MEDICAL EXPENDITURE PANEL SURVEY

MEDICAL PROVIDER SURVEY

MEDICAL EVENT BOOKLET

FOR
OFFICE-BASED PROVIDERS

PANEL 1 - YEAR 1

OFFICE USE ONLY

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Editor Initials:</td>
<td>Edit Date:</td>
<td>/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>/ 97</td>
</tr>
<tr>
<td>Retrieval/Clarification Need? (circle one)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Retrieval/Clarification Complete? (circle one)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Re-Edit Initials</td>
<td>Re-Edit Date:</td>
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<td>CADE Date:</td>
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<tr>
<td>Verification Case? (circle one)</td>
<td>YES</td>
<td>NO</td>
</tr>
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<td>Ver Initials:</td>
<td>Ver Date:</td>
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<td>/ 97</td>
</tr>
</tbody>
</table>
(PATIENT NAME) reported that (he/she) received health care services from someone in this practice during
the calendar year 1996.

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MO</td>
<td>DAY</td>
<td>YR</td>
</tr>
</tbody>
</table>

GLOBAL FEE

2a. Was the visit on (DATE) covered by a **global fee**, that is,
was it included in a charge that covered services on
other dates as well?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

**[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.]**

2b. What other dates of service were covered by this global
fee? Please include dates before or after 1996 if they
were included in the global fee.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MO</td>
<td>DAY</td>
<td>YR</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2c. Do you expect (PATIENT NAME) will receive any future
services that will be covered by this same global fee?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

2d. Did (PATIENT NAME) receive the services covered by
this global fee in a:

<table>
<thead>
<tr>
<th>CODE ALL THAT APPLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician’s Office;</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hospital as Inpatient;</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hospital Outpatient Department;</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Hospital Emergency Room; or</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Somewhere else? (SPECIFY:)</td>
</tr>
</tbody>
</table>

3. Did (PATIENT NAME) receive the services on (DATE) in a:

<table>
<thead>
<tr>
<th>Physician’s Office;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital as Inpatient;</td>
</tr>
<tr>
<td>Hospital Outpatient Department;</td>
</tr>
<tr>
<td>Hospital Emergency Room; or</td>
</tr>
<tr>
<td>Somewhere else? (SPECIFY:)</td>
</tr>
</tbody>
</table>

4a. 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. |

4b. Which of these was the principal diagnosis?

<table>
<thead>
<tr>
<th>DIAGNOSIS:</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**[IF ONLY ONE DIAGNOSIS, GO TO Q5a.]**

**IF MORE THAN ONE DIAGNOSIS:**

- CHECK BOX FOR PRINCIPAL DIAGNOSIS
- CIRCLE ‘999.95’ IF PRINCIPAL DIAGNOSIS NOT KNOWN.............999.95
**GLOBAL FEE**

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2 (Q3)</td>
</tr>
</tbody>
</table>

**MO DAY YR MO DAY YR**

<table>
<thead>
<tr>
<th>YES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2</td>
</tr>
</tbody>
</table>

**YES NO**

- Physician's Office: 1 2
- Hospital as an Inpatient: 1 2

**SPECIFY ADMIT & DISCHARGE DATES:**

- a. Stay 1 ___/____/____ to ___/____/____
- b. Stay 2 ___/____/____ to ___/____/____

- Hospital Outpatient Department: 1 2
- Hospital Emergency Room: 1 2
- Somewhere else? (SPECIFY): ________________ 1 2

**GO TO Q4a**

**DIAGNOSIS:**

- [ ] ________________  [ ] ________________
- [ ] ________________  [ ] ________________  [ ] ________________  [ ] ________________

**IF ONLY ONE DIAGNOSIS, GO TO Q5a.**

**IF MORE THAN ONE DIAGNOSIS:**

- CHECK BOX FOR PRINCIPAL DIAGNOSIS
- CIRCLE '999.95' IF PRINCIPAL DIAGNOSIS NOT KNOWN..............999.95

---

**GO TO Q4a**

**DIAGNOSIS:**

- [ ] ________________  [ ] ________________
- [ ] ________________  [ ] ________________

**IF ONLY ONE DIAGNOSIS, GO TO Q5a.**

**IF MORE THAN ONE DIAGNOSIS:**

- CHECK BOX FOR PRINCIPAL DIAGNOSIS
- CIRCLE '999.95' IF PRINCIPAL DIAGNOSIS NOT KNOWN..............999.95

---

2
5a. I need the services provided during (this visit/these visits). I would prefer the CPT-4 codes, if they are available.

