MEDICAL EXPENDITURE PANEL SURVEY

MEDICAL PROVIDER COMPONENT

DATA FORM

FOR

PHARMACIES

FOR

REFERENCE YEAR 2013

OMB

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

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 EPIPEN 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.