MEDICAL PHARMACY COMPONENT FOR REFERENCE YEAR 2009 CONTACT GUIDE FOR PHARMACIES

VERSION 2.0

Revision History

Version	Author/Title	Date	Comments
1.0	Multiple RTI and SSS authors	12/23/08	
2.0	Multiple RTI and SSS authors	04/01/09	Changes from Version 1.0 marked in yellow highlighting

MEDICAL PHARMACY COMPONENT FOR REFERENCE YEAR 2009

CONTACT GUIDE FOR PHARMACIES

Q1 . [1] (ASK I	F NOT OBVIOUS) Have I reached (PHARMACY NAME)?
	YES → VERIFY ADDRESS AND THEN CONTINUE WITH Q2
	NO → VERIFY TELEPHONE NUMBER, ADDRESS, AND NAME OF PHARMACY. IF PHARMACY IS DIFFERENT, RECORD PROBLEM WITH THE PHARMACY AND TERMINATE CALL. CONTACT DIRECTORY ASSISTANCE. IF NO BETTER NUMBER CAN BE FOUND, MARK FOR SUPERVISOR REVIEW.
Q2 . [2]	May I please speak to the pharmacist?
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	(May I please have your name?) (IF ONLY FIRST NAME GIVEN PROBE FOR FULL NAME)
	NAME:
	The telephone number that I dialed is (FILL TELEPHONE NUMBER). Is that the best number at which to reach you?
	TELEPHONE NUMBER: (EXT:
	YES → CONTINUE WITH Q3
	□ PHARMACIST NOT AVAILABLE → RECORD CALLBACK INFORMATION
	What would be the best day and time to call back to speak with the pharmacist?
	DAY: DATE: R's TIME: AM/PM
	Thank you for that information. I will call back then.

Services. We are conducting MEI health care. [NUMBER] of your confidence prescribed medication during 2009	E) and I am calling on behalf of the U.S. Department of Health and Human PS which is a study about how people in the United States use and pay for ustomers identified (PHARMACY NAME) as a place where they received 9. (The/Each) patient signed an authorization form allowing us to contact you for eone in (PHARMACY NAME) be able to provide this type of information?
I would like to fax the authorization	n forms to you, along with additional information explaining the study.
IF ASKED READ PATIENT NAME DATA FORM	ES AND OTHER IDENTIFYING INFORMATION FROM THE PATIENT
RECEIVING AUTHORIZATION	HE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO FORM(S)]: In order to remain HIPAA compliant, I need to send you the rou have received the form(s), then we can arrange for the collection of the data.
PHARMACY MAINTAINS THE IN	FORMATION:
	ORM(S)
PHARMACY DOES NOT MAINTA	AIN THE INFORMATION:
THIS TYPE OF INFORMATION IS	PARTMENT / CORPORATE OFFICE FOR AUTHORIZATION 3 (GO TO Q7) S NOT AVAILABLE (RECORD:)4 (TERMINATE CALL AND MARK FOR
NAME:_ TITLE:_	ct to obtain this information? TMENT:
	HONE: ()
Thank vou verv much for vou	r help. [END CONTACT; FOLLOW-UP WITH THE CONTACT NAMED IN Q3a.]

Should I address this fax to you?	
YES \rightarrow What is the fax nu	mber I can use to send you the authorization form(s)?
FAX NUM	IBER: ()
·	ur title and department?
TITLE: DEPARTI	MENT:
	GO TO Q6
NO → Please tell me to wh	om I should fax this information.
TITLE: DEPARTI	MENT:
	DNE NUMBER: () EXT:
	GO TO Q6
Q5. [5] I need to make sure that I have the Should I address the package to y	
YES \rightarrow What is the mailing	address that I can use to send you the authorization form(s)?
	MENT: S:
	STATE: ZIP:
NO→ Can I have that pers	on's information to mail the authorization form(s)?
TITLE: DEPARTI ADDRES	MENT:
	STATE: ZIP: ONE NUMBER: () EXT:

Q4. [4] I need to be sure I have the correct information for the fax cover page.

ea pa qu	ch patient, we are i	nterested in collece escriptions in 2009	ting the amour D. We are also	nt paid by the pat interested in col	collect the data over the phone. For tient and the amount paid by any third lecting the NDC, date filled or refilled, buld also tell us the types of the third
	What would be t	he best day and tir	me to call back	to collect this in	formation by phone?
	DAY:	DATE:	R's TIME	Ξ :	AM/PM
	IF PHARMACY	DOESN'T WANT T	TO PROVIDE [DATA OVER TH	E PHONE, OFFER FAX OR MAIL
	You can se	nd us the data by e	either fax or ma	ail.	
	PROVIDER	WILL RESPOND:	:		
	BY PHONE				1
	BY MAIL				3
IF POC WILL We hope you the authorizati instruction she	t the data. RESPOND BY FA: can send the profile ion form(s). If you	X OR MAIL READ: es to our office with have any question	: hin two weeks. is about what to	We will include o send us, please	e an instruction sheet when we (fax/mail) e call our toll-free number on the source of prescribed medication. Thank
	we will need to ge of the person and/				ide the information we need, what is the ne number?
	NAME:				
	TITLE:				
	NAME OF DEPA	ARTMENT/OFFICE	E:		
	TELEPHONE	()_		EXT:	
	k you very much for CONTACT AND MA		VISOR REVIE	W	

