MEDICAL EXPENDITURE PANEL SURVEY
MEDICAL PROVIDER COMPONENT
DATA FORM
FOR
PHARMACIES
FOR
REFERENCE YEAR 2016

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

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:

    Q2b_1:

    Compound drug? _____

    Durable Medical Equipment: _____ DME_1

    IF DURABLE MEDICAL EQUIPMENT GO TO Q3A***

    MJ? _____ MJ_1

    IF MJ GO TO Q3a***

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

Q2c. Strength:

    _____

Q2d. Unit:

    _____

Q2c2. Strength 2:

    _____

Q2d2. Unit 2:

    _____

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:

_____

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.