

## Bowen Center for Health Workforce Research & Policy

### Physician Verification Protocol

#### Purpose

The purpose of provider verification is to validate the practice characteristics of primary care physicians and psychiatrists actively practicing in Indiana.

#### Accessing REDCap™

**Step 1:** To access our provider data on Red Cap visit: <https://redcap.uits.iu.edu/>. You will log-in using you IUPUI username and passphrase and the DUO login. Once you sign in, click on the *My Projects* tab at the top of the page and then click on the project for provider data verification.

**Step 2:** On the left hand panel you will see the Add/Edit Records link under Data Collection. Click on this to be taken to the provider verification page for accessing provider data collection forms. You will see two rectangular tables with a yellow heading. **You will only work in the first table with the Incomplete, Unverified and Complete Records.**

**\*When verifying a provider's information, DO NOT edit Name, License Address or NPI Addresses.**

#### Secondary Data Collection

**Step 1:** Locate the **Incomplete Records** row and select the record that you have been assigned.

**Step 2:** Web Search verification

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 distinction of common names
2. Acceptable Web Pages for use in verification:
  - a. Private Practice Websites which have been updated in the last 12 months
    - i. To determine if a website has been recently updated, look at the copyright year at the bottom of the home page.
  - b. Hospital websites with Provider lookup which has been 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 as a sole source for verification but can be used as part of the search process
    - i. Web MD
    - ii. HealthGrades
    - iii. Doximity
    - iv. Health.USnews

**Step 3:** Verification of Practice Address

1. Report the Providers address in the **Primary or Secondary practice address** section of the form.

**Step 4:** Once a Provider has been verified by the use of secondary data collection methods, select “Complete” from the drop down at the bottom of the form.

1. In the event that a provider cannot be verified by the use of secondary data collection methods, the recorded practice location of the providers should be called **immediately** in order to conduct primary data collection. The procedures for primary data collection are provided below.

### Primary Data Collection Procedures

**Step 1:** Dial the telephone number of the physicians practice located obtained through online search.

**Step 2:** Identify yourself and your reason for calling.

1. Hello, my name is \_\_\_\_\_ and I am a Research Assistant at Indiana University. On behalf of the Primary Care Office at the Indiana State Department of Health, we are conducting physician verification.
2. This verification process includes validating the practice location and characteristics of physicians and psychiatrists actively practicing in Indiana.
3. Do you know who at your clinic would best be able to answer questions about one of the physicians working at this location?

*NOTE: You don't have to talk to the physician directly. Most of the time, you will be talking to a receptionist and they should be able to answer most of the questions. If you do get the chance to talk to the physician directly, reword the introduction so that they makes sense.*

Myself: “Great! Would you have time now to complete our survey or does another time work best for you?”

Now is Fine: “Great!” – Mark provider status as a respondent and move on to 3a.

Another time: “Could you please tell me what time of day works best for you?”

-- When scheduling a time to conduct a telephone interview please put this appointment on your Outlook calendar. Mark them as a respondent at the beginning of the scheduled interview. When calling a facility for a follow-up remind them of who you are and provide a brief description of the study.

- a. “To begin, I’d like to confirm that (physician’s name here) works at this location. Is this correct?”
  - i. Yes – “Great, now I will move on the verification questions.” Begin with verification question 1.
  - ii. No – “Okay. Would you be able to tell where he is currently practicing?”
    1. If no address is provided, mark the provider’s REDCap form as “Incomplete” and it will be reviewed by the project coordinator at a later time.
    2. If a new address is provided, include this in the primary practice address data entry fields and contact that facility to restart verification.

## Primary Data Collection: Verification Questions

1. License Number **[Pre-Populated – NO NEED TO VERIFY]**: Number of license issued by Indiana Professional Licensing Agency (IPLA)
2. National Provider Identification (NPI) Number **[Pre-Populated – NO NEED TO VERIFY]**
3. Full Name **[Pre-Populated – NO NEED TO VERIFY]**: Provider’s full name as recorded by IPLA
4. Employment Status
  - a. “What is this provider’s employment status?”
    - i. Actively working in a position that requires a medical license
    - ii. Actively working in a position that requires a medical degree
    - iii. Actively working in a field other than medicine
    - iv. Not currently working
    - v. Retired
    - vi. Locum Tenens (meaning that this physician takes temporary clinical positions.)