[IF CPT-4 CODES ARE NOT USED, RECORD DESCRIPTION OF SERVICES AND PROCEDURES PROVIDED.]

5b. ASK FOR EACH CPT-4 CODE OR DESCRIPTION: What was the full established charge for this service, before any adjustments or discounts?

[EXPLAIN IF NECESSARY: The full established charge is the charge maintained in the physician’s billing system for billing insurance carriers and Medicare or Medicaid. It is the “list price” for the service, before consideration of any discounts or adjustments resulting from contractual arrangements or agreements with insurance plans.]

[IF NO CHARGE: Some practices that don’t charge for each individual service do associate dollar amounts with services for purposes of budgeting or cost analysis. This is sometimes called a “charge equivalent.” Could you give me the charge equivalents for these procedures?]

6. [IF NOT VOLUNTEERED, ASK:] And what was the total? [IF NOT AVAILABLE, COMPUTE.]

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

[INTERVIEWER: IF IN DOUBT, CODE FEE-FOR-SERVICE.]

8. From what sources has the practice received payment for (this visit/these visits) and how much was paid by each source?

IF NAME OF INSURER, PROBE: And is that Medicare, Medicaid, or private insurance?

INTerviewer: IF RESPONSE IS THE PATIENT PAYS A MONTHLY PREMIUM, GO BACK TO Q7 AND CHANGE CODE TO 2 (CAPITATED BASIS).

9. [IF NOT VOLUNTEERED, ASK:] And what was the total? [IF NOT AVAILABLE, COMPUTE.]

CPT-4 (including modifier) | Full established charge at time of visit or charge equivalent
---|---
a. ___________________ | $__________
b. ___________________ | $__________
c. ___________________ | $__________
d. ___________________ | $__________
e. ___________________ | $__________
f. ___________________ | $__________
g. ___________________ | $__________

TOTAL CHARGES $__________

FEES-FOR-SERVICE BASIS .................... 1
CAPITATED BASIS................................ . 2 (Q11a)

a. Patient or patient’s family | $__________
b. Medicare | $__________
c. Medicaid | $__________
d. Private Insurance | $__________
e. VA | $__________
f. CHAMPVA/CHAMPUS | $__________
g. OTHER (SPECIFY): | $__________

TOTAL PAYMENTS $__________

BOX 1
DO TOTAL PAYMENTS EQUAL TOTAL CHARGES?
YES.................. 1 (BOX 2)
NO.................. 2 (Q10)
<table>
<thead>
<tr>
<th>CPT-4 (including modifier)</th>
<th>Full established charge at time of visit or charge equivalent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. __________________</td>
<td>$________._</td>
</tr>
<tr>
<td>b. __________________</td>
<td>$________._</td>
</tr>
<tr>
<td>c. __________________</td>
<td>$________._</td>
</tr>
<tr>
<td>d. __________________</td>
<td>$________._</td>
</tr>
<tr>
<td>e. __________________</td>
<td>$________._</td>
</tr>
<tr>
<td>f. __________________</td>
<td>$________._</td>
</tr>
<tr>
<td>g. __________________</td>
<td>$________._</td>
</tr>
</tbody>
</table>

**TOTAL CHARGES**  $________._

**FEE-FOR-SERVICE BASIS** ................. 1
**CAPITATED BASIS**............................ 2 (Q11a)

<table>
<thead>
<tr>
<th>FEE-FOR-SERVICE BASIS ................. 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Patient or patient’s family</td>
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</tr>
<tr>
<td>e. VA</td>
</tr>
<tr>
<td>f. CHAMPVA/CHAMPUS</td>
</tr>
<tr>
<td>g. OTHER (SPECIFY):</td>
</tr>
</tbody>
</table>

**TOTAL PAYMENTS**  $________._

**BOX 1**
**DO TOTAL PAYMENTS EQUAL TOTAL CHARGES?**

**YES** ................. 1 (BOX 2)
**NO** ................. 2 (Q10)
10. It appears that the total payments were (less than/more than) the total charges. What is the reason for that difference?  [CODE 1 (YES) FOR ALL REASONS MENTIONED.]

