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Research Report

2010 Biennial Survey to Determine Medicaid Dispensing Fees

Ohio Department of Job and Family Services

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Methodology

The Sample

The Ohio Department of Job and Family Services (ODJFS) Biennial Survey was administered from September 20, 2010 to October 28, 2010 among pharmacies receiving Medicaid reimbursement through the Ohio Department of Job and Family Services. A total of 437 completed surveys were returned by October 27, for an overall survey response rate of 17%.

Data was gathered using a mail survey instrument that was based on similar surveys used for the ODJFS Biennial Survey in 2000, 2002, 2004, 2006, and 2008. The sample list for the research was provided by the Ohio Department of Job and Family Services in an Excel spreadsheet. The initial mailing for the survey took place on September 20, 2010. In total, 2,582 surveys were mailed to respondents. Approximately one week later, reminder cards were mailed to all respondents that were included in the original mailing. After the first mailing, 109 completed surveys were returned by respondents. Another 109 survey packets were returned due to incorrect addresses. After the first mailing, the response rate was 4%.

Given the low response rate, it was decided to send another copy of the survey to those not initially responding to the first mailing. A second copy of the survey was mailed on October 6, 2010, to those not responding to the initial survey mailing. An additional 75 surveys were returned following the second mailing. In addition, some information was provided by the corporate offices of a retail chain on 253 of their stores.

All returned surveys were entered into our computer system using our in-house CATI data entry software. The data set includes all surveys received on or prior to October 28, 2010. The entered data was verified twice for accuracy, first during the data entry process and later as a step in analysis of the survey data. After data entry was completed, data was output into our analytical software for analysis and reporting.

Sampling Error

The percentages reported for the entire sample are within plus or minus 4.7% of what would be found if all respondents completed the survey, with a confidence level of 95%.

Calculations of Averages in the Report

The survey instrument was designed to gather numeric data on a number of attributes such as total prescriptions dispensed, dispensing fees, costs, sales, and profits (among others). Following the structure of the 2000, 2002, 2004, 2006, and 2008 Biennial Surveys, the questions were coded as ordinal categorical responses that provided a range. For example, one response category to the total number of prescriptions dispensed in 2005 was 10,000 to 14,999. Respondents did not provide the actual numeric response, but rather chose a categorical response whose range included the appropriate number. Using the same category, for instance, if the total number of prescriptions dispensed was 12,000 then the respondent circled the answer “10,000 – 14,999.”

In reporting data in this report, the tables and charts provide a summary for many questions in terms of an average. Since the respondents did not provide the actual numeric response, averages were calculated using the mid-point values from the response category. For example, if the respondent circled the answer “between 10,000 and 14,999”, we used the number 12,500 for calculating the average. In order to find the midpoint of the interval for marginal values such as “Fewer than 9,999” or “85,000 or more,” we used the formula: the marginal value of the response +/- half of the preceding interval.

In addition to the reported average values, this report presents lower and upper confidence intervals about these means. The lower and upper interval ranges are calculated using the standard errors around the mean with a confidence level of 95%. For example, we report that, on average, a pharmacy dispensed 54,439 prescriptions in 2009. The upper and lower confidence intervals for this average are 58,330 and 50,547 respectively (at 95% confidence).

Special Note on the Results and Information Provided by One Retail Chain of Stores

The corporate offices for one retail chain provided survey data on a total of 253 of their locations. However, data was provided on a limited number of questions:

- Store Location
- Store Type
- Total Prescriptions
- Medicaid Prescriptions
- Third Party Prescriptions
- Total Sales
- Total Rx Sales
- Total Non-Rx sales
- Operating Expenses
- Rx Department Operating Expenses
- Indirect Costs for Rx Department

The reported results include the data from this retail chain for these items but data is not factored into other survey questions.

Survey Changes in 2010

In the 2002 Biennial Survey, there were a number of instances where 25% or more of respondents answered a specific question using the highest or lowest response category. Based on that experience, the survey instrument was modified slightly in 2004 to address this issue. This was done by adding additional response categories at the upper or lower end from which respondents could choose.

These response categories were added to eliminate potential bias from ceiling or floor effects when computing averages. In analyzing data based on intervals, the categories offered to respondents can have an impact on the data reported. It can lead to under-estimation or over-estimation of statistical characteristics such as the average. For example, when a large percentage of respondents select the upper response in such a scale, it can lead to an under-estimation of the actual average among all respondents since their “contribution” to the overall average is capped. In cases where a large number of respondents chose either the top most or bottom most response category, additional categories were added to reduce ceiling or floor effects on the reported averages.

Again in 2008, there were two questions where over 25% of respondents answered using the largest response category. As a result, for the 2010 administration of the survey, Q5 and Q28 were modified to include additional response categories at the upper end of the continuum.

Three questions were also added to the 2010 Biennial Survey. They include the following:

- Q14. What percentage of your pharmacy business is related to medical supplies?
- Q29. Are you involved in Medication Therapy Management (MTM) with any other payers?
- Q30. (IF YES to Q29) Please describe your involvement in MTM. (Please include the description of reimbursement and terms of arrangements)

Please note that there are no 2008 historical comparisons for these three questions.

Key Findings

Description of Pharmacies

- Among the pharmacies surveyed, nearly three quarters are located in city centers.
- Six in ten respondents are associated with chain retail pharmacies.
- A majority of pharmacies (70%) dispensed 45,000 or more prescriptions in 2009.
- During 2009, pharmacies dispensed an average of 65,199 prescriptions.
- In 2009, 46% of pharmacies had sales of \$6,000,000 or more.
- On average, a pharmacy's total sales in 2009 were \$6.1 million and cost of goods sold in 2009 was \$3.3 million.
- On average, about 9% of pharmacy business is related to medical supplies.
- In 2009, pharmacies had an average gross profit of \$542,452 and average net profit of \$54,745.
- Average reported operating expenses were \$854,272, or 23% of total sales.

Analysis of Dispensing Fees

- On average, the highest contractual fee for dispensing a prescription was \$5.24 and the lowest contractual fee was \$1.70. The average dispensing fee was \$4.12.
- The lowest contractual product reimbursement cost structure most often fell in the range AWP -16% to AWP-20% (41% of pharmacies).
- Nearly three in ten (27%) indicated the highest contractual product reimbursement cost structure fell in the range AWP-6% to AWP-10%.
- On average, the cost of dispensing a prescription during 2009 was \$8.43. Half (54%) indicated that the cost of dispensing a prescription was \$8.00 or more.
- In 2009, the average fee received for dispensing a prescription (\$4.12) was lower than the cost to dispense a prescription (\$8.43).
- In 2009, two-thirds (66%) of pharmacies use the Average Wholesale Price (AWP) as the pricing baseline for the cost of brand name drugs.

- In 2009, more than half of the pharmacies (54%) used the Average Wholesale Price (AWP) as the pricing baseline for generic, drugs while 29% used the wholesale acquisition cost as the pricing baseline for generic drugs.

Involvement in Medication Therapy Management

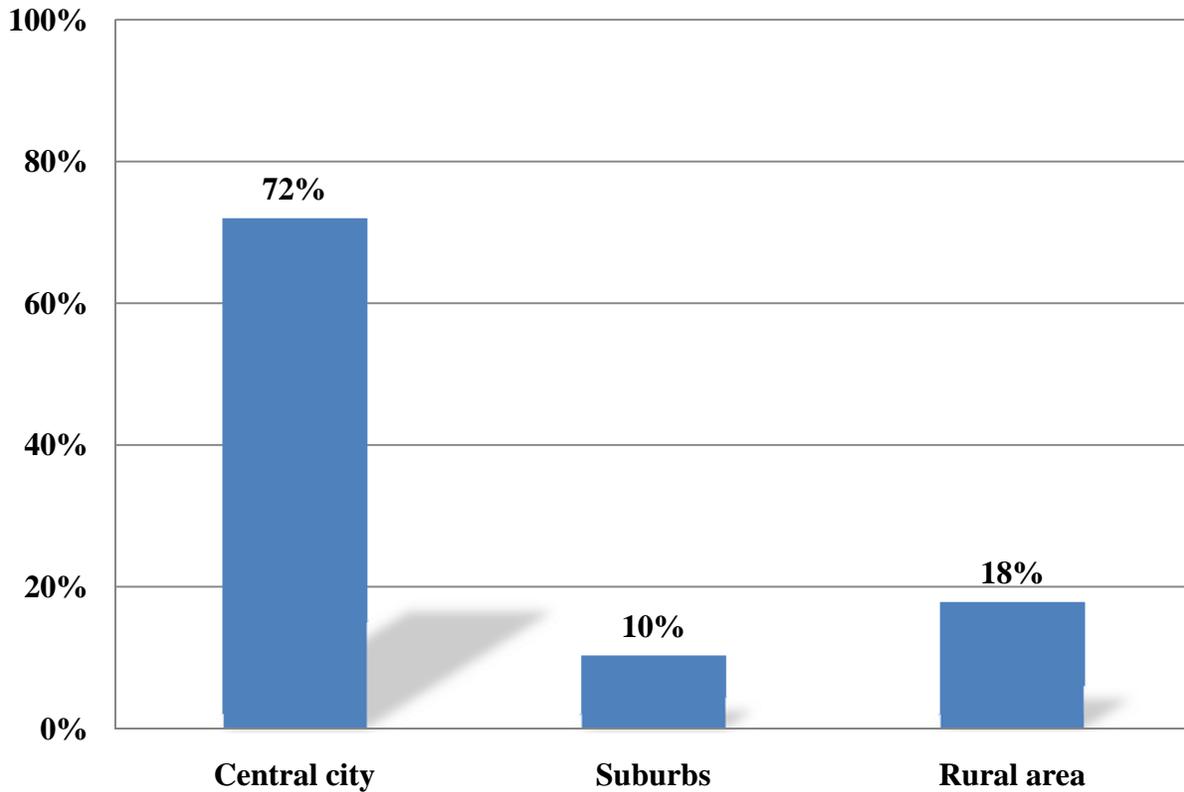
- Four in ten pharmacies are involved in Medication Management Therapy with other payers.

Summary Report

Description of Pharmacies

Among the pharmacies surveyed, nearly three quarters are located in city centers.

q1: Where is your pharmacy located?



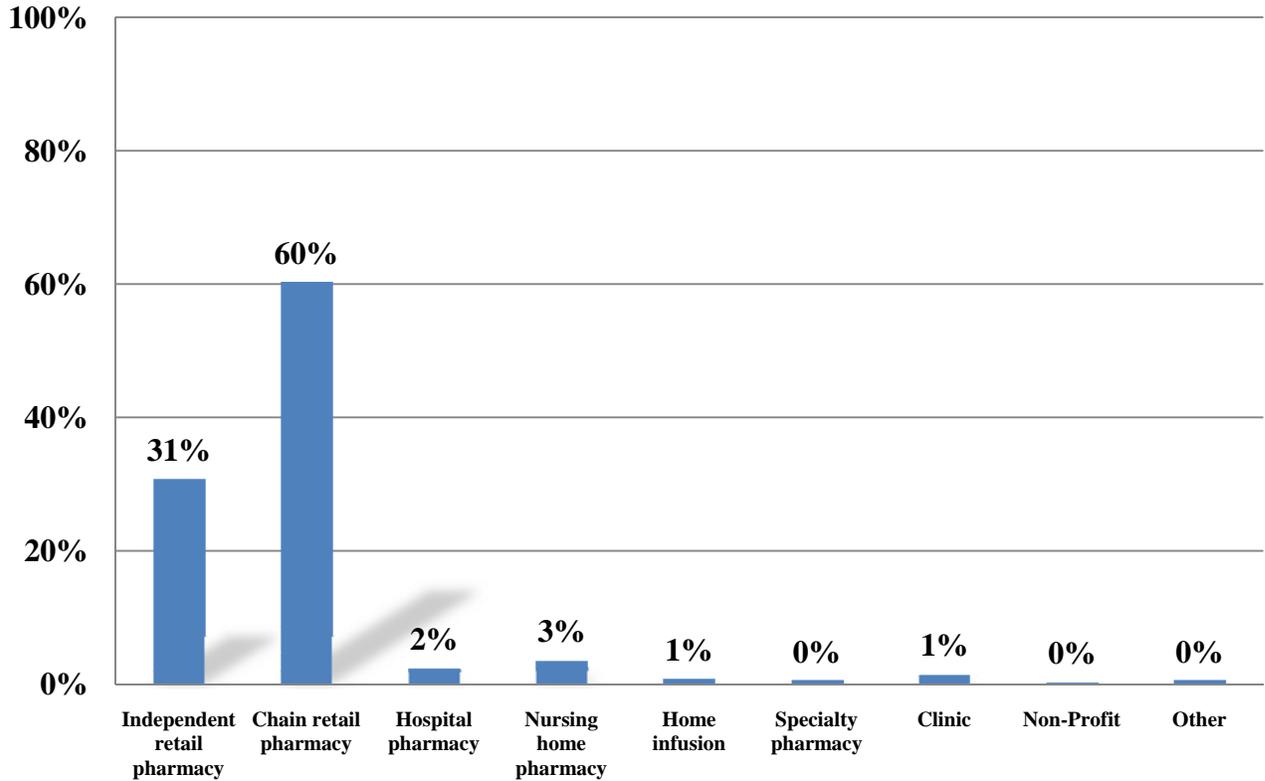
Comments:

The pharmacies surveyed are situated in a variety of locations. Most (72%) are located in city centers.¹ Eighteen percent are located in rural areas while 10% are located in suburbs.