*NOTE: Providers who are not actively providing direct patient care are considered ineligible for use in HPSA designations.*

5. Specialty and Sub-Specialties
  - a. “Based on this provider’s specialty, what type of physician is Dr. [LAST NAME].”
    - i. Primary Care – which includes the specialties of:
      1. Family Medicine (General)
      2. Internal Medicine (General)
      3. Pediatrics (General)
      4. Obstetrics and Gynecology
        - a. Includes Gynecology Only sub-specialty
      5. General Medicine
    - ii. Psychiatry – which includes the specialties of:
      1. Child/Adolescent Psychiatry
      2. Geriatric Psychiatry
      3. Addiction Psychiatry
    - iii. Specialist – which includes:
      1. All physicians that are not psychiatrists or primary care physicians.

*NOTE: Providers who are not primary care physicians and psychiatrists are considered ineligible for use in HPSA designations.*

- b. “Do you know Dr. [LAST NAME]’s sub-specialty?”
  - i. Select the indicated subspecialty from the drop-down
    1. Adolescent Medicine
    2. Allergy and Immunology
    3. Anesthesiology
    4. Cardiology
    5. Child Psychiatry
    6. Colon and Rectal Surgery
    7. Critical Care Medicine

8. Dermatology
9. Emergency Medicine
10. Endocrinology
11. Family Medicine/General Practice
12. Gastroenterology
13. Geriatric Medicine
14. Gynecology Only
15. Hematology and Oncology
16. Infectious Diseases
17. Internal Medicine (General)
18. Nephrology
19. Neurological Surgery
20. Neurology
21. Obstetrics and Gynecology
22. Occupational Medicine
23. Ophthalmology
24. Orthopedic Surgery
25. Other Surgical Specialties
26. Otolaryngology
27. Pathology
28. Pediatrics (General)
29. Pediatrics Subspecialties
30. Physical Medicine and Rehabilitation
31. Plastic Surgery
32. Preventive Medicine/Public Health
33. Psychiatry
34. Pulmonology
35. Radiation Oncology
36. Radiology
37. Rheumatology
38. Surgery (General)
39. Thoracic Surgery
40. Urology
41. Vascular Surgery
42. Other Specialties
43. Addiction Psychiatry
44. Child and Adolescent Psychiatry
45. Geriatric Psychiatry
46. Other/Not Listed – Record unlisted sub-specialty in text box

6. Inpatient and outpatient services ([See the Glossary for definitions](#))

- a. “Does this physician provide inpatient services?”
  - i. No – Record answer and move to 6b
  - ii. Yes – “Are inpatient services provided at this physician’s primary, secondary or tertiary practice location?”
    1. Primary Location (where they spend the majority of their time)
    2. Secondary Location
    3. Tertiary Location
    4. Unsure

- b. "Does the physicians provide outpatient services?"
  - i. No – Record answer and move to question 7
  - ii. Yes – "Are outpatient services provided at this physician's primary, secondary or tertiary practice location?"
    - 1. Primary Location (where they spend the majority of their time)
    - 2. Secondary Location
    - 3. Tertiary Location
    - 4. Unsure

7. Practice Address

- a. "Now I would like to confirm the address of this clinic. I have [Address, City, State, ZIP Code]. Is this correct?"
  - i. Yes – Move to question 8
  - ii. No – "Okay, can you give me the correct address?" Record new address in the primary practice address fields. Move to question 8.

8. Hours per Week in Patient Care

- a. "Could you estimate the number of hours per week Dr. [LAST NAME] spends in direct patient care at this location?"
  - i. Primary FTE will be calculated from the reported hours per week in patient care.

| Hours per Week in Patient Care | FTE Conversion |
|--------------------------------|----------------|
| 0 hours per week               | 0              |
| 1 – 4 hours per week           | 0.1            |
| 5 – 8 hours per week           | 0.2            |
| 9 – 12 hours per week          | 0.3            |
| 13 – 16 hours per week         | 0.4            |
| 17 – 20 hours per week         | 0.5            |
| 21 – 24 hours per week         | 0.6            |
| 25 – 28 hours per week         | 0.7            |
| 29 – 32 hours per week         | 0.8            |
| 33 – 36 hours per week         | 0.9            |
| 37 – 40 hours per week         | 1              |
| 41 or more hours per week      | 1              |

9. Medicaid and Sliding Fee Scale

- a. Does this practice accept Medicaid as a form of payment?
  - i. Yes – Move to 9b
  - ii. No – Record this answer and select the first option for the percentage of Indiana Medicaid patients at this location ("I do not accept Indiana Medicaid"). Move to question 9c
- b. "Could you estimate the percentage of Indiana Medicaid patients at this location?"
  - i. I do not accept Indiana Medicaid
  - ii. Indiana Medicaid accounts for >0% - 5% of my practice
  - iii. Indiana Medicaid accounts for 6% - 10% of my practice
  - iv. Indiana Medicaid accounts for 11% - 20% of my practice
  - v. Indiana Medicaid accounts for 21% - 30% of my practice
  - vi. Indiana Medicaid accounts for 31% - 50% of my practice