**PAYMENTS LESS THAN CHARGES:**

**YES**  NO

- Adjustment or discount
  - Medicare or Medicaid limit or adjustment. 1 2
  - Contractual arrangement with insurer or managed care organization 1 2
  - Courtesy discount 1 2
  - Insurance write-off 1 2
  - Other (Specify:) 1 2

- Expecting additional payment
  - Patient or Patient’s Family 1 2
  - Medicare 1 2
  - Medicaid 1 2
  - Private Insurance 1 2
  - VA 1 2
  - CHAMPVA/CHAMPUS 1 2
  - Other (Specify:) 1 2

- Charity care or sliding scale 1 2
- Bad debt 1 2

**PAYMENTS MORE THAN CHARGES:**

- Medicare or Medicaid Adjustment 1 2
- Other (Specify:) 1 2

---

**CAPITATED BASIS**

11a. What kind of insurance plan covered the patient for (this visit/these visits)? Was it:

[CODE ALL THAT APPLY]

- Medicare: ...
- Medicaid: ...
- Private Insurance: or (SPECIFY)...
- Something else? (SPECIFY)...
- VA/CHAMPVA/CHAMPUS...
- DON’T KNOW...
- NO INSURANCE/NONE...

11b. Was there a co-payment for (this visit/these visits)?

- YES: ...
- NO: ... 2 (Q11e)

11c. How much was the co-payment?

- $...

11d. Who paid the co-payment?

[CODE ALL THAT APPLY]

- PATIENT OR PATIENT’S FAMILY...
- MEDICARE ...
- MEDICAID ...
- PRIVATE INSURANCE...
- OTHER (SPECIFY)...
- DON’T KNOW...

11e. Do your records show any other payments for (this visit/these visits)?

- YES: ...
- NO: ... 2 (BOX 2)

11f. From what other sources has the practice received payment for (this visit/these visits) and how much was paid by each source?

- IF NAME OF INSURER, PROBE: And is that Medicare, Medicaid, or private insurance?

  a. Patient or patient’s family $...
  b. Medicare $...
  c. Medicaid $...
  d. Private Insurance $...
  e. VA $...
  f. CHAMPVA/CHAMPUS $...
  g. OTHER (SPECIFY): $...

---

**BOX 2**

GLOBAL FEE SITUATION

- (Q2a=YES): ...
- RECORDED FEWER THAN 6 EVENTS: ...
- OTHERWISE: ...

---

5
**PAYMENTS LESS THAN CHARGES:**

<table>
<thead>
<tr>
<th>Adjustment or discount</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare or Medicaid limit or adjustment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Contractual arrangement with insurer or managed care organization</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Courtesy discount</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Insurance write-off</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**PAYMENTS MORE THAN CHARGES:**

| Charity care or sliding scale | 1 | 2 |
| Bad debt | 1 | 2 |

**PAYMENTS LESS THAN CHARGES:**

<table>
<thead>
<tr>
<th>Adjustment or discount</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare or Medicaid limit or adjustment</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Contractual arrangement with insurer or managed care organization</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Courtesy discount</td>
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<td>2</td>
</tr>
<tr>
<td>Insurance write-off</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**PAYMENTS MORE THAN CHARGES:**

| Charity care or sliding scale | 1 | 2 |
| Bad debt | 1 | 2 |

---

**CAPITATED BASIS**

| Medicare: | 1 |
| Medicare; | 2 |
| Private Insurance; | 3 |
| Something else? (SPECIFY): | 4 |
| VA/CHAMPVA/CHAMPUS | 5 |
| DON'T KNOW | 8 |
| NO INSURANCE/NONE | 9 |