¹ Note that the percentages reported in this and following charts represent the percentage among all respondents providing an answer to each question. In some cases, respondents did not provide an answer a specific question. In such cases their values were considered missing.

Six in ten respondents are associated with chain retail pharmacies.

q2: Which of the following most accurately describes your pharmacy?

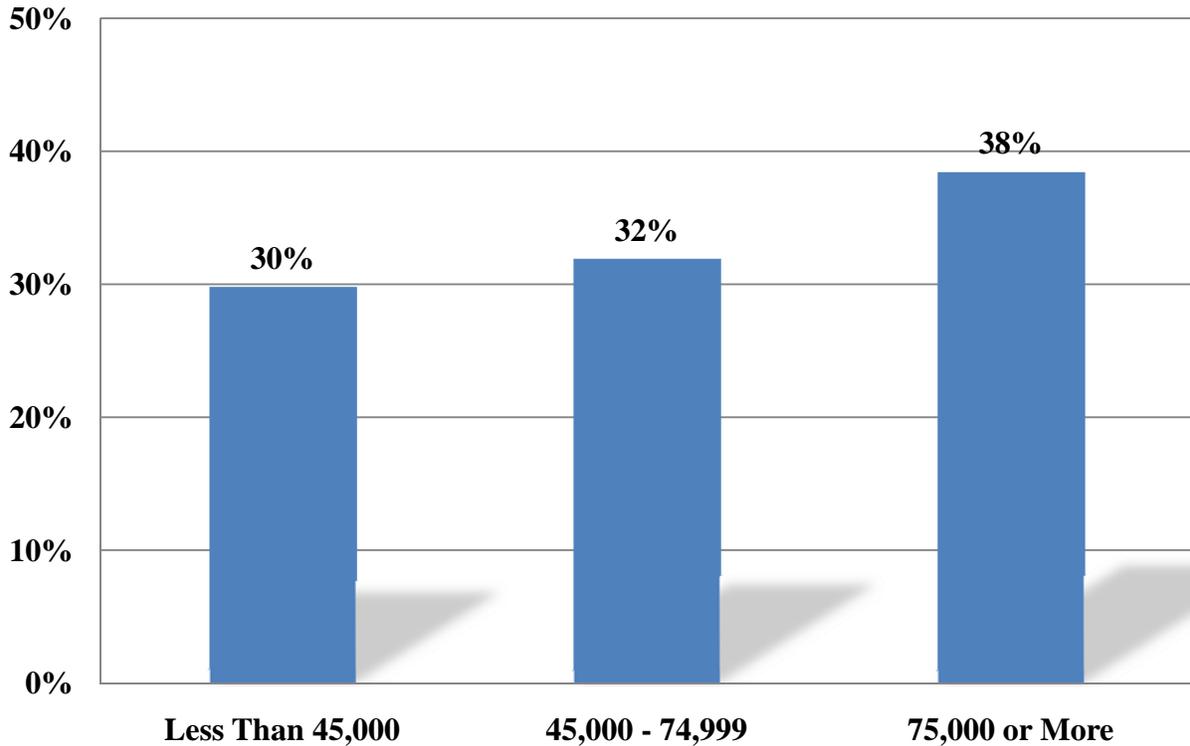


Comments:

A majority of respondents (60%) work for chain retail pharmacies. Thirty-one percent of respondents reported working for an independent retail pharmacy. Among the remaining respondents, 3% reported working for a nursing home pharmacy, 2% a hospital pharmacy, and 2% reported working for another type of pharmacy.

A majority of pharmacies (70%) dispensed 45,000 or more prescriptions in 2009.

q3: How many total prescriptions (Rx's) did your pharmacy dispense in 2009 ?

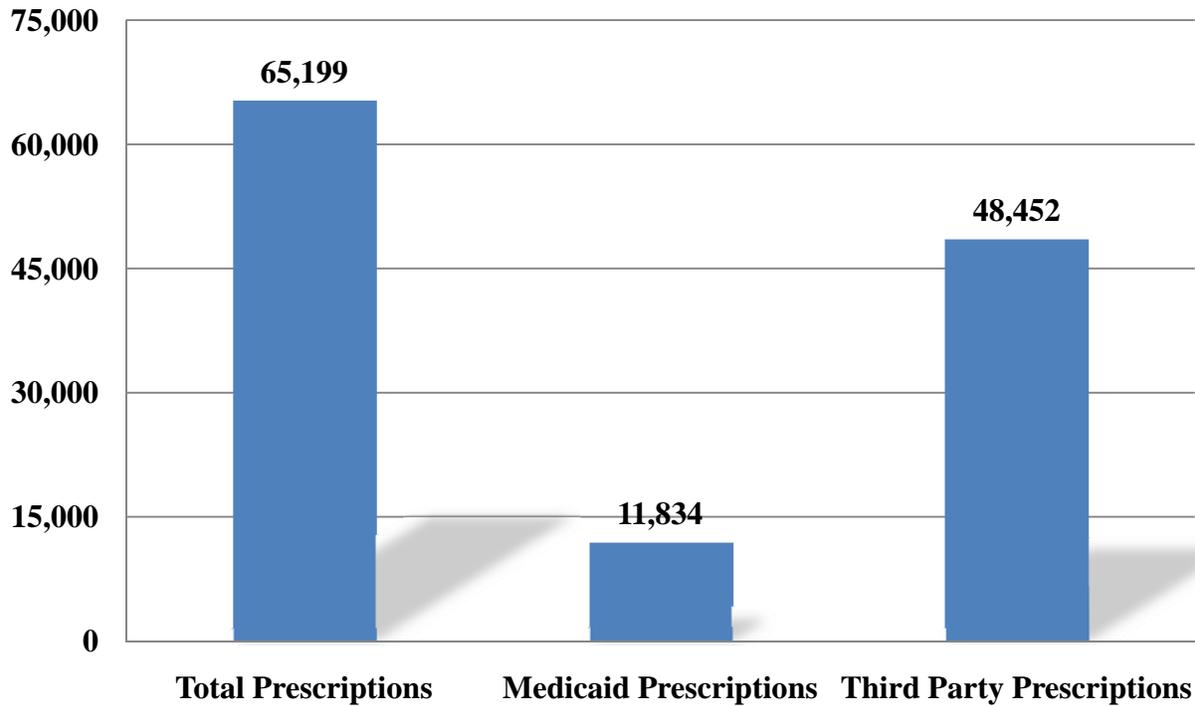


Comments:

During 2009, 30% of pharmacies dispensed fewer than 45,000 prescriptions. Nearly one-third (32%) of pharmacies dispensed between 45,000 and 74,999 prescriptions, while 38% reported dispensing 75,000 or more prescriptions in 2009.

During 2009, pharmacies dispensed an average of 65,199 prescriptions.

**Q3 How many prescriptions did your pharmacy dispense in 2009 ?
(Total and by category)**



Comments:

During 2009, pharmacies reported dispensing an average of 65,199 prescriptions. Among these prescriptions, 11,834, or 18%, were Medicaid prescriptions and 48,452, or 74%, were third party (non-Medicaid) prescriptions. The table below provides the upper and lower bounds of these three averages at 95% confidence².

Prescriptions Dispensed in 2009

	Lower Limit	Average	Upper Limit
Total prescriptions dispensed	7,500	65,199	105,000
Medicaid Rx's dispensed	251	11,834	52,500
Third party Rx's dispensed	251	48,452	77,500

² The upper and lower limits reported in this and subsequent tables were derived from the standard error of the mean. The upper and lower limits represent the confidence interval around the mean at 95% confidence.

In general, pharmacies located in the central city dispensed a greater number of total prescriptions on average (70,251) than those pharmacies located in the suburbs (58,806) and rural areas (50,168). Pharmacies in the central city were also more likely to dispense third party prescriptions (53,102 on average) than pharmacies located in the suburbs (40,158), and pharmacies in rural areas (35,235). Pharmacies located in the suburbs dispensed a greater number of Medicaid prescriptions on average (14,314) than pharmacies in the central city (12,452) and pharmacies located in rural areas (8,161).

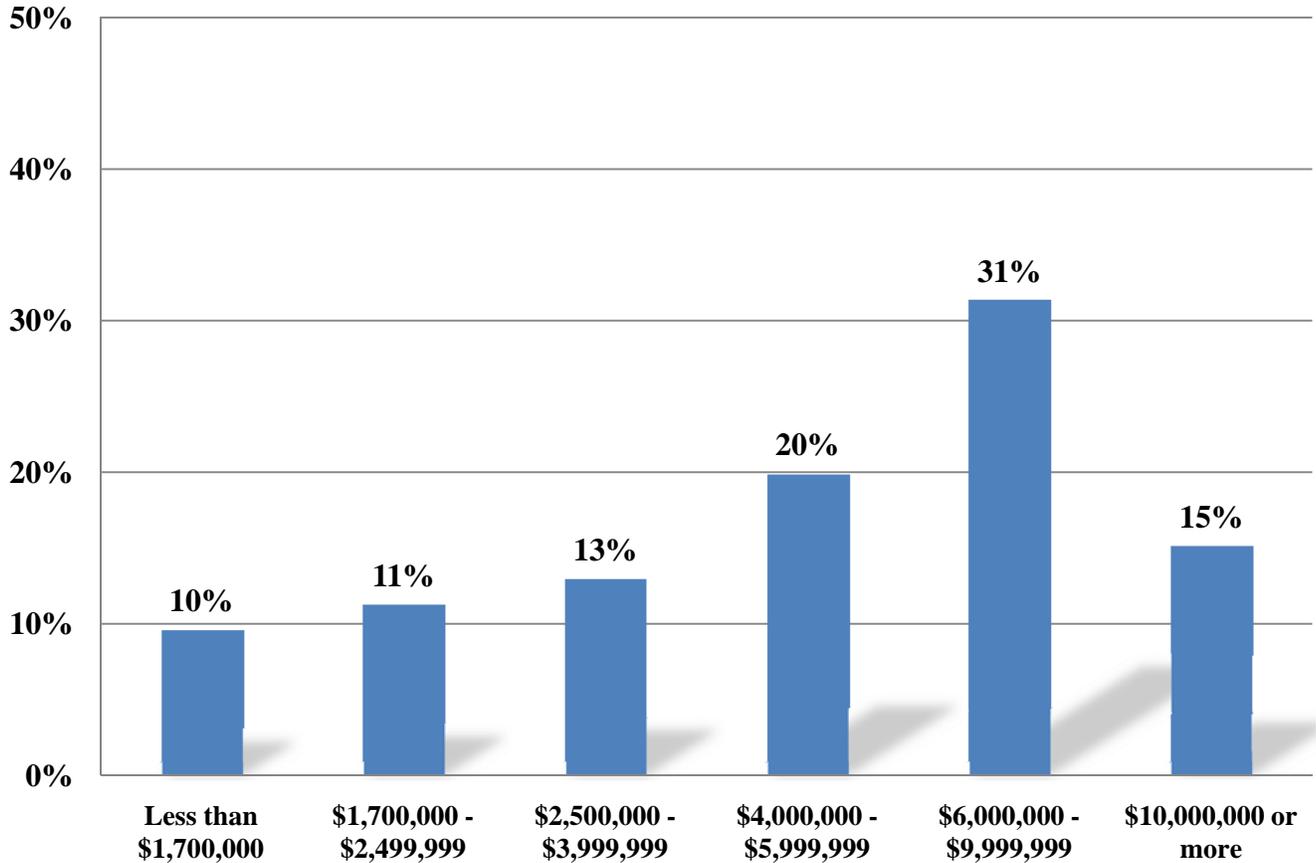
By type of pharmacy, nursing home and chain retail pharmacies dispensed the greatest total number of prescriptions (76,071 and 74,143 on average respectively). This compares to 51,114 prescriptions dispensed on average from independent retail pharmacies. Nursing homes also dispensed the greatest number of Medicaid prescriptions (an average of 28,627) while chain retail pharmacies dispensed the highest average number of third party prescriptions (57,498).

Prescriptions Dispensed in 2009 by Type of Pharmacy

	Independent retail pharmacy	Chain retail pharmacy	Hospital pharmacy	Nursing home pharmacy	Other
Total prescriptions dispensed	51,145	74,143	52,500	76,071	31,250
Medicaid Rx's dispensed	9,521	12,489	9,000	28,267	4,500
Third party Rx's dispensed	34,173	57,498	42,638	47,403	16,211

In 2009, 46% of pharmacies had sales of \$6,000,000 or more.

q12: What was the amount of total store sales in 2009?

