

PATIENT LABEL

FORM \_\_\_\_\_ OF \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Event Type: \_\_\_\_\_

**MEDICAL EXPENDITURE PANEL SURVEY**

**MEDICAL PROVIDER COMPONENT**

**MEDICAL EVENT FORM**

**FOR**

**OFFICE-BASED PROVIDERS**

**FOR**

**REFERENCE YEAR 2008**

Was this event abstracted?	Yes	No
Date Abstracted:	_____ / _____ / _____	
Affix SMS label sticker here:		

(PATIENT NAME) reported that (he/she) received health care services from someone in this practice during the calendar year 2008.

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

IF GLOBAL FEE,  
RECORD TYPE: \_\_\_\_\_

**GLOBAL FEE**

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

YES ..... 1  
NO ..... 2 (B3)

[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.*]

B2b. What other dates of service were covered by this global fee? Please include dates before or after 2008 if they were included in the global fee.

MO	DAY	YR	TYPE	IF TYPE 96, SPECIFY:
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____
____	____	____	____	____

[IF THERE ARE MORE THAN 8 DATES, USE A CONTINUATION SHEET.]

OFFICE  
USE  
ONLY

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

- Physician' s Office (TYPE=MV);
- Hospital as an Inpatient (TYPE=SH);
- Hospital Outpatient Department (TYPE=SO);
- Hospital Emergency Room (TYPE=SE); or
- Somewhere else (TYPE=96)?

YES ..... 1  
NO ..... 2

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

**GO TO B4a**

B3. Did (PATIENT NAME) receive the services on (DATE) in a:

- Physician's Office;..... 1
- Hospital as an Inpatient;..... 2
- Hospital Outpatient Department;..... 3
- Hospital Emergency Room; or ..... 4
- Somewhere else?  
(SPECIFY:) \_\_\_\_\_ .. 5

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 A MAXIMUM OF 5 DIAGNOSES.]

CODE	DESCRIPTION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OFFICE  
USE  
ONLY

B4b. OMITTED

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, RECORD DESCRIPTION OF SERVICES AND PROCEDURES PROVIDED.]

[IF THERE ARE MORE THAN 11 SERVICES, USE A CONTINUATION SHEET.]

B5b. 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?*]

C2. IF NOT VOLUNTEERED, ASK: And what was the total? [IF NOT AVAILABLE, COMPUTE.]

VERIFY: (Is this/Are these) the total full established charge(S) or "list price" for (this/these) service(s)? IF NOT, RECORD FULL ESTABLISHED CHARGE

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.]

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

C4. 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 OR HMO, PROBE: And is that Medicare, Medicaid, or private insurance?]

[INTERVIEWER: IF RESPONSE IS THE PATIENT PAYS A MONTHLY PREMIUM, GO BACK TO C3 AND CHANGE CODE TO 2 (CAPITATED BASIS).]

C5. [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. \_\_\_\_\_ \$ \_\_\_\_\_.
- h. \_\_\_\_\_ \$ \_\_\_\_\_.
- i. \_\_\_\_\_ \$ \_\_\_\_\_.
- j. \_\_\_\_\_ \$ \_\_\_\_\_.
- k. \_\_\_\_\_ \$ \_\_\_\_\_.

**TOTAL CHARGES**

\$ \_\_\_\_\_.

OFFICE USE ONLY

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

- a. Patient or patient's family... \$ \_\_\_\_\_.
- b. Medicare ..... \$ \_\_\_\_\_.
- c. Medicaid..... \$ \_\_\_\_\_.
- d. Private insurance ..... \$ \_\_\_\_\_.
- e. VA/CHAMPVA ..... \$ \_\_\_\_\_.
- f. TRICARE ..... \$ \_\_\_\_\_.
- g. WORKER'S COMP ..... \$ \_\_\_\_\_.
- h. OTHER (SPECIFY):  
 \_\_\_\_\_ \$ \_\_\_\_\_.

**TOTAL PAYMENTS**

\$ \_\_\_\_\_.