| YES | 1 |
| NO | 2 (Q11e) |

| Medicare: | 1 |
| Medicare; | 2 |
| Private Insurance; | 3 |
| Something else? (SPECIFY): | 4 |
| VA/CHAMPVA/CHAMPUS | 5 |
| DON'T KNOW | 8 |
| NO INSURANCE/NONE | 9 |

| YES | 1 |
| NO | 2 (Q11e) |

---

**GLOBAL FEE SITUATION**

| (Q2a=YES) | 1 (Q13) |
| RECORDED FEWER THAN 6 EVENTS | 2 (Q13) |
| OTHERWISE | 3 (Q12a) |

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**GLOBAL FEE SITUATION**

<p>| (Q2a=YES) | 1 (Q13) |
| RECORDED FEWER THAN 6 EVENTS | 2 (Q13) |
| OTHERWISE | 3 (Q12a) |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12a. Were there any other visits for this patient during 1996 for which</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>the services and charges were identical to the services and charges for</td>
<td>(Q13)</td>
<td></td>
</tr>
<tr>
<td>the visit on (DATE OF THIS EVENT)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>[EXPLAIN, IF NECESSARY: We are referring here to repeating identical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>visits. These usually occur when the patient has a condition that</td>
<td></td>
<td></td>
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<tr>
<td>requires very frequent visits, such as once- or twice-a-week physical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or mental health therapy or weekly or monthly allergy shots.]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12b. During 1996 how many other visits were there for which the services  | # OF VISITS |     |
| and charges were identical to those on (DATE OF THIS EVENT)?            |           |    |

12c. Please tell me the dates of those other visits.                     | MO/DAY/YR |     |
| [IF THERE WERE MORE THAN 30 IDENTICAL VISITS, ENTER THE DATES FOR THE   |           |    |
| FIRST 30.]                                                             |           |    |
| __/____/___ | __/____/___ | __/____/___ |
| __/____/___ | __/____/___ | __/____/___ |
| __/____/___ | __/____/___ | __/____/___ |
| __/____/___ | __/____/___ | __/____/___ |
| __/____/___ | __/____/___ | __/____/___ |
| __/____/___ | __/____/___ | __/____/___ |
| __/____/___ | __/____/___ | __/____/___ |
| __/____/___ | __/____/___ | __/____/___ |

13. Have we covered all of this patient’s visits during the calendar year | YES, ALL EVENTS COVERED | 1 |
| 1996?                                                                 | NO, NEED TO COVER ADDITIONAL EVENTS | 2 (Q1-NEXT COLUMN) |

14a. If all events are recorded for this patient, review number of events | NO DIFFERENCE OR PROVIDER REPORTED MORE EVENTS THAN HOUSEHOLD | 1 (Q14b) |
| reported by household.                                                   | PROVIDER REPORTED FEWER EVENTS | 2 |
| PROBE: (PATIENT NAME) reported (NUMBER) visits to (PROVIDER) during 1996, |                             |    |
| but I have only recorded (NUMBER) visits. Do you have any information |                             |    |
| in your records that would explain this?                                |                             |    |
| __________________________________________                           |                             |    |
| __________________________________________                           |                             |    |
| __________________________________________                           |                             |    |

14b. Go to next patient for this provider.                               |                             |    |

14c. If no more patients, thank the respondent and end the call.         |                             |    |
## Repeating Identical Visits

| YES | NO | (
|-----|----|---
| 1   | 2  | Q13 |

### # of Visits

<table>
<thead>
<tr>
<th>MO/DAY/YR</th>
<th>MO/DAY/YR</th>
<th>MO/DAY/YR</th>
</tr>
</thead>
</table>

### Yes, All Events Covered

| YES | NO | (
|-----|----|---
| 1   | 2  | Q14a |

### No, Need to Cover Additional Events

| YES | NO | (
|-----|----|---
| 1   | 2  | Q1-NEXT COLUMN |

### No Difference or Provider Reported More Events Than Household

| YES | NO | (
|-----|----|---
| 1   | 2  | Q14b |

### Provider Reported Fewer Events

**Probe:** (Patient Name) reported (Number) visits to (Provider) during 1996, but I have only recorded (Number) visits. Do you have any information in your records that would explain this?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________