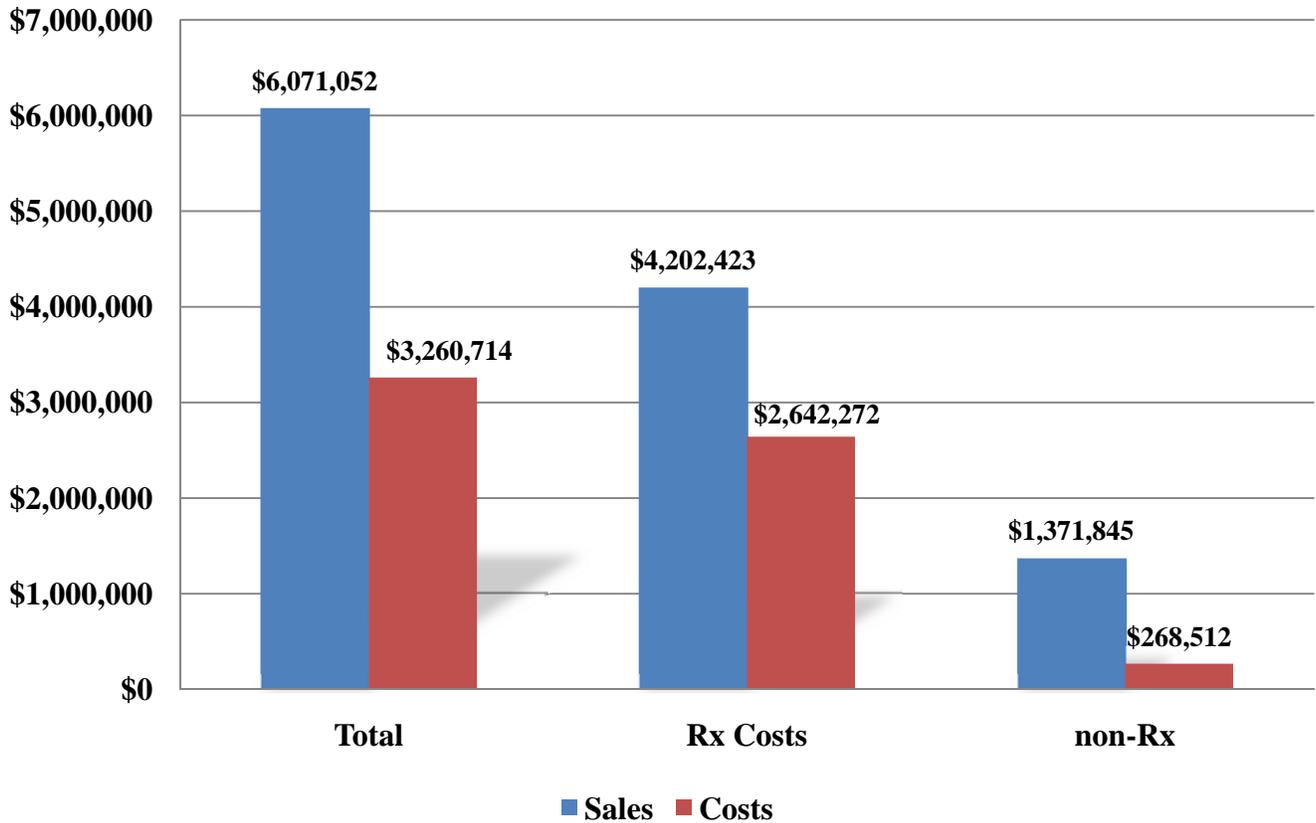


Comments:

Ten percent of respondents reported annual store sales of less than \$1,700,000 during 2009. Eleven percent reported their 2009 annual store sales were between \$1,700,000 and \$2,499,999, 13% reported sales between \$2,500,000 and \$3,999,999, and 20% reported sales between \$4,000,000 and \$5,999,999. The largest percentage (31%) reported that annual sales in 2009 were between \$6,000,000 and \$9,999,999 while 15% reported sales of \$10,000,000 or greater.

On average, a pharmacy's total sales in 2009 were \$6.1 million and cost of goods sold in 2009 was \$3.3 million.

**What were the total sales in 2009 and what were the cost of goods sold?
(Overall and by category)**



Upper and Lower Limit of Sales and Costs in 2009 (in thousands)

	Sales (in thousands)			Costs (in thousands)		
	Lower Limit	Average	Upper Limit	Lower Limit	Average	Upper Limit
Total	\$275	\$6,071	\$12,000	\$188	\$3,261	\$12,000
Prescription (Rx)	\$25	\$4,202	\$12,000	\$88	\$2,642	\$12,000
Non-prescription (non-Rx)	\$38	\$1,372	\$2,275	\$13	\$269	\$2,125

Comments:

The average total sales reported by respondents for 2009 were \$6,071,052. The average cost of goods for this same period was \$3,260,714. In total, costs represent 54% of the value of total sales. By the type of pharmacy, costs ranged from a low of 45% in chain retail pharmacies to 80% in independents retail pharmacies and 89% in nursing homes.

The average total sales of prescriptions during 2009 were \$4,202,423, while the average reported costs of prescriptions in 2009 was \$2,642,272. Costs of prescriptions in 2009 were 63% of the value of sales of prescriptions over the same period.

Non-prescription sales during 2009 averaged \$1,371,845. The average cost associated with non-prescription sales during 2009 was only \$268,512. In the case of non-prescription costs, costs were 20% of the value of sales.

Sales in 2009 by Type of Pharmacy (in thousands)

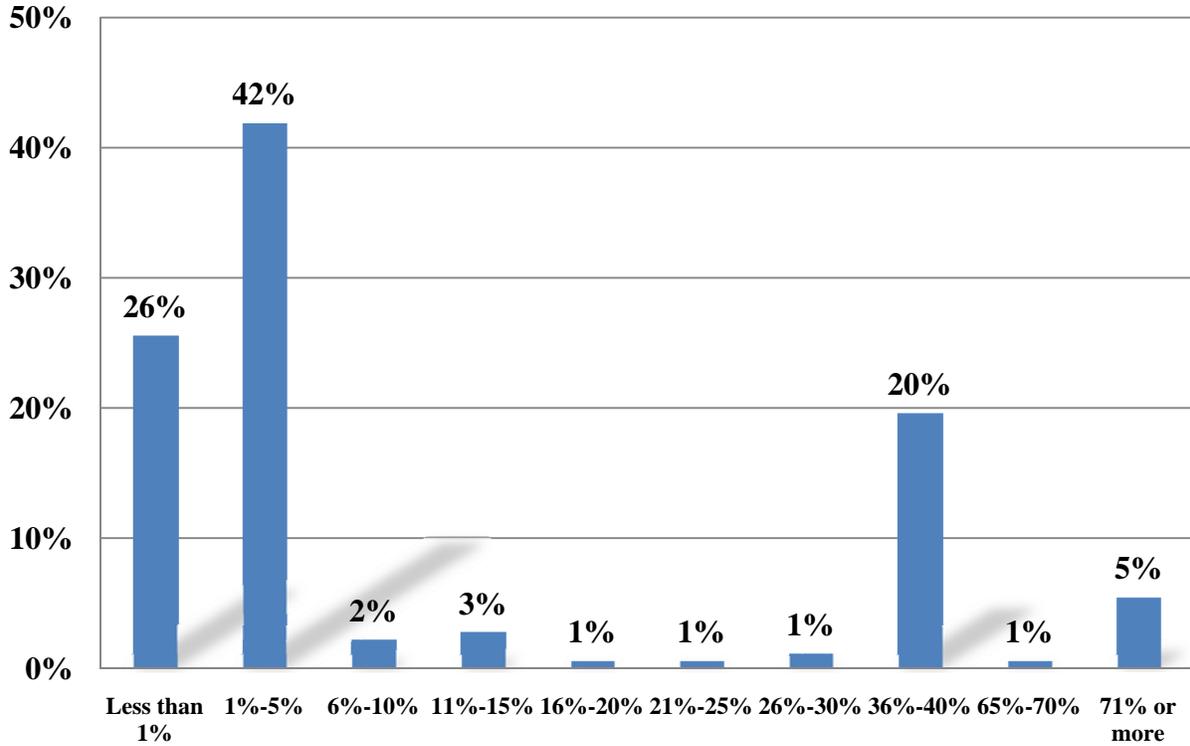
Sales (in thousands)	Independent retail pharmacy	Chain retail pharmacy	Hospital pharmacy	Nursing home pharmacy	Other
What was the amount of total store sales in 2009?	\$3,589	\$7,236	\$4,920	\$6,102	\$3,111
What were your total Rx sales in 2009?	\$2,869	\$4,772	\$4,931	\$6,520	\$3,175
What were your total non-Rx sales in 2009?	\$333	\$2,056	\$143	\$164	\$169

Costs in 2009 by Type of Pharmacy (in thousands)

Costs (in thousands)	Independent retail pharmacy	Chain retail pharmacy	Hospital pharmacy	Nursing home pharmacy	Other
What was the total cost (to you) of goods your store sold in 2009?	\$2,867	\$3,261	\$2,997	\$5,446	\$6,369
What was the total Rx cost (to you) of goods sold in 2009?	\$2,280	\$1,407	\$2,853	\$5,837	\$3,647
What was the total non-Rx cost (to you) of goods sold in 2009?	\$285	\$509	\$188	\$59	\$158

On average, about 9% of pharmacy business is related to medical supplies.

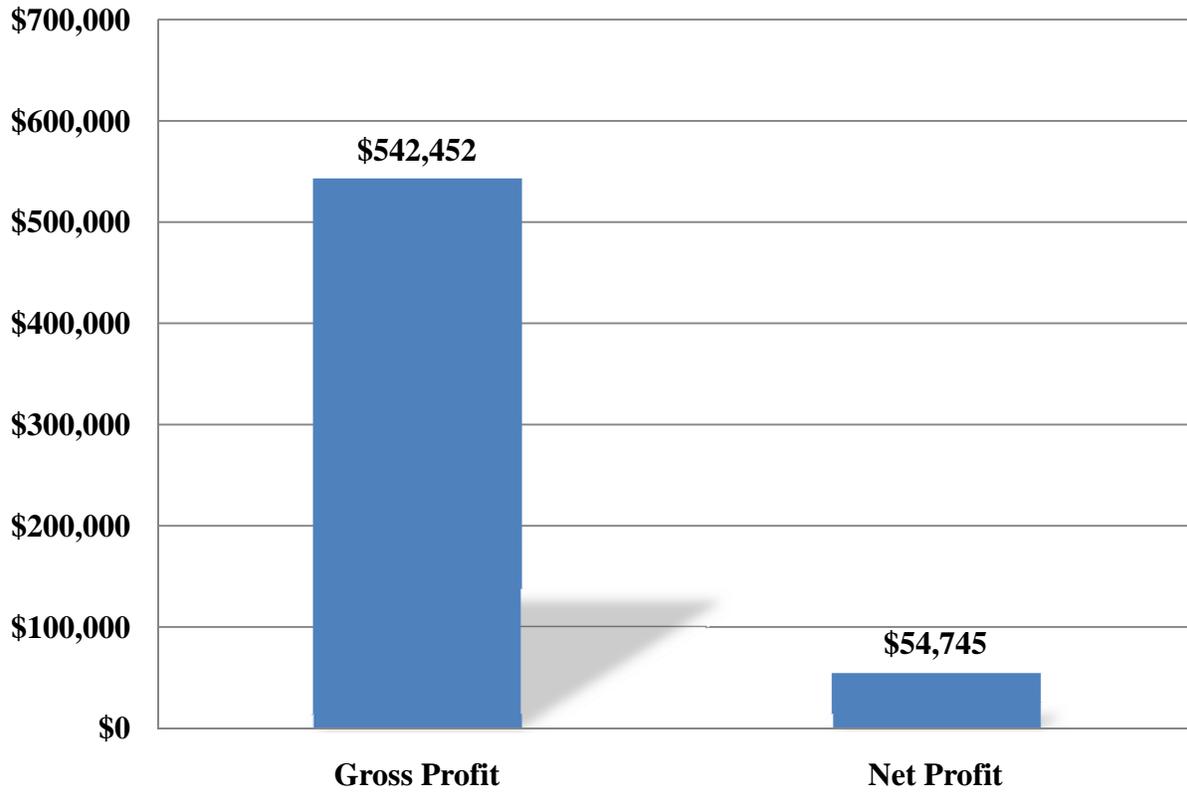
q14: What percentage of your pharmacy business is related to medical supplies?



On average, approximately 9% of pharmacy business is related to medical supplies. Most (68%) indicate that five percent or less of their pharmacy business is related to medical supplies, while 26% of respondents indicated that more than 35% of their pharmacy business was related to medical supplies.

In 2009, pharmacies had an average gross profit of \$542,452 and average net profit of \$54,745.