CALL BACK TO CONFIRM AUTHORIZATION FORM(S) RECEPIT

Q8. [9] May I ple	ase speak to (PC	DC)?				
					partment of Health and ization form(s) we (faxe	
	ES(0 O(0		DE = PHONE; GO TO	Q11 IF MODE =	FAX OR MAIL)	
	s convenient for y		o ahead and complete get the information yo		together over the phon or profiles.	e right
			/ HE FUTURE	,	,	
Q10. [16] What w	ould be the best	day and time to ca	all you back?			
D	AY:	_ DATE:	R's TIME:	AM/PM	I	
Т	hank you very m	uch for your help.	I will call you back the	en.		
	ecords indicate t		ail) the profiles to us. elp.	We hope you ca	an do so within two	
Q12. [10] I'm sor	y. Let me (re-fa	x/re-send) the auth	norization form(s) to yo	ou.		
IF ASKEI DATA FO		T NAMES AND O	THER IDENTIFYING	INFORMATION	FROM THE PATIENT	
AUTHOR	IZATION FORM	(S)]: In order to re		int, I need to se	ATA PRIOR TO RE nd you the authorization of the data.	
Q13. [10] IF FAX	ED PREVIOUSI	to inc	the authorization forn clude on the fax cover RELOAD INFORMAT	page.	uld like to verify the info	ormation
)			
						
		DEPARTMENT:				

We will call again to ensure that you received the authorization form(s). Thank you for your help.

Should I address this fax to you? YES → What is the fax number I can use to send you the authorization form(s)? FAX NUMBER: (____)____ Can I also have your title and department? DEPARTMENT: $NO \rightarrow Please tell me to whom I should fax this information.$ NAME:_____ TITLE: DEPARTMENT:_____ FAX NUMBER: (____)_____ TELEPHONE NUMBER: (_____)____ EXT: We will call again to ensure that you received the authorization form(s). Thank you for your help. Q14. [12] IF MAILED PREVIOUSLY: Before I send the authorization form(s) again, I would like to verify the information on the mailing label. CONFIRM PRELOAD INFORMATION NAME:_____ TITLE: _____ DEPARTMENT:_____ ADDRESS:

IF MAILED PREVIOUSLY: I need to be sure I have the correct information for the fax cover page.

We will call again to ensure that you received the authorization form(s). Thank you for your help.

TELEPHONE NUMBER: (_____)____ EXT:

CITY: _____ STATE: ____ ZIP: ____

	DEPARTMENT:				
	ADDRESS:				
	CITY:	STATE:	 ZIP:	<u> </u>	
NO→ Can I have	that person's inf	ormation to mail th	e authorizatior	n form(s)?	
	NAME:				
	TITLE:				
		<u> </u>			
	CITY:	STATE:	 _ ZIP:		
	TELEPHONE N	IUMBER: ()	EXT:	

YES \rightarrow What is the mailing address that I can use to send you the authorization form(s)?

We will call again to ensure that you received the authorization form(s). Thank you for your help.

RECONTACT PROVIDER OFFICE [N/A]

INCORRECT INFORMATION

Hello may I speak to (POC)? This is (YOUR NAME) calling on behalf of the U.S. Department of Health and Human Services. We previously spoke about the MEPS study. Thank you for providing the contact information for (OTHER DEPARTMENT / CORPORATE). Unfortunately we were unable to locate (OTHER DEPARTMENT / CORPORATE) with the information you provided. Could you please verify the contact information we currently have for (OTHER DEPARTMENT / CORPORATE)?

F	PERSON'S NAME:				
7	TITLE:				
١	NAME OF DEPAR	MENT/OFF			
1	ELEPHONE	()	EXT:	
	FORMATION CON an get in touch wit				e have on file. Do you know of any other
١	'ES → COLLECT	OTHER CON	NTACT INFORMA	ATION	
F	PERSON'S NAME:				
٦	TITLE:				
١	IAME OF DEPAR	MENT/OFF	ICE:		
٦	ELEPHONE	()	_EXT:	
	NO → END CON	ITACT AND	MARK FOR SUP	ERVISOR REVIE	:W
Thank yo	u very much for yo	ur help.			
Services. We produced by DEPARTMENT / you provided. Ho	ak to (POC)? Thi eviously spoke ab CORPORATE). V	out the MEF /e were able ed that they	PS study. Thanke to locate (OTHE did not maintain	you for providir R DEPARTMEN the profiles for (P	J.S. Department of Health and Human ing the contact information for (OTHER T / CORPORATE) with the information HARMACY NAME) in 2009. Could you in 2009?
	DEPARTMENT PF What is the name of		erson, their title, o	department/office	, and their telephone number?
F	PERSON'S NAME:				
7	TITLE:				
١	IAME OF DEPAR	MENT/OFF	ICE:		
7	ELEPHONE	()	EXT:	

NO OTHER DEPARTMENT PROVIDED → END CONTACT AND MARK FOR SUPERVISOR REVIEW

Thank you very much for your help.