

# **MEDICAL EXPENDITURE PANEL SURVEY MEDICAL PROVIDER COMPONENT EVENT FORM**

**FOR  
PHARMACIES  
FOR  
REFERENCE YEAR 2019**

**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 – 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 – CONTINUE TO Q2c/d

Q2c/d - DK/REF – CONTINUE TO Q2e

Q2e - DK/REF – CONTINUE TO Q3a/b

**QUANTITY**

**Q3a. Quantity:**

\_\_\_\_\_

**Q3b. Unit:**

\_\_\_\_\_

Q3b – DK/REF – CONTINUE TO Q4

**Q4. How many days were supplied?**

IF PRESCRIPTION WAS TO BE USED “AS NEEDED” ENTER 999

\_\_\_\_\_

Q4 – DK/REF – 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 3<sup>rd</sup> 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 – CONTINUE TO Q5a.

Q5a - DK/REF – CONTINUE TO EXIT SCREEN. Q6 - DK/REF – CONTINUE TO Q7.

Q7 - DK/REF – CONTINUE TO EXIT SCREEN.

**FINISH SCREEN**

**PRESS VALIDATE TO COMPLETE THIS EVENT FORM.**