- vii. Indiana Medicaid accounts for greater than 50% of my practice
- c. “Does Dr. [LAST NAME] offer a sliding fee scale for patients?” (See the appendix for definitions)
  - i. Yes – Record this answer and move to 9d
  - ii. No – Record this answer and select the first option for the percentage of patients on a sliding fee scale (“I do not offer a sliding fee scale”). Move to question 10.
- d. “Could you estimate the percentage of patients on a sliding fee scale at this location?”
  - i. I do not offer a sliding fee scale
  - ii. Sliding fee patients account for >0% - 5% of my practice
  - iii. Sliding fee patients account for 6% - 10% of my practice
  - iv. Sliding fee patients account for 11% - 20% of my practice
  - v. Sliding fee patients account for 21% - 30% of my practice
  - vi. Sliding fee patients account for 31% - 50% of my practice
  - vii. Sliding fee patients account for greater than 50% of my practice

#### 10. Practice Setting

- a. “What kind of practice setting is this location considered to be?”
  - i. Office/Clinic - Solo Practice
  - ii. Office/Clinic - Partnership
  - iii. Office/Clinic - Single Specialty Group
  - iv. Office/Clinic - Multi Specialty Group
  - v. Hospital - Ambulatory Care Center
  - vi. Hospital - Emergency Department
  - vii. Hospital - Inpatient
  - viii. Hospital - Outpatient
  - ix. Federal Government Hospital
  - x. Research Laboratory
  - xi. Medical School
  - xii. Nursing Home or Extended Care Facility
  - xiii. Home Health Setting
  - xiv. Hospice Care
  - xv. Federal/State/Community Health Center(s)
  - xvi. Local Health Department
  - xvii. Telemedicine
  - xviii. Volunteer in a Free Clinic
  - xix. Veteran Affairs Hospital or Clinic
  - xx. Urgent Care
  - xxi. Other

#### 11. Telemedicine services (See the Glossary for definitions)

- a. “Does this physician provide telemedicine services more than one day per week?”
  - i. Yes
  - ii. No

*NOTE:* Providers who are serving patients via telemedicine services are considered ineligible for use in HPSA designations.

12. Preceptor Hours (See the Glossary for definitions)

- a. "Does this provider teach or preceptor health professions students?"
  - i. Yes – Record answer and move to 12b
  - ii. No – Move to question 13
  
- b. How many hours per week does this physician spend teaching health professions students?
  - i. 0 hours per week
  - ii. 1-4 hours per week
  - iii. 5-8 hours per week
  - iv. 9-12 hours per week
  - v. 13-16 hours per week
  - vi. 17-20 hours per week
  - vii. 21-24 hours per week
  - viii. 25-28 hours per week
  - ix. 29-32 hours per week
  - x. 33-36 hours per week
  - xi. 37-40 hours per week
  - xii. 41 or more hours per week

13. Obstetric Services [The following questions should ONLY be asked for physicians with specialties in Primary Care or Emergency Medicine] (See the Glossary for definitions)

- a. Does this physician provide pre-natal care?
  - i. Yes
  - ii. No
  
- b. Does this physician provide labor and delivery services?
  - i. Yes
  - ii. No
  
- c. Does this physician provide post-natal care?
  - i. Yes
  - ii. No

14. Second Practice Location

- a. Does this provider practice at a second location?
  - i. Yes – Record answer and repeat questions 7 – 13 for the secondary practice. Move to 14b.
  - ii. No – Record answer and move to 15.
  
- b. Does this provider practice a third location?
  - i. Yes – Record answer and repeat question 7 – 13 for the tertiary practice. Move to 15.
  - ii. No – Record answer and move to 15.

15. Notes

- a. Any additional information regarding the provider can be written here in the Notes textbox.

16. Complete?

- a. Select "Complete" from the dropdown if all fields are filled out and the provider has been verified by the above protocol.
- b. ONLY select unverified by approval.

### **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))



## **Glossary**

**Inpatient Treatment** – Medical treatment provided to patients who are admitted to a hospital for an extended stay.

**Labor and Delivery Services** – Medical services provided to female patients during childbirth.

**Outpatient Treatment** – Medical treatment provided to patients without them being admitted to a hospital for an extended stay.

**Post-Natal Services** – Medical services provided to a mother and her newborn after childbirth.

**Preceptor** – A clinical provider/faculty member who provides health professional students or residents with clinical instruction, training and supervision.

**Pre-natal Services** – Medical services provided to female patients during pregnancy and leading up to childbirth.

**Telemedicine** – Services provided using electronic communications and information technology; this includes, videoconferencing, interactive audio-using store and forward technology or remote patient monitoring technology.