank you for your time.") - FROM EXIT SCREEN, EXIT TO POC GRID;
IF SBD_CG11 = 2 (NO) GO TO SBD_CG12.]

SBD_CG12. Who would be able to help me with the information for the remaining providers?

ADDITIONAL AO POC PROVIDED = 1
DK; NO ADDITIONAL AO POC PROVIDED = 2

[IF SBD_CG12 = 1 GO TO CONTACT BLOCK,;
OR IF SBD_CG12 = 2 GO TO EXIT SCREEN THANKING POC FOR THEIR TIME ("Thank you for your time.") – FROM EXIT SCREEN, EXIT TO POC GRID].