



January 10, 2012

Re: Alaska Medicaid Pharmacy Cost of Dispensing Survey

Dear Pharmacy Owner or Manager:

The Alaska Department of Health and Social Services has contracted with Myers and Stauffer LC to conduct a pharmacy dispensing cost survey as part of the process to evaluate the cost of dispensing for prescription medications in the state of Alaska. All Alaska Medicaid pharmacy providers are required to participate in the survey according to the following directions:

1. After reviewing the survey instructions, complete and return the enclosed “Alaska Medicaid Pharmacy Cost of Dispensing Survey”. Alternatively, if you wish to complete the survey using an Excel format, you may obtain the spreadsheet version from the Medicaid pharmacy website of the Alaska Department of Health and Social Services or by contacting Myers and Stauffer.
2. For your convenience, Myers and Stauffer will complete Section IIB “Overhead Expenses” and Section IID “Reconciliation with Financial Statement or Tax Return” for you if you wish to submit a copy of your store financial statements or your business federal income tax return (Forms 1065, 1120, 1120S or Schedule C of Form 1040 and accompanying schedules). You will still need to complete other sections of the cost survey.
3. If your financial statements or tax return have not been completed for your most recent fiscal year, file a cost survey using your prior year's financial statements (or tax return) and the corresponding prescription data for that year. The data will be adjusted accordingly.
4. Retain a copy of the completed survey forms for your records.

It is very important that all pharmacies cooperate fully by filing an accurate cost survey. Pharmacies are encouraged to return the requested information as soon as possible, but forms must be returned **no later than February 29, 2012**.

Send completed forms to:

Myers and Stauffer LC
Certified Public Accountants
11440 Tomahawk Creek Parkway
Leawood, Kansas 66211

You may return the survey using the enclosed Business Reply Label with any envelope. Postage will be paid by Myers and Stauffer.

It is very important that pharmacies respond with accurate information. All submitted surveys must be reviewed and validated by staff at Myers and Stauffer. If our review yields the need for additional inquiries, Myers and Stauffer staff will contact you. Additionally, Myers and Stauffer staff will be performing additional review procedures for a limited number of pharmacies to validate survey responses. If your pharmacy is selected for additional procedures, you will be contacted by Myers and Stauffer and you will be required to submit additional documentation in support of the information reported on the survey.

If you have any questions, please call toll free at 1-800-374-6858 or send an e-mail to disp_survey@mslc.com. Your cooperation in providing the information for this survey is greatly appreciated.

Sincerely,

A handwritten signature in black ink that reads "T. Allan Hansen". The signature is written in a cursive style with a long, sweeping underline.

T. Allan Hansen
Project Manager
ahansen@mslc.com