Gross and Net Profit in 2009



Upper and Lower Limits of 2009 Profits

	Lower Limit	Average	Upper Limit
Gross profit	\$12,501	\$542,452	\$1,125,000
Net profit	-\$57,500	\$54,745	\$212,500

Comments:

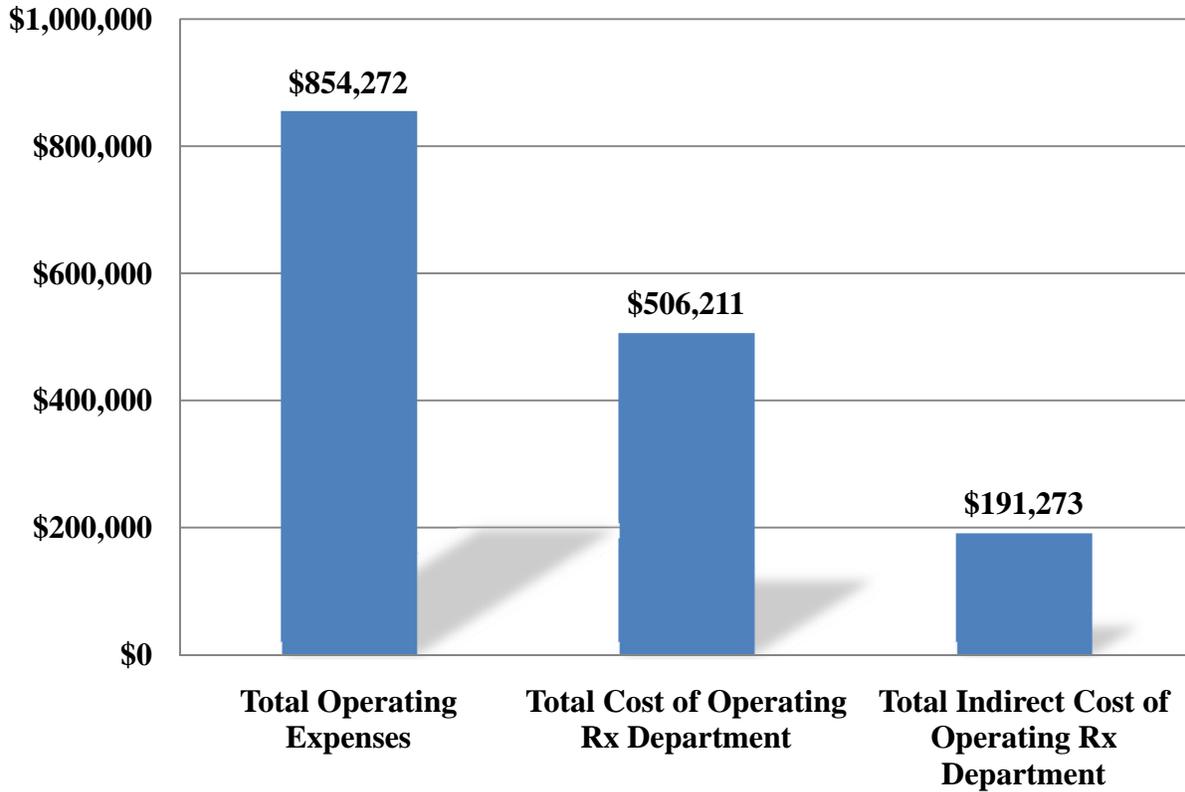
During 2009, pharmacies reported a gross profit of \$542,452 on average. The average net profit reported by respondents for 2009 was \$54,745.

In examining the relationship between profit and total sales, gross profit was, on average, 15% of total sales.³ Net profit was, on average, 2% of total sales in 2009.

³ Note that the 253 retail chain stores did not provide any data on profits. In order to accurately calculate the percentage of sales represented by gross and net profit, the average for all stores besides the 253 retail chain stores was used. Among these stores, the average sales was \$3.74 million overall and \$3.22 million for prescriptions.

Average reported operating expenses were \$854,272, or 23% of total sales.

2009 Operating Costs



Upper and Lower Limits of 2009 Operating Expenses

	Lower Limit	Average	Upper Limit
Total operating expenses	\$75,001	\$854,272	\$2,500,000
Total cost of operating Rx department	\$12,501	\$506,211	\$1,125,000
Indirect cost of operating Rx department	\$12,501	\$191,273	\$1,125,000

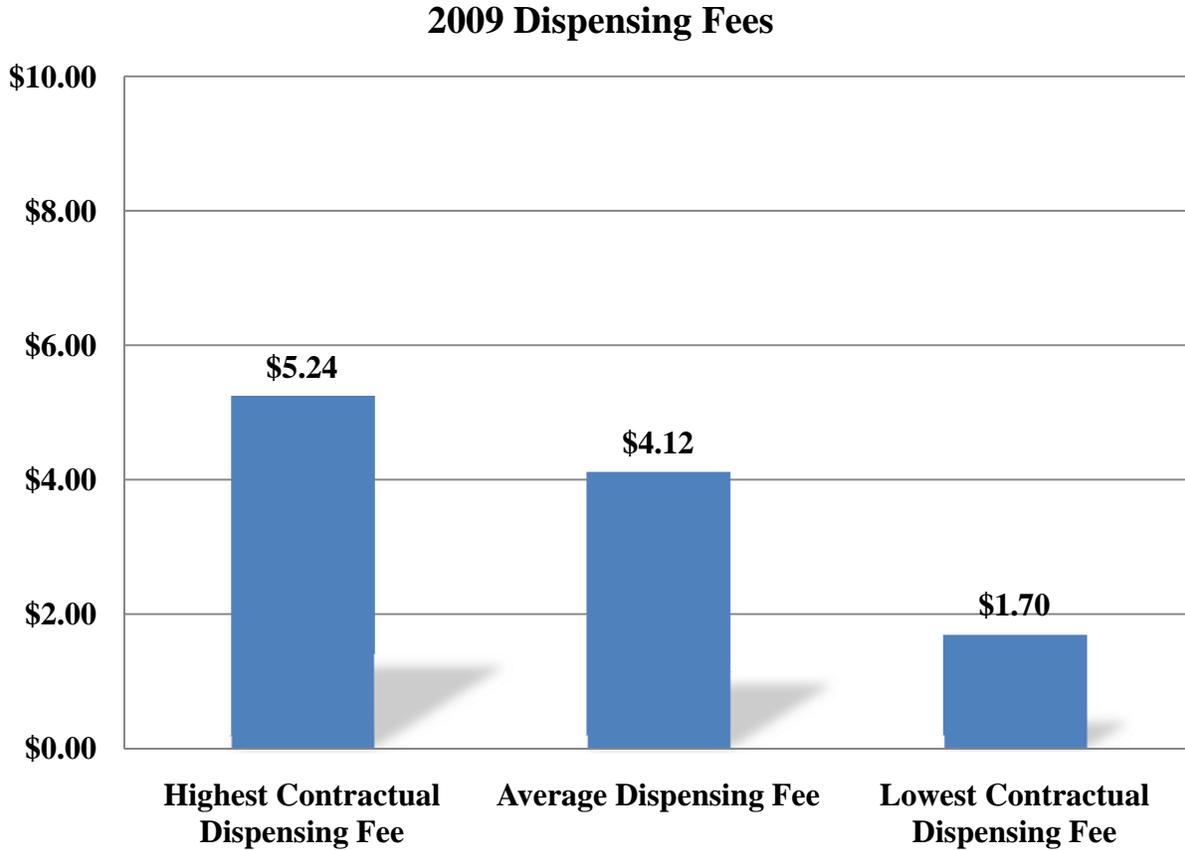
Comments:

During 2009, pharmacies reported their average total operating expenses were \$854,272, or 23% of total sales for the year. The average total cost of operating the Rx department during 2009 was \$506,211 or 16%⁴ of total prescription sales in 2009. This represents 14% of all sales during 2009. The average indirect cost of operating Rx departments was \$191,273, or 6% of total prescription sales (5% of all 2009 sales).

⁴ Note that the 253 retail chain stores did not provide any data on operating costs.

Analysis of Dispensing Fees

On average, the highest contractual fee for dispensing a prescription was \$5.24 and the lowest contractual fee was \$1.70. The average dispensing fee was \$4.12.



Upper and Lower Limits of Highest and Lowest Contractual Dispensing Fees and Average Dispensing Fee in 2009

	Lower Limit	Average	Upper Limit
Highest contractual dispensing fee	\$2.38	\$5.24	\$10.50
Average dispensing fee	\$2.38	\$4.12	\$10.50
Lowest contractual dispensing fee	\$0.88	\$1.70	\$5.12

Comments:

Respondents were asked two questions about contractual dispensing fees during 2009⁵. They were asked to indicate the dollar amount of their lowest contractual dispensing fee for prescriptions during 2009, as well as their highest contractual dispensing fee during 2009. Respondents were also asked the average fee they received for dispensing prescriptions.

On average, the highest contractual dispensing fee for a prescription was \$5.24. Among all respondents, the lowest contractual dispensing fee per prescription was \$1.70, on average.

Respondents were also asked to indicate their average fee for dispensing all prescriptions during 2009. The average dispensing fee reported by respondents was \$4.12 during 2009.⁶

By the type of pharmacy, the average reported dispensing fee ranged from \$2.93 at chain retail pharmacies to \$4.66 at hospital pharmacies.

Highest and Lowest Contractual Dispensing Fees and Average Dispensing Fee in 2009

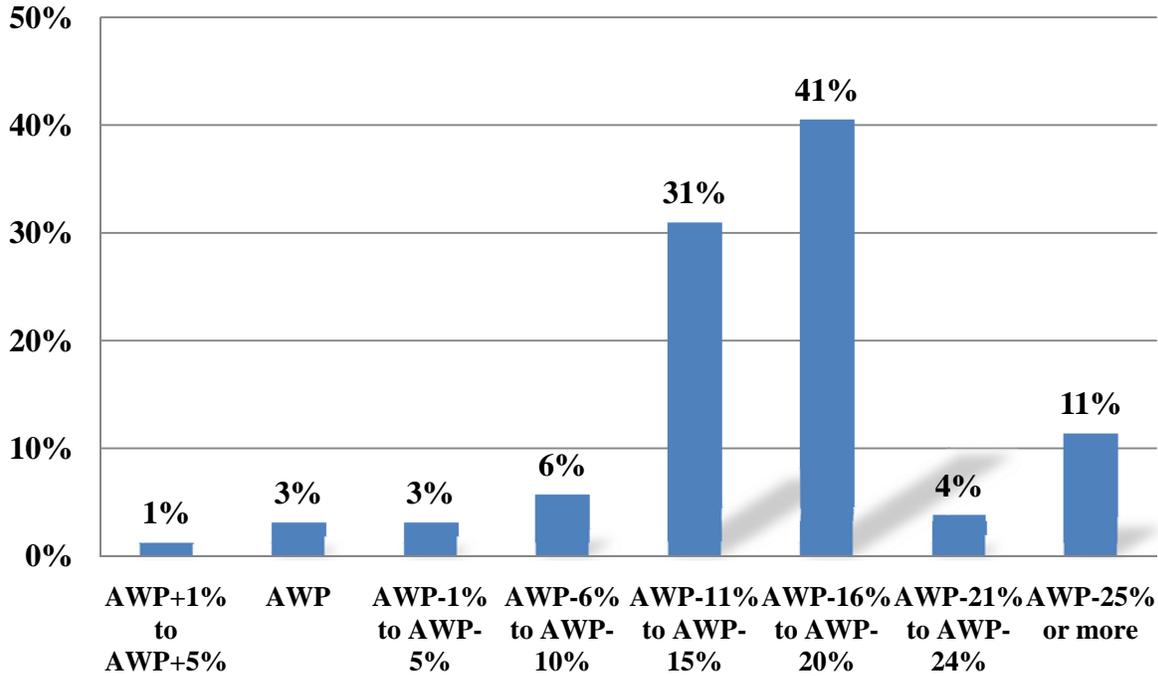
	Independent retail pharmacy	Chain retail pharmacy	Hospital pharmacy	Nursing home pharmacy	Other
What was your lowest contractual dispensing fee for Rx's in 2009?	\$1.64	\$1.72	\$1.81	\$2.01	\$1.83
What was your highest contractual dispensing fee for Rx's?	\$4.99	\$5.52	\$5.90	\$5.48	\$7.19
What was the average fee you received for dispensing all prescriptions in 2009?	\$4.20	\$2.93	\$4.66	\$4.24	\$3.52

⁵ Note that the 253 retail chain stores did not provide any data on dispensing fees, reimbursements, or their pricing baselines.

⁶ The calculations of fee averages were based on the middle values of the intervals.

The lowest contractual product reimbursement cost structure most often fell in the range AWP -16% to AWP-20% (41% of pharmacies).

q8: Into which of the following ranges did your lowest contractual product reimbursement cost fall?



Note: AWP - Average Wholesale Price.

