Form Approved
OMB No. 0935-0118
Exp. Date 01/31/2013

MEDICAL EXPENDITURE PANEL SURVEY

MEDICAL PROVIDER COMPONENT

DATA FORM

FOR

PHARMACIES

FOR

REFERENCE YEAR 2010

VERSION 1.0

Revision History

Version	Author/Title	Date	Comments
1.0	Multiple RTI and SSS authors	3/25/10	Changes from final 2009 version made via track changes

1. VERIFY ALL PATIENT(S)

First, I'd like to review the patient(s) in our study who reported receiving care from your practice or facility during 2010. I'm going to read their names to you, and for each one please confirm whether the patient received health care services from you during the calendar year 2010.

For each of the patient(s) you confirm as receiving care during the calendar year 2010, I'll need to ask about services you provided and charges for those services. I will ask about each confirmed patient individually.

READ EACH PATIENT NAME FROM THE LIST. IF THE PERSON ON THE PHONE SAYS "NO", ASK: Did the patient receive services in some year other than 2010, or do you have no records at all?

FOR EACH LISTED PATIENT, CHOOSE A RESPONSE FROM THE DROP-DOWN LIST IN THE PATIENT CONFIRMATION COLUMN BELOW.

ONCE YOU CONFIRM A PATIENT FOR 2010, CLICK ON THE NAME OF THAT PATIENT AND COMPLETE THE EVENT FORM(S) FOR THAT PATIENT.

1. PATIENT DISAVOWAL

Finally, I need to review with you the patient(s) in the list who you indicated did not receive care during the calendar year 2010.

2. CLOSE OUT THE CALL

Thank you for your time.

Do you have any (more) medical events for (PATIENT NAME) for 2010?

OMB SECTION

DCS: READ THIS ALOUD ONLY IF REQUESTED BY RESPONDENT.

PRESS NEXT TO CONTINUE IN THIS EVENT FORM

PRESS BREAKOFF TO DISCONTINUE

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.

[IF R_RXIDTYPE = 1 (NDC), GO TO Q2a;
IF R_RXIDTYPE = 2 (Drug Name, Strength/Unit, & Dosage Form), GO TO Q2b]

DO NOT ALLOW DK/REF/RETRIEVABLE

Q2a. NDC
NOTE THAT NDC FORMAT IS COMPOSED OF DIGITS AND DASHES
IF DRUG IS A COMPOUND ENTER NDC CODE OR 99999-9999-96

(GO TO Q3a/b)

Q2b. Drug Name:

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

Q2c. Strength:

Q2d. Unit: Other, Specify:

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 **2e**, DOSAGE FORM.

DK/REF/RETRIEVABLE -- CONTINUE TO Q2e

Q2c2. Strength 2: ☐

Q2d2. Unit 2: ☐ Other, Specify: ☐

Q2e. Dosage Form: ☐

Other, Specify: ☐

CONTINUE TO Q3a/b.

Q3a. Quantity: ☐

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, ACCEPT A QUANTITY OF 1 OR 2.
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 OINTMENTS, CREAMS, DROPS, LIQUID, FILLED SYRINGES (EXCEPT EPIPENS) AND OTHER DOSAGE FORMS NEEDING A QUANTITY UNIT, ASK FOR THE QUANTITY OF THE CONTENTS.

ALLOW DK/RF/RETRIEVABLE
POST-LOGIC FOR Q3a: AFTER RECORDING Q3a, IF R_RXIDTYPE=1 AND NDC NE DK/RF/RET, SKIP USER TO R_DAYSSUP
DK/REF/RETRIEVABLE -- CONTINUE TO Q3b

Q3b. Quantity Unit: ☐ OTHER, PLEASE SPECIFY: ☐

DK/REF/RETRIEVABLE -- CONTINUE TO Q4

Q4. How many days were supplied? ☐

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

DK/REF/RETRIEVABLE -- CONTINUE TO Q5

Q5. Patient Payment: $_____._____

Q5a. Were there any 3rd party payers?

[IF YES, GO TO Q6. IF NO, GO TO END.]

Q6. Type of 3rd Party Payer

SOURCE: OTHER SPECIFY

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.