GO TO BOX 1

<p><b>BOX 1</b></p> <p><b>DO TOTAL PAYMENTS EQUAL TOTAL CHARGES?</b></p> <p><b>YES, AND ALL PAID BY PATIENT OR PATIENT'S FAMILY..... 1 (BOX 2)</b></p> <p><b>YES, OTHER PAYERS.....2 (C5a)</b></p> <p><b>NO.....3 (C6)</b></p> <p><b>IF, AFTER VERIFICATION, PAYMENTS DO NOT EQUAL CHARGES COMPLETE C6 AND GO TO BOX 2</b></p>
--

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 [READ 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 (BOX 2)  
 NO.....2 (BACK TO C4)

C6. 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.]

<b>PAYMENTS LESS THAN CHARGES:</b>	<u>YES</u>	<u>NO</u>
<b>Adjustment or discount</b>		
a. Medicare limit or adjustment.....	1	2
b. Medicaid limit or adjustment .....	1	2
c. Contractual arrangement with insurer or managed care organization .....	1	2
d. Courtesy discount .....	1	2
e. Insurance write-off .....	1	2
f. Worker's Comp limit or adjustment.....	1	2
g. Eligible veteran .....	1	2
h. Other (Specify:) _____	1	2
<b>Expecting additional payment</b>		
i. Patient or Patient's Family .....	1	2
j. Medicare .....	1	2
k. Medicaid.....	1	2
l. Private Insurance.....	1	2
m. VA/CHAMPVA .....	1	2
n. TRICARE .....	1	2
o. WORKER'S COMP .....	1	2
p. Other (Specify:) _____	1	2
q. <b>Charity care or sliding scale</b> .....	1	2
r. <b>Bad debt</b> .....	1	2
<b>PAYMENTS MORE THAN CHARGES:</b>		
s. Medicare adjustment .....	1	2
t. Medicaid adjustment.....	1	2
u. Private insurance adjustment .....	1	2
v. Other (Specify:) _____	1	2

GO TO BOX 2

**CAPITATED BASIS**

<p>C7a. What kind of insurance plan covered the patient for (this visit/these visits)? Was it:</p> <p>[IF NAME OF INSURER OR HMO, PROBE: And is that Medicare, Medicaid, or private insurance?]</p>	<table border="0"> <tr> <td></td> <td align="right"><u>YES</u></td> <td align="right"><u>NO</u></td> </tr> <tr> <td>a. Medicare;.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b. Medicaid; .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c. Private Insurance;.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d. VA/CHAMPVA; .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e. TRICARE; .....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f. Worker's Comp; or.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g. Something else? (SPECIFY):.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table> <hr/>		<u>YES</u>	<u>NO</u>	a. Medicare;.....	1	2	b. Medicaid; .....	1	2	c. Private Insurance;.....	1	2	d. VA/CHAMPVA; .....	1	2	e. TRICARE; .....	1	2	f. Worker's Comp; or.....	1	2	g. Something else? (SPECIFY):.....	1	2
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<p>C7b. Was there a co-payment for (this visit/these visits)?</p>	<table border="0"> <tr> <td>YES.....</td> <td align="right">1</td> </tr> <tr> <td>NO.....</td> <td align="right">2 (C7e)</td> </tr> </table>	YES.....	1	NO.....	2 (C7e)																				
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<p>C7c. How much was the co-payment?</p>	<p>\$ _____.</p>																								
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<p>C7e. Do your records show any other payments for (this visit/these visits)?</p>	<table border="0"> <tr> <td>YES.....</td> <td align="right">1</td> </tr> <tr> <td>NO.....</td> <td align="right">2 (BOX 2)</td> </tr> </table>	YES.....	1	NO.....	2 (BOX 2)																				
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**BOX 2**

<b>GLOBAL FEE SITUATION (B2a=YES) .....</b>	<b>1 (B8)</b>
<b>RECORDED 5 OR FEWER EVENTS .....</b>	<b>2 (B8)</b>
<b>RECORDED 6 OR MORE EVENTS .....</b>	<b>3 (B6a)</b>