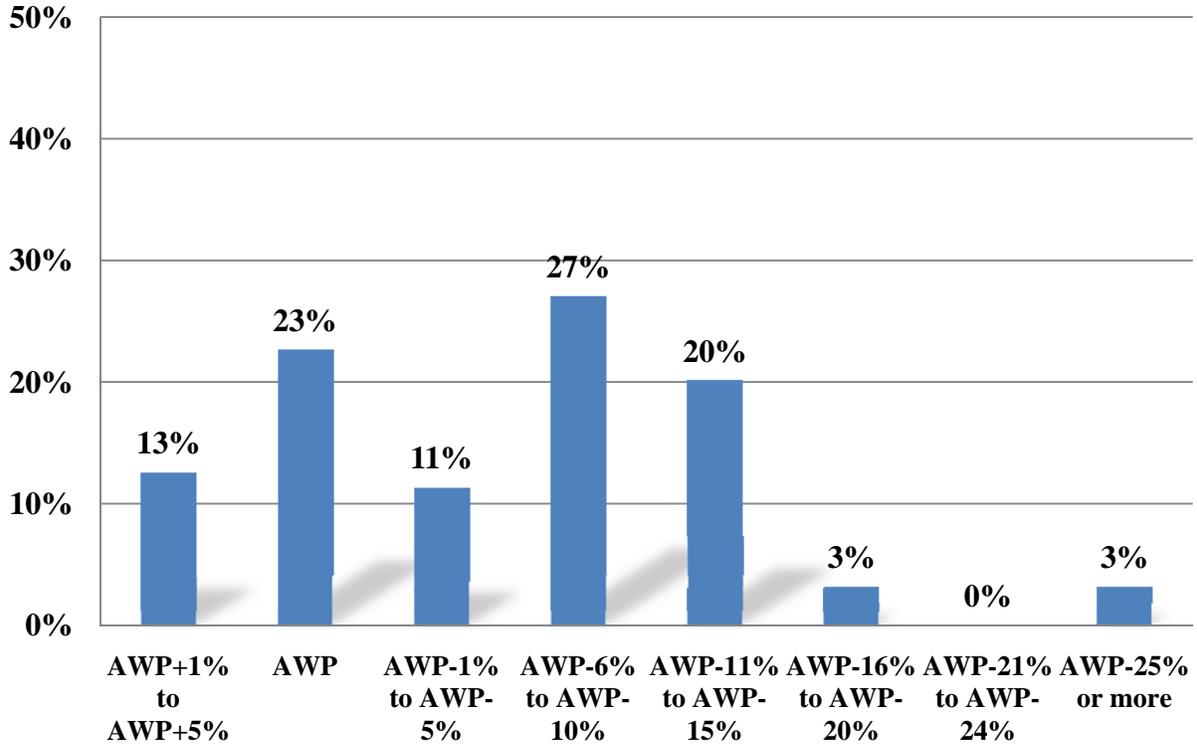
Comments:

Respondents were asked three questions to assess the relationship between reimbursement for prescriptions and the average wholesale price of these prescriptions. These included questions on the lowest contractual product reimbursement, the highest contractual reimbursement, and the most common product reimbursement.

Forty-one percent of respondents indicated that their lowest contractual product reimbursement cost fell between AWP-16% and AWP-20% 2009 while 31% indicated their lowest contractual product reimbursement cost fell between AWP-11% and AWP-15%. Six percent of respondents indicated the lowest product reimbursement cost was AWP-6% to AWP-10%, 3% indicated AWP-1% to AWP-5%, and 3% indicated the lowest product reimbursement cost was equal to AWP. Fifteen percent of respondents indicated the lowest product reimbursement cost was AWP-21% or less during 2009.

Nearly three in ten (27%) indicated the highest contractual product reimbursement cost structure fell in the range AWP-6% to AWP-10%.

q9: Into which of the following ranges did your highest contractual product reimbursement cost fall?



Note: AWP - Average Wholesale Price.

Comments:

Thirteen percent of respondents indicated that the highest contractual product reimbursement cost was between AWP+1% and AWP+5% in 2009 and 23% indicated their highest contractual product reimbursement cost was equal to AWP. Eleven percent indicated their highest contractual product reimbursement cost was between AWP-1% and AWP-5%. Twenty-seven percent indicated their highest contractual product reimbursement costs was between AWP-6% and AWP-10%, while 20% indicated their highest contractual product reimbursement cost fell between AWP-11% and AWP-15%.

Respondents were asked also to provide the most common contractual dispensing reimbursement formula for prescriptions they used, excluding Medicaid prescriptions. Respondents provided a range of answers to this question, which are summarized in the table below⁷: The most commonly mentioned formulas for fee reimbursement were:

- AWP-15%+\$2.50 (mentioned by 28% of respondents)
- AWP-12%+\$2.00 (4%)
- AWP-15%+\$2.00 (3%)
- AWP-13%+\$2.50 (3%)
- AWP-12%+\$2.50 (3%)
- AWP-12%+\$3.00 (mentioned by 3% of respondents)

⁷ For verbatim responses to this question, see appendix 3.

In 2009, what was your most common contractual dispensing fee reimbursement formula for prescriptions excluding Medicaid Rx's?

Formula	%
AWP-15%+\$2.50	28%
AWP-12+\$2.00	4%
AWP-15%+\$2.00	3%
AWP-13%+\$2.50	3%
AWP-12%+\$2.50	3%
AWP-12%+\$3.00	3%
AWP-10%+\$2.00	2%
AWP-10%+\$2.50	2%
AWP-15%+\$1.50	2%
AWP-16%+\$2.50	2%
AWP-8%+\$3.00	2%
AWP-14%+\$2.00	2%
AWP-12%+\$2.75	2%
AWP-12%+\$4.00	2%
AWP-15%+\$1.75	2%
AWP-13%	2%
AWP-14%+\$1.50	1%
AWP-14+\$1.75	1%
AWP-14%+\$2.50	1%
AWP-14%+\$2.75	1%
AWP-13+\$1.50	1%
AWP-10%	1%
AWP-5%+\$2.50	1%
AWP-16%+\$2.00	1%
AWP-1% to -5%	1%
AWP-10%+\$10.00	1%
AWP-11%+\$2.25	1%
AWP-12%+\$1.00	1%
AWP-15%+\$4.00	1%
AWP-17%+\$1.75	1%
AWP-5%	1%
AWP-5%+\$4.50	1%
AWP-16%+\$1.50	1%
AWP-14%+\$2.25	1%

**In 2009, what was your most common contractual dispensing fee reimbursement formula for prescriptions excluding Medicaid Rx's?
(continued)**

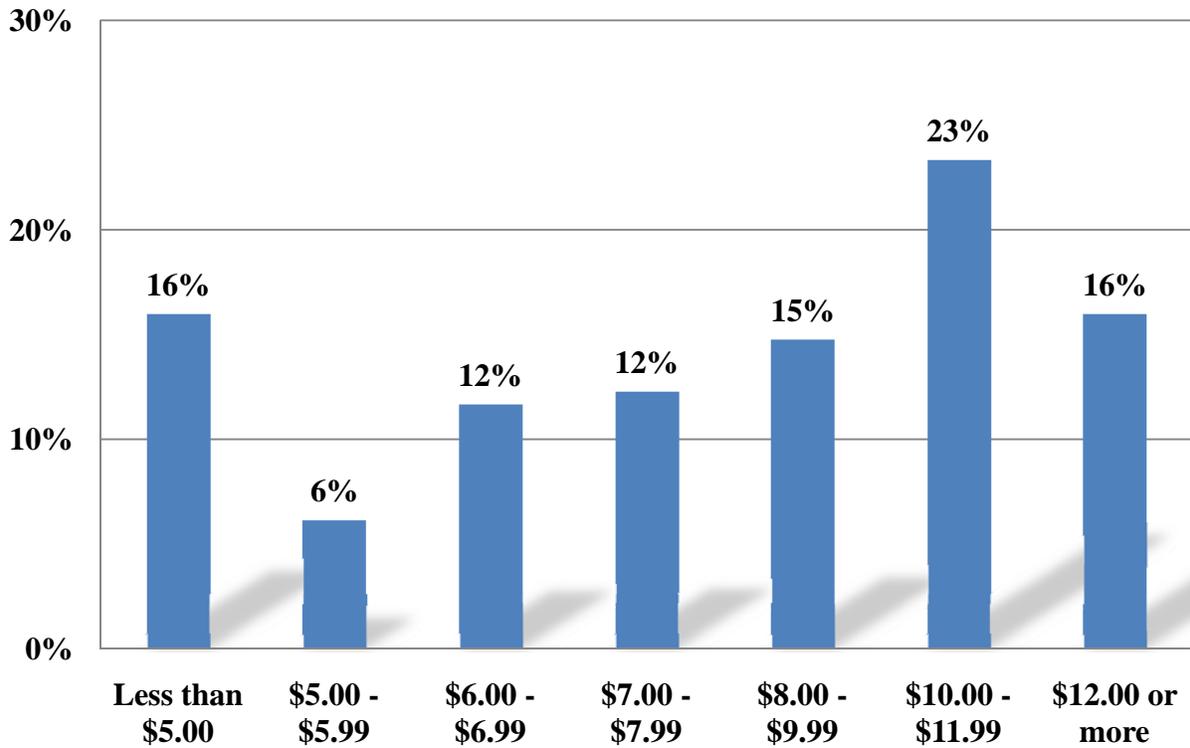
Formula	%
AWP-13%+\$2.00	1%
AWP-13+\$3.75	1%
AWP-12%+\$1.50	1%
AWP-12%+\$4.50	1%
AWP-11%+\$2.50	1%
AWP-11%+\$2.75	1%
AWP-11%+\$3.00	1%
AWP-10%+\$3.50	1%
AWP-10%+\$6.00	1%
AWP-12%+\$5.00	1%
AWP-13%+\$4.50	1%
AWP-17%+\$2.00	1%
AWP+\$1.50	1%
AWP+\$9.00	1%
AWP-10%+\$2.25	1%
AWP-11%+\$1.50	1%
AWP-11% to -15%	1%
AWP-12%	1%
AWP-12%+\$1.25	1%
AWP-12%+\$2.40	1%
AWP-14%+\$1.40	1%
AWP-14%+\$1.65	1%
AWP-14%+\$5.00	1%
AWP-15%	1%
AWP-15%+\$2.25	1%
AWP-15.5%+\$2.00	1%
AWP-16%+\$1.00	1%
AWP-16%+\$3.00	1%
AWP-18%+\$1.00	1%
AWP-18%+\$1.50	1%
AWP-18%+\$4.00	1%
AWP-2%+\$3.00	1%

**In 2009, what was your most common contractual dispensing fee reimbursement formula for prescriptions excluding Medicaid Rx's?
(continued)**

Formula	%
AWP-5%+\$2.80	1%
AWP-6%+\$3.00	1%
AWP-7%+\$2.00	1%
AWP-8%+\$2.25	1%
Total	100%

On average, the cost of dispensing a prescription during 2009 was \$8.43. Half (54%) indicated that the cost of dispensing a prescription was \$8.00 or more.

q28: What was average cost of dispensing a prescription in 2009?



Upper and Lower Limits of Average Cost to Dispense a Prescription in 2009

	Lower Limit	Average	Upper Limit
Average cost to dispense a prescription	\$2.38	\$8.43	\$12.50

Comments:

The average cost of dispensing a prescription reported by respondents during 2009 was \$8.43. Thirty-nine percent of respondents indicated that the average cost of dispensing a prescription was \$10.00 or more. Fifteen percent of respondents indicated that the cost of dispensing a prescription was between \$8.00 and \$9.99, 12% between \$7.00 and \$7.00, 12% between \$6.00 and \$6.99 and 6% indicated the average cost to dispense a prescription was between \$5.00 and

\$5.99. Only 16% of respondents indicated that average cost of dispensing a prescription was less than \$5.00.

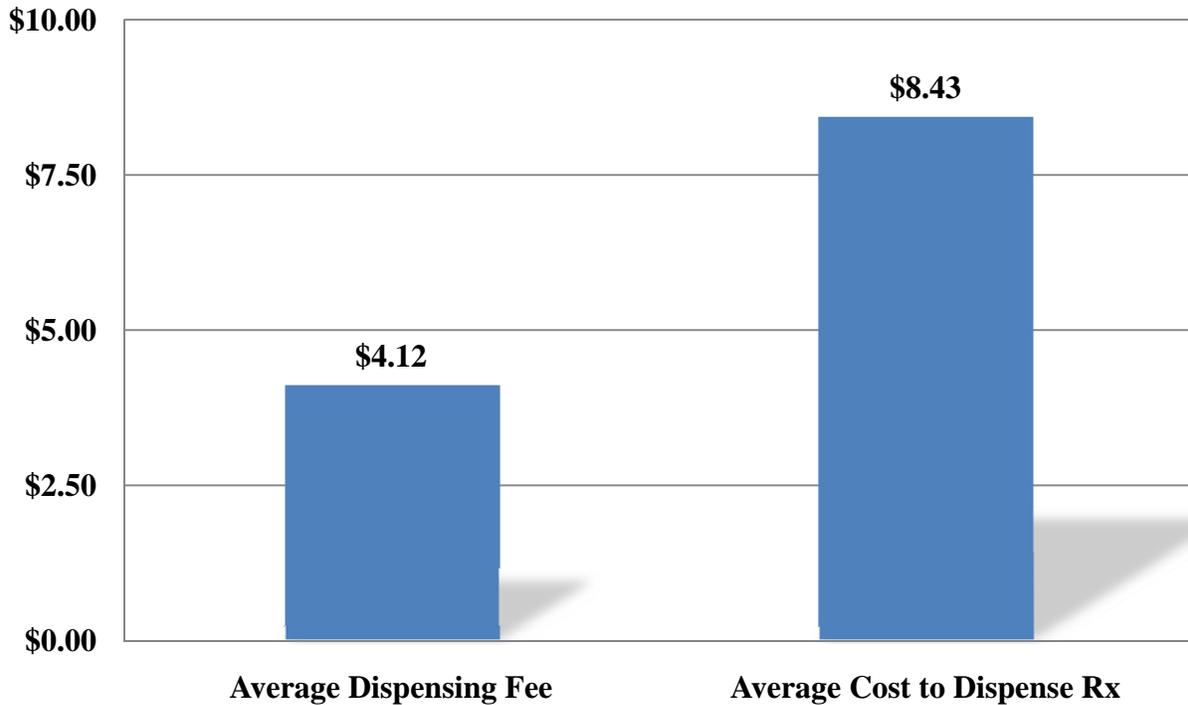
By the type of pharmacy, the average reported cost to dispense a prescription ranged from \$4.84 at chain retail pharmacies to \$10.26 at nursing home pharmacy. Additionally, the average cost was \$8.18 at independent retail pharmacies.

