

Form Approved
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MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT

DATA FORM FOR PHARMACIES

**FOR
REFERENCE YEAR 2015**

OMB

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DCS: READ THIS ALOUD ONLY IF REQUESTED BY RESPONDENT.

PRESS NEXT TO CONTINUE IN THIS EVENT FORM

PRESS BREAKOFF TO DISCONTINUE

DATE FILLED

Q1. Date Filled Month:_____ Day:_____ Year:_____

DK/REF/RETRIEVABLE – CONTINUE TO Q2

PRESCRIPTION INFORMATION

Q2. Prescription information will be identified using:

NOTE: TRY TO OBTAIN NDC. USE DRUG NAME ONLY IF NDC NOT AVAILABLE.

1= NDC

2 = Drug Name, Strength/Unit, and Dosage Form

[IF Prescription Information = 1 (NDC), GO TO Q2a;

IF Prescription Information = 2 (Drug Name, Strength/Unit, & Dosage Form), GO TO Q2b]

Q2a. NDC

ENTER 11-DIGIT NDC WITHOUT DASHES OR SPACES.

NDC IS UNKNOWN OR REFUSED, RETURN TO PREVIOUS SCREEN AND SELECT **DRUG NAME** OPTION

When Q2a is COMPLETE, GO TO Q3a/QTY

Q2b. Drug Name:

When Drug Name is complete, send user to Q2c/STRENGTH

Q2c. Strength

WHEN RECORDING STRENGTH, ENTER A WHOLE NUMBER OR A FRACTIONAL VALUE UP TO 3 DECIMAL POINTS. VALID ENTRIES INCLUDE 15, 3.5, 2.25, 0.333

Q2d. Unit:

Note: WHERE NECESSARY, YOU MAY ENTER A SECOND STRENGTH AND UNIT FOR EXAMPLE TO DESCRIBE A SOLUTION OR CONCENTRATION (e.g., 7 mg/5 ml). OTHERWISE SKIP TO Q2e DOSAGE FORM

Q2c2. Strength

Q2d2. Unit:

Q2e. Dosage Form:

After Q2e, CONTINUE TO Q3a/b.

Q2b - DK/REF/RETRIEVABLE – CONTINUE TO Q2c/d

Q2c/d - DK/REF/RETRIEVABLE – CONTINUE TO Q2e

Q2e - DK/REF/RETRIEVABLE – CONTINUE TO Q3a/b

QUANTITY

Q3a. Quantity:

WHEN RECORDING QUANTITY, ENTER A WHOLE NUMBER OR A FRACTIONAL VALUE UP TO 3 DECIMAL POINTS. VALID ENTRIES INCLUDE 100, 15, 3.5, 2.25, 0.333

NOTE 1: QUANTITY SHOULD REFLECT THE *CONTENTS* OF A CONTAINER, NOT THE NUMBER OF CONTAINERS.

EXCEPTION: IF NDC PROVIDED, THEN *NUMBER* OF EPIPENS CAN BE RECORDED FOR QUANTITY, AS OPPOSED TO QUANTITY OF EIPEN CONTENTS.

NOTE 2: FOR A DEVICE, ACCEPT A QUANTITY OF 1 OR 2.

NOTE 3: FOR PILLS, A QUANTITY OF 1 OR 2 IS ACCEPTABLE BUT CONSIDER EXCEPTION BELOW BEFORE ENTRY.

EXCEPTION: IF IT APPEARS THE QUANTITY IS FOR ONE OR TWO DOSEPAKS CONTAINING MULTIPLE PILLS, THEN RECORD THE QUANTITY OF TABLETS, CAPSULES, ETC., THAT EACH DOSEPAK CONTAINS.

NOTE 4: FOR INHALERS, OINTMENTS, CREAMS, DROPS, LIQUID, FILLED SYRINGES (EXCEPT EPIPENS) AND OTHER DOSAGE FORMS NEEDING A QUANTITY UNIT, ASK FOR THE *QUANTITY* OF THE CONTENTS.

Q3b. Unit:

Q3b – DK/REF/RETRIEVABLE – CONTINUE TO Q4

Q4. How many days were supplied?

IF PRESCRIPTION WAS TO BE USED "AS NEEDED" ENTER 999

Q4 – DK/REF/RETRIEVABLE – CONTINUE TO Q5

PAYMENT INFORMATION

Q5. Patient Payment:

\$_____.

Q5a. Were there any 3rd party payers?

YES

NO

Q6. Type of 3rd Party Payer

Q7. 3rd Party Payment

\$_____.

NOTE: IF PATIENT PAYMENT WAS \$1 OR LESS, EXPECT THE 3rd PARTY PAYER TO BE A PUBLIC PROGRAM, E.G., MEDICAID OR OTHER STATE/LOCAL GOVT, ETC.

Any more 3rd Party Payers?

1. Yes

2. No

Q6/Q7 - ALLOW A MAXIMUM OF TWO 3rd PARTY PAYERS. IF USER SAYS "YES, MORE" THREE TIMES THEN THE PROGRAM WILL GO TO FINISH SCREEN.

Q5 - DK/REF/RETRIEVABLE – CONTINUE TO Q5a.

Q5a - DK/REF/RETRIEVABLE – CONTINUE TO EXIT SCREEN.

Q6 - DK/REF/RETRIEVABLE – CONTINUE TO Q7.

Q7 - DK/REF/RETRIEVABLE – CONTINUE TO EXIT SCREEN.

FINISH SCREEN

PRESS VALIDATE TO COMPLETE THIS EVENT FORM.