

# STATE OF ALASKA

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DIVISION OF HEALTH CARE SERVICES

November 21, 2011

Sean Parnell, Governor

4501 Business Park Blvd  
Suite 24 Bldg L  
Anchorage, AK 99503-7167  
Telephone: (907) 334-2400  
FAX (907) 561-1684

Re: In-state pharmacy annual prescription volume survey

Dear Pharmacy Provider:

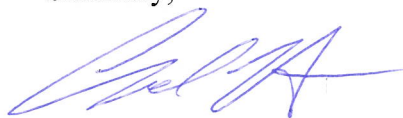
The Department assigns all in-state pharmacy providers a dispensing fee based on their total annual prescription volume regardless of payer source. During the month of December the Department will conduct the annual survey for the assignment of dispensing fees for the 2012 calendar year. All pharmacy providers must complete the attached annual prescription volume survey and return it to the Department by fax or mail to the address listed on the form. The assigned dispensing fees for the 2012 calendar year will be as follows<sup>1</sup>:

Pharmacy Volume		Dispensing Fee
High Volume Pharmacy	>85,000 prescriptions	\$12.12
Medium Volume Pharmacy	29,500-84,999 prescriptions	\$16.98
Low Volume Pharmacy	< 29,500 prescriptions	\$26.74
Pharmacy providers that do not respond to the annual survey		\$3.45

**Please note that all pharmacy providers must complete the Pharmacy Dispensing Fee Annual Prescription Volume Survey even if there will not be a change to the dispensing fee currently assigned to your pharmacy based on the total annual prescription volume.**

A copy of the Pharmacy Dispensing Fee Annual Prescription Volume Survey will be available online at <http://www.medicaidalaska.com/providers/rx/default.shtml>. If you have any questions regarding the Pharmacy Dispensing Fee Annual Prescription Volume Survey form please contact Chad Hope at (907) 334-2654.

Sincerely,



Chad Hope, Pharm.D.  
Pharmacy Program Manager

<sup>1</sup>7 AAC 145.410

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## Pharmacy Dispensing Fee Business Record Request

The following information is needed to revise the assigned pharmacy dispensing fee per 7 AAC 145.410. Please complete and return this form to the Department as soon as possible but not later than **December 31, 2011**. The assigned dispensing fee will be updated for the claims processing cycle beginning January 18, 2012. You may submit the completed form by fax or mail as detailed below.

Fax  
(907) 561-1684  
Attn: Chad Hope

Mail  
Chad Hope  
4501 Business Park Blvd  
Building L, Suite 24  
Anchorage, AK 99503

**IMPORTANT:** A pharmacy that does not return a completed business record request form will be assigned a dispensing fee of \$3.45 as per 7 AAC 145.410(f).

If you have any questions about completing this form please contact Chad Hope at (907) 334-2654.

Pharmacy Name: \_\_\_\_\_

Pharmacy Medicaid ID: PH \_\_\_\_\_

Alaska Pharmacy License Number: \_\_\_\_\_ First Issue Date: \_\_\_\_\_

Pharmacy NPI: \_\_\_\_\_

Total # of Prescriptions Dispensed (12/1/2010 – 11/30/2011): \_\_\_\_\_

\* The total number of prescriptions dispensed includes all new or refilled prescriptions for all patients regardless of payment source for dates of service 12/1/2010 – 11/30/2011. Every date of service for a new or refilled prescription must be counted as a separate prescription dispensed in the total reported to the Department. \*

Does the pharmacy dispense 75% or more of the total annual Medicaid prescription volume in prescriber ordered medisets or unit doses? Y \_\_\_\_\_ N \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)