Average Cost to Dispense a Prescription in 2009 by Type of Pharmacy

	Independent retail pharmacy	Chain retail pharmacy	Hospital pharmacy	Nursing home pharmacy	Other
Average cost to dispense a prescription	\$8.18	\$4.84	\$9.41	\$10.26	\$11.05

In 2009, the average fee received for dispensing a prescription (\$4.12) was lower than the cost to dispense a prescription (\$8.43).

What was the average fee you received for dispensing all prescriptions in 2009 and what was the average cost to dispense a prescription in 2009?



Upper and Lower Limits of Average Cost to Dispense a Prescription and Fee Received for Dispensing a Prescription in 2009

	Lower Limit	Average	Upper Limit
Average fee for dispensing a prescription	\$2.38	\$4.12	\$10.50
Average cost to dispense a prescription	\$2.38	\$8.43	\$12.50

Comments:

During 2009, respondents indicated they received \$4.12, on average, for dispensing a prescription, while the average cost to dispense a prescription in 2009 was \$8.43, a difference of \$4.31.

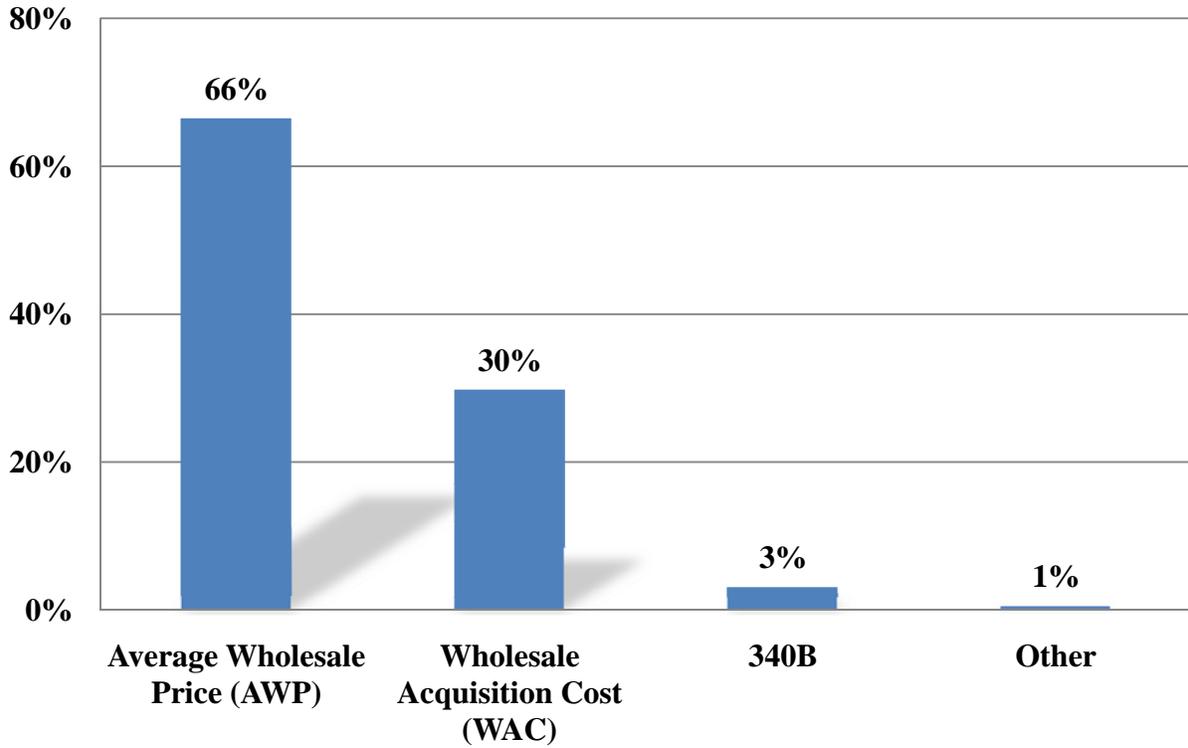
By the type of pharmacy, the average reported cost to dispense a prescription was greater than the fee received for dispensing a prescription. This difference ranged from \$6.02 at hospital pharmacies to \$1.90 at chain retail pharmacies.

Average Cost to Dispense a Prescription and Fee Received for Dispensing a Prescription in 2009 by Type of Pharmacy

	Independent retail pharmacy	Chain retail pharmacy	Hospital pharmacy	Nursing home pharmacy	Other
Average fee for dispensing a prescription	\$4.20	\$2.93	\$4.66	\$4.24	\$3.52
Average cost to dispense a prescription	\$8.18	\$4.84	\$9.41	\$10.26	\$11.05
Difference	\$3.97	\$1.90	\$4.75	\$6.02	\$7.52

In 2009, two-thirds (66%) of pharmacies use the Average Wholesale Price (AWP) as the pricing baseline for the cost of brand name drugs.

q17: What pricing baseline is your cost for brand drugs based on?



**In general, into which of the following ranges does your cost for brand drugs fall?
(by pricing baseline)**

	Average Wholesale Price (AWP)	Wholesale Acquisition Cost (WAC)	Other
(pricing baseline from previous question) -20% or less	8%	7%	0%
(pricing baseline from previous question) -10% to -19%	54%	2%	17%
(pricing baseline from previous question) -1% to -9%	22%	67%	0%
(pricing baseline from previous question)	8%	11%	83%
(pricing baseline from previous question) +1% to +9%	4%	13%	0%
(pricing baseline from previous question) +10% to +19%	1%	0%	0%
(pricing baseline from previous question) +20% or more	4%	0%	0%
Total	100%	100%	100%

Comments:

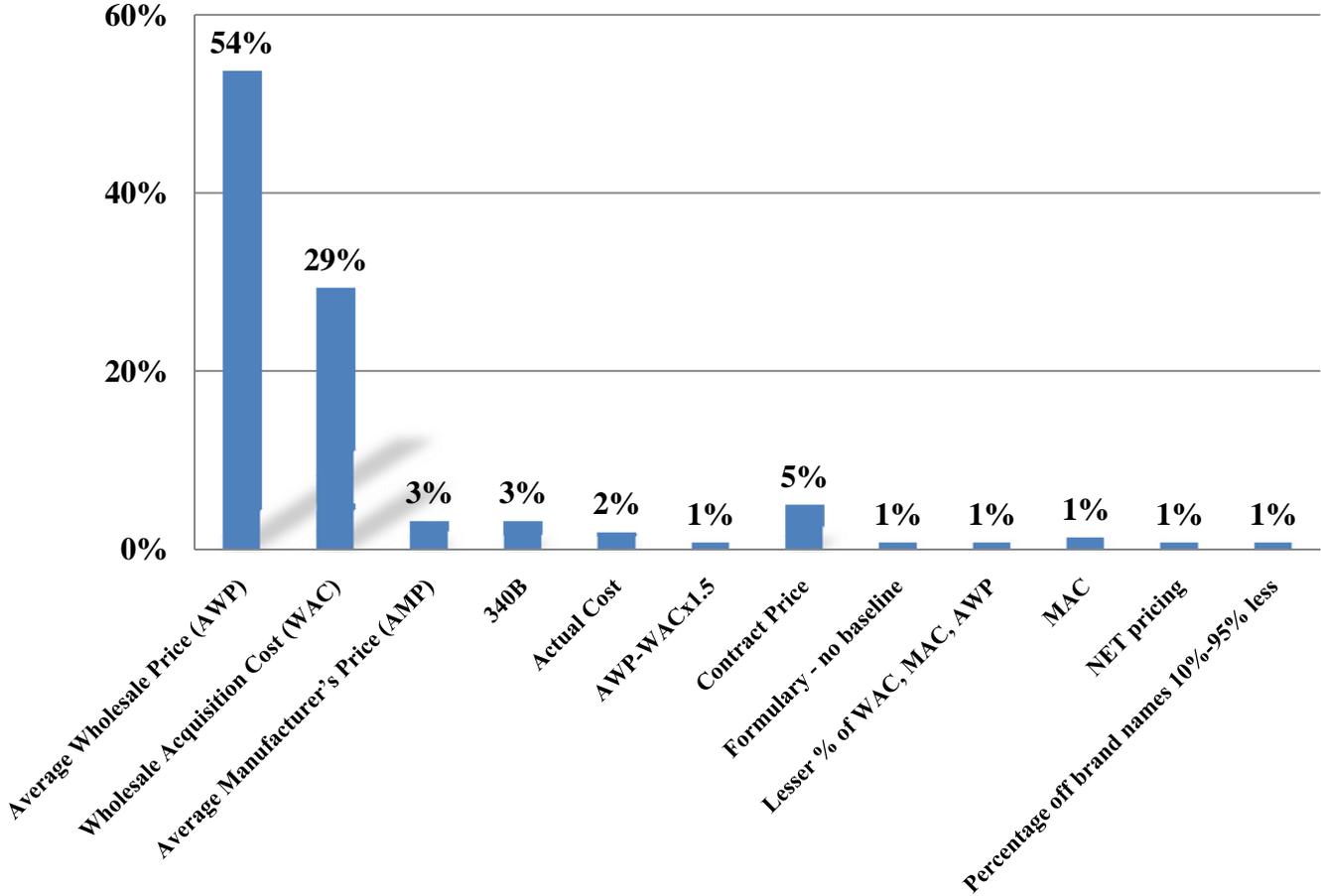
Among all pharmacies, the most common pricing baseline for brand name drugs is the average wholesale price (AWP), mentioned by 66% of respondents. Thirty percent of respondents indicated their pricing baseline for brand name drugs is the wholesale acquisition cost (WAC), while 2% used as a pricing baseline 340B.

Among those whose pricing baseline is the AWP, 54% indicated that the price of brand name drugs falls in the range AWP –10% to -19%, while 22% indicated the price falls between AWP –1% to -9%.

Among those whose pricing baseline is the WAC, 67% indicated that the price of brand name drugs falls in the range WAC –1% to -9%, 17% in the range WAC +1% to 9% and 13% indicated the price range is WAC +1% to +9%.

In 2009, more than half of the pharmacies (54%) used the Average Wholesale Price (AWP) as the pricing baseline for generic drugs while 29% used the wholesale acquisition cost as the pricing baseline for generic drugs.

q19: What pricing baseline is your cost for GENERIC drugs based on?



**In general, into which of the following ranges does your cost for generic drugs fall?
(by pricing baseline)**

	Average Wholesale Price (AWP)	Wholesale Acquisition Cost (WAC)	Contract Price	340B	Average Manufacturer's Price (AMP)	Other
(pricing baseline from previous question) -70% or less	4%	2%	0%	0%	0%	0%
(pricing baseline from previous question) -60% to -69%	1%	2%	0%	20%	0%	0%
(pricing baseline from previous question) -50% to -59%	18%	5%	0%	0%	0%	0%
(pricing baseline from previous question) -40% to -49%	9%	11%	50%	0%	25%	0%
(pricing baseline from previous question) -20% to -39%	36%	9%	0%	0%	0%	25%
(pricing baseline from previous question) -1% to -19%	20%	20%	0%	0%	50%	13%
(pricing baseline from previous question)	5%	27%	50%	80%	25%	50%
(pricing baseline from previous question) +1% to +9%	2%	11%	0%	0%	0%	0%
(pricing baseline from previous question) +10% to +19%	2%	7%	0%	0%	0%	0%
(pricing baseline from previous question) +20% or more	2%	5%	0%	0%	0%	13%
Total	100%	100%	100%	100%	100%	100%

Comments:

Among all pharmacies, the most common pricing baseline for generic drugs is the average wholesale price (AWP), mentioned by slightly more than half of respondents (54%). Twenty-nine percent of respondents indicated their pricing baseline for generic drugs is the wholesale acquisition cost (WAC) while 3% used as a pricing baseline the average manufacturers' price (AMP). Other baselines mentioned include contract pricing (5%), 340B (3%), and actual price (2%), among others.

