



# INDIANA UNIVERSITY

SCHOOL OF MEDICINE

Bowen Center for Health Workforce Research and Policy

## Bowen Center for Health Workforce Research & Policy Provider Verification Protocol

### Accessing REDCap:

To access our provider data on Red Cap visit: <https://redcap.uits.iu.edu/>. Verification will be conducted in REDCap on data for primary care physicians, psychiatrists and dentists. Once you sign in, click on the [My Projects](#) tab and then click on the project for provider data verification. On the left hand side of the project you will see the Add/Edit Records link which you will click on taking you to the provider verification page. You will see two rectangular tables with a light yellow heading. **You will only work in the first table with the Incomplete, Unverified and Complete Records.**

### REDCap data entry fields (in order of appearance):

1. Does this Provider Have a practice in Indiana?
  - a. Selecting 'Yes' includes the Provider in the actively practicing Indiana Providers
  - b. Selecting 'No' excludes the Provider from actively practicing Indiana Providers
    - i. When 'No' is selected, three drop down sections of radio buttons appear.
      1. Is the Provider deceased?
        - a. Selecting 'Yes' includes the Provider in the actively practicing Indiana Providers
        - b. Selecting 'No' excludes the Provider from actively practicing Indiana Providers
      2. Is the Provider retired?
        - a. Selecting 'Yes' includes the Provider in the actively practicing Indiana Providers
          - i. If 'Yes' is selected then another section of radio buttons appears inquiring about the Providers volunteer activities. Provider who volunteer on a non-regular basis will be excluded.
        - b. Selecting 'No' excludes the Provider from actively practicing Indiana Providers
  - c. Does this Provider have a practice in Indiana?
    - i. Selecting 'Yes' includes the Provider in the actively practicing Indiana Providers
    - ii. Selecting 'No' excludes the Provider from actively practicing Indiana Providers
2. Primary and Secondary (and Tertiary, if applicable) Practice Address
  - a. Not a Valid address:
    - i. ONLY select this when the provider has retired, is deceased, or lists a home address and you cannot locate the providers practice address through primary and secondary data verification.
  - b. Update Street, City, State, Zip, County fields
  - c. Average Hours
    - i. Record average hours from the drop down
  - d. Medicaid Percent
    - i. Record percent of patient panel on Indiana Medicaid from the drop down
  - e. Sliding Fee Scale

- i. Record percent of patient panel on Sliding Fee Scale
3. Outcome
- a. Select Verified – Complete
    - i. If the Providers practice location was verified. Another set of radio buttons will appear that will ask the verification source.
      - 1. Select Direct Contact or Practice Website
  - b. Select Verified – Practice Address
    - i. If the Providers practice location was verified. Another set of radio buttons will appear that will ask the verification source.
      - 1. Select Direct Contact or Practice Website
    - ii. This will most commonly be selected for survey non-respondents or offline license renewals.
  - c. Could not be verified
    - i. Include any notes in the 'Notes on Verification' free text box.
  - d. Complete?
    - i. Select Complete if all fields are filled out and the Provider has been verified by the above protocol.
    - ii. ONLY select unverified by approval.

**\*Please do not edit Name, Status, Match Type, License Address, and NPI Address 1 or 2.**

Data Verification Protocol:

Step 1: Locate the **Incomplete Records** row and select the first record which will be a dental license number starting with "12".

Step 2: Web Search verification (Secondary Data Collection)

1. Google is the preferred search engine as it offers robust search results
  - a. Providers are entered into the search engine using the following format
    - i. First Name, Middle Initial. Last Name, [MD, DO or DDS], State of Practice
      1. The middle initial is recommended in place of the full middle name as the full middle name frequently returns invalid results.
    - ii. Middle names and initials are acceptable for use in the distinction of common names
2. Acceptable Web Pages for use in verification
  - a. Private Practice Webpages updated in the last 12 months
  - b. Hospital websites with Provider lookup updated in the last 12 months
    - i. Hospitals who have partnered with iTriage are not acceptable for use in verification due to the inconsistency of the iTriage application.
  - c. Provider Group Websites updated in the last 12 months
  - d. Web Pages that are not acceptable but can be used in the search process
    - i. Web MD
    - ii. HealthGrades
    - iii. Doximity
    - iv. Health.USnews
3. Report the Providers address in the **Primary or Secondary practice address** section of the form.
4. Once a Provider has been verified by the use of secondary data collection methods, select complete from the **Complete?** drop down at the bottom of the page.