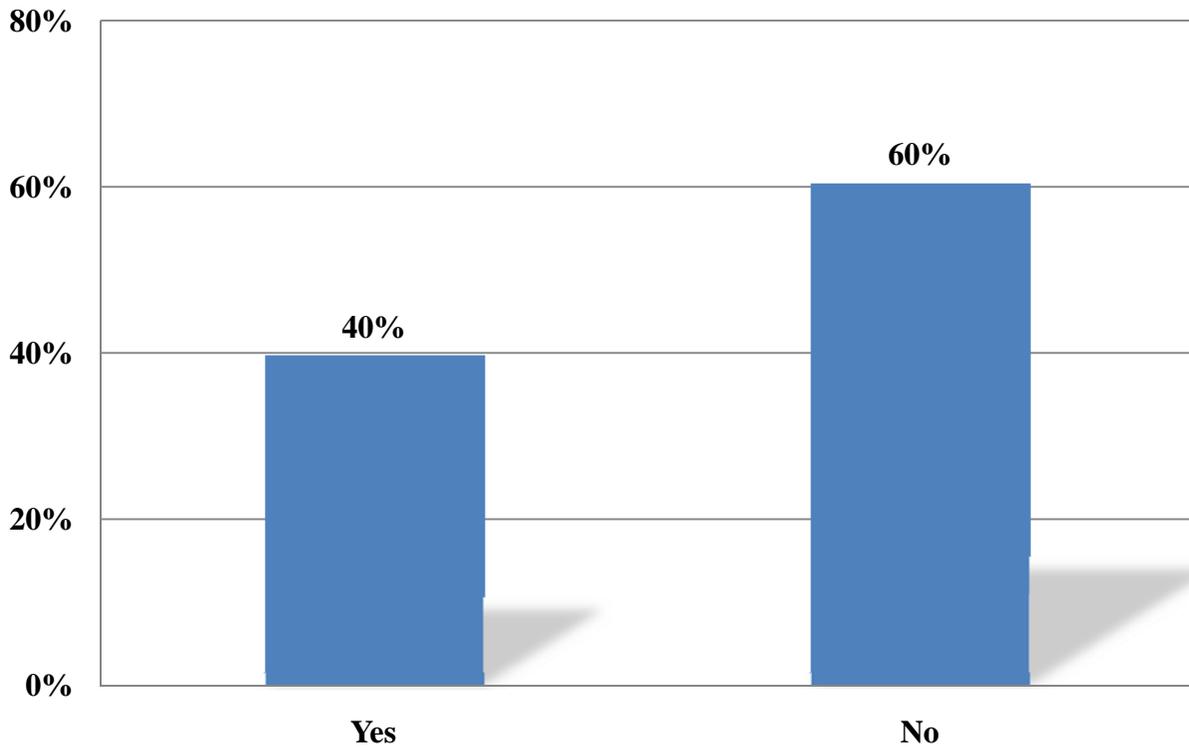
Among those whose pricing baseline is the AWP, 36% indicated that the price of generic drugs falls in the range AWP -20% to -39%, 20% indicated the ranges is AWP -1% to -19%. Eighteen percent of those whose pricing baseline is the AWP indicated that the price of generic drugs falls in the range AWP -50% to -59%

Among those whose pricing baseline is the WAC, 27% indicated the price range is WAC, 20% indicated that the price of generic drugs falls in the range WAC - 1% to -19%, 11% indicated the price range is WAC +1% to +9%, and 11% indicated that the price of generic drugs falls in the range WAC-40% to -49%

Involvement in Medication Therapy Management

Four in ten pharmacies are involved in Medication Management Therapy with other payers.

q29: Are you involved in Medication Therapy Management(MTM) with any other payers?



Comment:

Forty percent of pharmacies report they are involved in Medication Therapy Management (MTM) with other payers. Sixty percent of pharmacies indicated they were not involved in MTM with any other payers.

Among those that were involved with MTM with other payers, 58% indicated they were involved with Mirixa and 42% indicated they were involved with Humana. Twenty-two percent indicated they received \$60 or less for these services while 13% indicated they received \$90 or less for these services.

**q30: Please, describe your involvement in MTM
(% among those involved in MTM with other payers)**

Comment	%
Mirixa, Community Care Rx	58%
Humana, Outcomes	42%
\$60 or less reimbursement for services	22%
Medicare Part D	13%
\$30 or less reimbursement for services	13%
Medication Inventory, Review	12%
\$90 or less reimbursement for services	10%
Online record keeping	8%
Face to face review	7%
Education	5%
Medication Therapy Management	5%
\$50 or less reimbursement for services	5%
McKesson	3%
Drug Therapy Intervention	3%
\$75 or less reimbursement for services	3%
Aetna	2%
Pfizer	2%
Compliance consultation	2%
OTHER	7%
Total	100%

Appendices

Appendix 1. Counts and Percentages of Survey Items

q1: Where is your pharmacy located?

		Total	
		Count	%
q1: Where is your pharmacy located?	Central city	308	72%
	Suburbs	44	10%
	Rural area	76	18%
	Total	428	100%

q2: Which of the following most accurately describes your pharmacy?

		Total	
		Count	%
q2: Which of the following most accurately describes your pharmacy?	Independent retail pharmacy	132	31%
	Chain retail pharmacy	259	60%
	Hospital pharmacy	10	2%
	Nursing home pharmacy	15	3%
	Home infusion	3	1%
	Specialty pharmacy	2	0%
	Clinic	6	1%
	Non-Profit	1	0%
	Other	2	0%
	Total	430	100%

q3: How many total prescriptions (Rx's) did your pharmacy dispense in 2009 ?

		Total	
		Count	%
q3: How many total prescriptions,(Rx's) did your pharmacy dispense in 2009?	Fewer than 9,999	9	2%
	10,000-14,999	4	1%
	15,000-19,999	9	2%
	20,000-24,999	16	4%
	25,000-29,999	20	5%
	30,000-34,999	23	5%
	35,000-39,999	17	4%
	40,000-44,999	29	7%
	45,000-49,999	23	5%
	50,000-54,999	28	7%
	55,000-59,999	17	4%
	60,000-64,999	23	5%
	65,000-69,999	25	6%
	70,000-74,999	20	5%
	75,000-79,999	18	4%
	80,000-84,999	15	4%
	85,000-89,999	14	3%
90,000-99,999	22	5%	
100,000 or more	95	22%	
Total	427	100%	

q4: Of that total, how many were fee-for-service (not managed care) Medicaid Rx's?

		Total	
		Count	%
q4: Of that total, how many were fee-for-service (not managed care) Medicaid Rx's?	Fewer than 1,000	47	11%
	1,000-2,499	46	11%
	2,500-4,999	74	18%
	5,000-7499	53	13%
	7,500-9,999	35	8%
	10,000-12,499	34	8%
	12,500-14,999	20	5%
	15,000-17,499	23	5%
	17,500-19,999	13	3%
	20,000-24,999	16	4%
	25,000-29,999	15	4%
	30,000-34,999	8	2%
	35,000-39,999	14	3%
	40,000-44,999	6	1%
	45,000-49,999	1	0%
	50,000 or more	16	4%
Total	421	100%	

**q5: Of the total number of prescriptions dispensed in 2009,
how many were other third party Rx's ?**

		Total	
		Count	%
q5: Of the total number of prescriptions dispensed in 2009, how many were other third party Rx's ?	Fewer than 1,000	6	1%
	1,000-2,499	5	1%
	2,500-4,999	3	1%
	5,000-7,499	4	1%
	7,500-9,999	6	1%
	10,000-12,499	3	1%
	12,500-14,999	13	3%
	15,000-17,499	9	2%
	17,500-19,999	16	4%
	20,000-24,999	20	5%
	25,000-29,999	27	6%
	30,000-34,999	30	7%
	35,000-39,999	17	4%
	40,000-44,999	27	6%
	45,000-49,999	23	5%
	50,000 or more	28	7%
	55,000-59,999	21	5%
	60,000-64,999	26	6%
	65,000-69,999	22	5%
	70,000-74,999	15	4%
75,000 or more	99	24%	
Total	420	100%	

q6: What was your lowest contractual dispensing fee for Rx's in 2009?

		Total	
		Count	%
q6: What was your lowest contractual dispensing fee for Rx's in 2009?	Less than \$1.00	20	12%
	\$1.00-\$1.24	25	15%
	\$1.25-\$1.49	27	16%
	\$1.50-\$1.74	38	22%
	\$1.75-\$1.99	21	12%
	\$2.00-\$2.24	12	7%
	\$2.25-\$2.49	7	4%
	\$2.50-\$2.74	7	4%
	\$2.75-\$2.99	3	2%
	\$3.00-\$3.24	1	1%
	\$3.25-\$3.49	2	1%
	\$3.50-\$3.74	4	2%
	\$4.50-\$4.74	1	1%
	\$5.00-\$5.24	1	1%
	Total	169	100%

q7: What was your highest contractual dispensing fee for Rx's?

		Total	
		Count	%
q7: What was your highest contractual dispensing fee for Rx's?	Less than \$2.50	7	4%
	\$2.50-\$2.74	7	4%
	\$2.75-\$2.99	5	3%
	\$3.00-\$3.24	10	6%
	\$3.25-\$3.49	2	1%
	\$3.50-\$3.74	12	7%
	\$3.75-\$3.99	14	8%
	\$4.00-\$4.24	10	6%
	\$4.25-\$4.49	4	2%
	\$4.50-\$4.74	12	7%
	\$4.75-\$4.99	5	3%
	\$5.00-\$5.24	22	13%
	\$5.25-\$5.49	1	1%
	\$5.50-\$5.74	7	4%
	\$5.75-\$5.99	4	2%
	\$6.00-\$6.24	6	4%
	\$6.50-\$6.74	7	4%
	\$6.75-\$6.99	2	1%
	\$7.00-\$7.24	3	2%
	\$7.50-\$7.74	4	2%
\$8.00-\$8.99	7	4%	
\$10.00 or more	15	9%	
Total	166	100%	

q8: Into which of the following ranges did your lowest contractual product reimbursement cost fall?

		Total	
		Count	%
q8: Into which of the following ranges did your lowest contractual product reimbursement cost fall?	AWP+1% to AWP+5%	2	1%
	AWP	5	3%
	AWP-1% to AWP-5%	5	3%
	AWP-6% to AWP-10%	9	6%
	AWP-11% to AWP-15%	49	31%
	AWP-16% to AWP-20%	64	41%
	AWP-21% to AWP-24%	6	4%
	AWP-25% or more	18	11%
Total		158	100%

q9: Into which of the following ranges did your highest contractual product reimbursement cost fall?

		Total	
		Count	%
q9: Into which of the following ranges did your highest contractual product reimbursement cost fall?	AWP+1% to AWP+5%	20	13%
	AWP	36	23%
	AWP-1% to AWP-5%	18	11%
	AWP-6% to AWP-10%	43	27%
	AWP-11% to AWP-15%	32	20%
	AWP-16% to AWP-20%	5	3%
	AWP-25% or more	5	3%
	Total		159

q10: In 2009, what was your most common contractual dispensing reimbursement formula for prescriptions, excluding Medicaid Rx's?

		Total	
		Count	%
q10: In 2009, what was your most common contractual dispensing reimbursement formula for prescriptions, excluding Medicaid Rx's?	AWP-16%+\$1.50	1	1%
	AWP-15%+\$2.00	6	3%
	AWP-15%+\$2.50	51	28%
	AWP-14%+\$1.50	2	1%
	AWP-14+\$1.75	2	1%
	AWP-14%+\$2.00	3	2%
	AWP-14%+\$2.25	1	1%
	AWP-14%+\$2.50	2	1%
	AWP-14%+\$2.75	2	1%
	AWP-13+\$1.50	2	1%
	AWP-13%+\$2.00	1	1%
	AWP-13%+\$2.50	5	3%
	AWP-13+\$3.75	1	1%
	AWP-12%+\$1.50	1	1%
	AWP-12+\$2.00	7	4%
	AWP-12%+\$2.50	5	3%
	AWP-12%+\$2.75	3	2%
	AWP-12%+\$3.00	5	3%
	AWP-12%+\$4.50	1	1%
	AWP-11%+\$2.50	1	1%
	AWP-11%+\$2.75	1	1%
	AWP-11%+\$3.00	1	1%
	AWP-10%	2	1%
	AWP-10%+\$2.00	4	2%
	AWP-10%+\$2.50	4	2%
	AWP-10%+\$3.50	1	1%
	AWP-10%+\$6.00	1	1%
	AWP-5%+\$2.50	2	1%
	AWP-12%+\$4.00	3	2%
	AWP-12%+\$5.00	1	1%

AWP-13%+\$4.50	1	1%
AWP-15%+\$1.50	4	2%
AWP-15%+\$1.75	3	2%
AWP-16%+\$2.00	2	1%
AWP-16%+\$2.50	4	2%
AWP-17%+\$2.00	1	1%
AWP+\$1.50	1	1%
AWP+\$9.00	1	1%
AWP-1% to -5%	2	1%
AWP-10%+\$10.00	2	1%
AWP-10%+\$2.25	1	1%
AWP-11%+\$1.50	1	1%
AWP-11%+\$2.25	2	1%
AWP-11% to -15%	1	1%
AWP-12%	1	1%
AWP-12%+\$1.25	1	1%
AWP-12%+\$1.00	2	1%
AWP-12%+\$2.40	1	1%
AWP-13%	3	2%
AWP-14%+\$1.40	1	1%
AWP-14%+\$1.65	1	1%
AWP-14%+\$5.00	1	1%
AWP-15%	1	1%
AWP-15%+\$2.25	1	1%
AWP-15%+\$4.00	2	1%
AWP-15.5%+\$2.00	1	1%
AWP-16%+\$1.00	1	1%
AWP-16%+\$3.00	1	1%
AWP-17%+\$1.75	2	1%
AWP-18%+\$1.00	1	1%
AWP-18%+\$1.50	1	1%
AWP-18%+\$4.00	1	1%
AWP-2%+\$3.00	1	1%
AWP-5%	2	1%
AWP-5%+\$2.80	1	1%

AWP-5%+\$4.50	2	1%
AWP-6%+\$3.00	1	1%
AWP-7%+\$2.00	1	1%
AWP-8%+\$2.25	1	1%
AWP-8%+\$3.00	4	2%
Total	184	100%

q11: What was the average fee you received for dispensing all prescriptions in 2009?