5. In the event that a Provider cannot be verified by the use of secondary data collection methods, the Provider will be included with the primary data collection group where the following protocols for primary data collection are followed.
  - a. Providers should be called **immediately** when secondary data collection methods are not successful.

### **.Step 3: Primary Data Collection**

1. Structured telephone interviews are used for primary data collection. Practice locations are verified for physicians who could not be verified using secondary data collection methods.
2. Once Primary Data Collection is completed, all addresses are validated through geocoding.

## **Instructions for directly contacting potential health Provider practices**

### **Purpose**

Confirm or identify the following information:

1. Confirm the Provider practices at the location
2. Confirm the address of the location
3. Obtain hours spent in direct patient care
4. Obtain the proportion of patients that use Medicaid and Federal Sliding Fee Scale

## **Phone Verification Protocol**

### **Step 1:**

- i. Dial the number obtained through contact information search.

### **Step 2:**

- i. Identify yourself and why you are calling.
  - a. "Hi, my name is \_\_\_\_\_. I am a member of a research team at Indiana University School of Medicine that is currently verifying Provider practice addresses and characteristics in Indiana on behalf of the State Department of Health. I am calling today to confirm that Dr. \_\_\_\_\_ (first name and last name) still practices at this location."
- ii. If the respondent asks for additional information about who we are
  - a. We are the Health Workforce Studies program located at the Indiana University School of Medicine, Department of Family Medicine. HWS is conducting this evaluation on behalf of the Indiana State Department of Health (ISDH) Primary Care Office (PCO). The purpose of this project is to identify the practice locations of all physicians/Providers in Indiana for use in federal Health Professional Shortage Area (HPSA) designations.

### **Step 3:**

- i. If the respondent confirms that the physician/Provider practices at this location then proceed to confirm the address of the practice location.
  - a. "Thank you. May I ask for the address of this practice location including the ZIP code?"
    - i. Record the street address given by the respondent
  - b. "Thank you. May I ask how many days, (full days consisting of 8 hours a day and half days consisting of 4 hours a day) a week Dr. \_\_\_\_\_ see patients at this location?"
    - i. Record the days given by the respondent

- c. "Thank you. May I ask if Dr. \_\_\_\_\_ accepts Medicaid?"
  - i. When two or more physicians are practicing
    - 1. "Thank you. May I ask if the practice accepts Medicaid?"
  - ii. If respondent confirms acceptance of Medicaid
    - 1. "May I ask what proportion of patients use Medicaid?"
      - a. Record the Medicaid percentage given by the respondent
- d. "Thank you. May I ask if Dr. \_\_\_\_\_ offers a federal sliding fee scale as defined by HRSA guidelines at this location?"
  - i. When two or more physicians are practicing
    - 1. "Thank you. May I ask if the practice offers a sliding fee scale as defined by HRSA guidelines?"

*(If respondent is unsure of the HRSA guidelines, please refer to the guidelines provided in Attachment A)*
  - ii. If respondent confirms the use of the federal sliding fee scale
    - 1. "May I ask what percentage of patients utilizes the sliding fee scale?"
      - a. Record the sliding fee scale percentage given by the respondent
  - e. "Are there any other Providers practicing at this location?"
- ii. That is all of the information we need, we appreciate your help. Have a good day."
- iii. If the respondent indicates that the physician/Provider *does not* practice at this location then thank for their time.
  - a. "Thank you. That is all of the information we need, we appreciate your help. Have a good day."

**Step 5:**

- i. Record all updated information in the data set for the provider.

## **Attachment A: HRSA Sliding Fee Discount Guidelines**

The health center has a system in place to determine eligibility for patient discounts adjusted on the basis of the patient's ability to pay.

- This system must provide a full discount to individuals and families with annual incomes at or below 100% of the Federal poverty guidelines (only nominal fees may be charged) and for those with incomes between 100% and 200% of poverty, fees must be charged in accordance with a sliding discount policy based on family size and income.
- No discounts may be provided to patients with incomes over 200 % of the Federal poverty guidelines.
- No patient will be denied health care services due to an individual's inability to pay for such services by the health center, assuring that any fees or payments required by the center for such services will be reduced or waived.

(Section 330(k)(3)(G) of the PHS Act, 42 CFR 51c.303(f), and 42 CFR 51c.303(u))