		Total	
		Count	%
q11: What was the average fee you received for dispensing all prescriptions in 2009?	Less than \$2.50	37	23%
	\$2.50-\$2.74	36	22%
	\$2.75-\$2.99	10	6%
	\$3.00-\$3.24	12	7%
	\$3.25-\$3.49	2	1%
	\$3.50-\$3.74	11	7%
	\$3.75-\$3.99	4	2%
	\$4.00-\$4.24	5	3%
	\$4.25-\$4.49	2	1%
	\$4.50-\$4.74	4	2%
	\$4.75-\$4.99	3	2%
	\$5.00-\$5.24	3	2%
	\$5.25-\$5.49	1	1%
	\$5.50-\$5.74	1	1%
	\$5.75-\$5.99	5	3%
	\$6.00-\$6.24	1	1%
	\$6.75-\$6.99	1	1%
	\$7.00-\$7.24	1	1%
	\$7.25-\$7.49	1	1%
	\$7.75-\$7.99	4	2%
\$8.00-\$8.99	3	2%	
\$9.00-\$9.99	4	2%	
\$10.00 or more	11	7%	
Total	162	100%	

q12: What was the amount of total store sales in 2009?

		Total	
		Count	%
q12: What was the amount of total store sales in 2009?	Less than \$350,000	6	1%
	\$350,000-\$499,999	5	1%
	\$650,000-\$799,999	1	0%
	\$800,000-\$949,999	3	1%
	\$950,000-\$1,099,999	1	0%
	\$1,100,000-\$1,249,999	8	2%
	\$1,250,000-\$1,399,999	2	0%
	\$1,400,000-\$1,549,999	9	2%
	\$1,550,000-\$1,699,999	5	1%
	\$1,700,000-\$1,849,999	9	2%
	\$1,850,000-\$1,999,999	5	1%
	\$2,000,000-\$2,149,999	9	2%
	\$2,150,000-\$2,299,999	17	4%
	\$2,300,000-\$2,499,999	7	2%
	\$2,500,000-\$2,749,999	8	2%
	\$2,750,000-\$2,999,999	5	1%
	\$3,000,000-\$3,999,999	41	10%
	\$4,000,000-\$4,999,999	42	10%
	\$5,000,000-\$5,999,999	41	10%
	\$6,000,000-\$9,999,999	131	31%
\$10,000,000 or more	63	15%	
Total	418	100%	

q13: What was your total Rx sales in 2009?

		Total	
		Count	%
q13: What was your total Rx sales in 2009?	Less than \$50,000	1	0%
	\$50,000-\$99,999	1	0%
	\$100,000-\$249,999	3	1%
	\$250,000-\$399,999	8	2%
	\$400,000-\$549,999	3	1%
	\$550,000-\$699,999	1	0%
	\$700,000-\$849,999	1	0%
	\$850,000-\$999,999	5	1%
	\$1,000,000-\$1,149,999	10	2%
	\$1,150,000-\$1,299,999	9	2%
	\$1,300,000-\$1,449,999	17	4%
	\$1,500,000-\$1,649,999	9	2%
	\$1,650,000-\$1,749,999	6	1%
	\$1,750,000-\$1,999,999	23	5%
	\$2,000,000-\$2,224,999	14	3%
	\$2,225,000-\$2,249,999	22	5%
	\$2,500,000-\$2,749,999	19	4%
	\$2,750,000-\$2,999,999	19	4%
	\$3,000,000-\$3,999,999	72	17%
	\$4,000,000-\$4,999,999	57	13%
\$5,000,000-\$5,999,999	39	9%	
\$6,000,000-\$9,999,999	65	15%	
\$10,000,000 or more	19	4%	
Total	423	100%	

q14: What percentage of your pharmacy business is related to medical supplies?

		Total	
		Count	%
q14: What percentage of your pharmacy business is related to medical supplies?	Less than 1%	47	26%
	1%-5%	77	42%
	6%-10%	4	2%
	11%-15%	5	3%
	16%-20%	1	1%
	21%-25%	1	1%
	26%-30%	2	1%
	36%-40%	36	20%
	65%-70%	1	1%
	71% or more	10	5%
Total	184	100%	

q15: What were your total non-Rx sales in 2009?

		Total	
		Count	%
q15: What were your total non-Rx sales in 2009?	Less than \$50,000	67	16%
	\$50,000-\$74,999	15	4%
	\$75,000-\$99,999	11	3%
	\$100,000-\$249,999	33	8%
	\$250,000-\$399,999	9	2%
	\$400,000-\$549,999	5	1%
	\$550,000-\$699,999	7	2%
	\$700,000-\$849,999	3	1%
	\$850,000-\$999,999	1	0%
	\$1,000,000-\$1,149,999	8	2%
	\$1,150,000-\$1,299,999	4	1%
	\$1,300,000-\$1,449,999	7	2%
	\$1,450,000-\$1,999,999	64	15%
	\$2,000,000 or more	182	44%
	Total	416	100%

q16: What was the total cost (to you) of goods your store sold in 2009?

		Total	
		Count	%
q16: What was the total cost (to you) of goods your store sold in 2009?	Less than \$225,000	6	4%
	\$225,000-\$299,999	3	2%
	\$300,000-\$374,999	2	1%
	\$450,000-\$524,999	2	1%
	\$525,000-\$599,999	1	1%
	\$600,000-\$674,999	1	1%
	\$750,000-\$824,999	5	3%
	\$825,000-\$899,999	3	2%
	\$900,000-\$974,999	3	2%
	\$975,000-1,049,999	1	1%
	\$1,050,000-\$1,124,999	4	2%
	\$1,125,000-\$1,199,999	4	2%
	\$1,200,000-\$1,274,999	6	4%
	\$1,275,000-\$1,349,999	3	2%
	\$1,350,000-\$1,424,999	4	2%
	\$1,425,000-\$1,499,999	6	4%
	\$1,500,000-\$1,649,999	6	4%
	\$1,650,000-\$1,999,999	13	8%
	\$2,000,000-\$2,999,999	38	24%
	\$3,000,000-\$3,999,999	11	7%
\$4,000,000-\$4,999,999	8	5%	
\$5,000,000-\$5,999,999	11	7%	
\$6,000,000-\$9,999,999	7	4%	
\$10,000,000 or more	13	8%	
Total	161	100%	

q17: What pricing baseline is your cost for brand drugs based on?

		Total	
		Count	%
q17: What pricing baseline is your cost for brand drugs based on?	Average Wholesale Price (AWP)	107	66%
	Wholesale Acquisition Cost (WAC)	48	30%
	340B	5	3%
	Other	1	1%
	Total	161	100%

q18: In general, into which of the following ranges does your cost for brand drugs fall?

		Total	
		Count	%
q18: In general, into which of the following ranges does your cost for brand drugs fall?	(pricing baseline from previous question) 20% or less	12	8%
	(pricing baseline from previous question) 10% to 19%	59	37%
	(pricing baseline from previous question) 1% to 9%	56	35%
	(pricing baseline from previous question)	18	11%
	(pricing baseline from previous question) +1% to +9%	10	6%
	(pricing baseline from previous question) +10% to +19%	1	1%
	(pricing baseline from previous question) +20% or more	4	3%
	Total	160	100%

q19: What pricing baseline is your cost for GENERIC drugs based on?

		Total	
		Count	%
q19: What pricing baseline is your cost for GENERIC drugs based on?	Average Wholesale Price (AWP)	88	54%
	Wholesale Acquisition Cost (WAC)	48	29%
	Average Manufacturer's Price (AMP)	5	3%
	340B	5	3%
	Actual Cost	3	2%
	AWP-WACx1.5	1	1%
	Contract Price	8	5%
	Formulary - no baseline	1	1%
	Lesser % of WAC, MAC, AWP	1	1%
	MAC	2	1%
	NET pricing	1	1%
	Percentage off brand names 10%-95% less	1	1%
	Total	164	100%

q20: In general, into which of the following ranges does your cost for generic drugs fall?

		Total	
		Count	%
q20: In general, into which of the following ranges does your cost for generic drugs fall?	(pricing baseline from previous question) 70% or less	4	3%
	(pricing baseline from previous question) 60% to 69%	3	2%
	(pricing baseline from previous question) 50% to 59%	17	11%
	(pricing baseline from previous question) 40% to 49%	17	11%
	(pricing baseline from previous question) 20% to 39%	37	24%
	(pricing baseline from previous question) 1% to 19%	29	19%
	(pricing baseline from previous question)	29	19%
	(pricing baseline from previous question) +1% to +9%	7	5%
	(pricing baseline from previous question) +10% to +19%	6	4%
	(pricing baseline from previous question) +20% or more	5	3%
	Total	154	100%

q21: What was the total Rx cost (to you) of goods sold in 2009?

		Total	
		Count	%
q21: What was the total Rx cost	Less than \$125,000	7	4%
(to you) of goods sold in 2009?	\$125,000-\$199,999	1	1%
	\$200,000-\$274,999	3	2%
	\$275,000-\$349,999	1	1%
	\$350,000-\$424,999	1	1%
	\$425,000-\$499,999	1	1%
	\$500,000-\$574,999	5	3%
	\$575,000-\$849,999	4	2%
	\$850,000-\$924,999	6	4%
	\$925,000-\$999,999	1	1%
	\$1,000,000-\$1,749,999	42	25%
	\$1,750,000-\$1,999,999	18	11%
	\$2,000,000-\$2,999,999	35	21%
	\$3,000,000-\$3,999,999	11	7%
	\$4,000,000-\$4,999,999	7	4%
	\$5,000,000-\$5,999,999	11	7%
	\$6,000,000-\$9,999,999	5	3%
	\$10,000,000 or more	6	4%
	Total	165	100%

q22: What was the total non-Rx cost (to you) of goods sold in 2009?

		Total	
		Count	%
q22: What was the total non-Rx cost (to you) of goods sold in 2009?	Less than \$25,000	39	25%
	\$25,000-\$49,999	31	20%
	\$50,000-\$124,999	32	20%
	\$125,000-\$199,999	13	8%
	\$200,000-\$274,999	12	8%
	\$275,000-\$349,999	3	2%
	\$350,000-\$424,999	4	3%
	\$425,000-\$499,999	1	1%
	\$500,000-\$574,999	4	3%
	\$575,000-\$849,999	5	3%
	\$850,000-\$924,999	1	1%
	\$925,000-\$999,999	1	1%
	\$1,000,000-\$1,249,999	3	2%
	\$2,000,000 or more	9	6%
Total	158	100%	

q23: What was the gross profit on all goods sold in your store in 2009?

		Total	
		Count	%
q23: What was the gross profit on all goods sold in your store in 2009?	Less than \$25,000	10	6%
	\$25,000-\$49,999	2	1%
	\$50,000-\$74,999	3	2%
	\$100,000-\$124,999	4	3%
	\$125,000-\$149,999	3	2%
	\$150,000-\$174,999	1	1%
	\$175,000-\$199,999	6	4%
	\$200,000-\$224,999	5	3%
	\$225,000-\$249,999	7	4%
	\$250,000-\$274,999	7	4%
	\$275,000-\$299,999	6	4%
	\$300,000-\$324,999	8	5%
	\$350,000-\$374,999	1	1%
	\$375,000-\$399,999	4	3%
	\$400,000-\$424,999	5	3%
	\$425,000-\$499,999	3	2%
	\$450,000-\$474,999	8	5%
	\$475,000-\$499,999	8	5%
	\$500,000-\$524,999	3	2%
	\$525,000-\$549,999	2	1%
	\$550,000-\$574,999	2	1%
	\$575,000-\$599,999	1	1%
	\$600,000-\$624,999	3	2%
\$625,000-\$649,999	1	1%	
\$675,000-\$699,999	5	3%	
\$700,000-\$749,999	6	4%	
\$750,000-\$9,999,999	13	8%	
\$1,000,000 or more	32	20%	
Total	159	100%	

q24: What was the total operating expense for this store in 2009?

		Total	
		Count	%
q24: What was the total operating expense for this store in 2009?	Less than \$100,000	5	1%
	\$100,000-\$149,999	9	2%
	\$150,000-\$199,999	8	2%
	\$200,000-\$249,999	11	3%
	\$250,000-\$299,999	5	1%
	\$300,000-\$349,999	9	2%
	\$350,000-\$399,999	13	3%
	\$400,000-\$449,999	16	4%
	\$450,000-\$499,999	8	2%
	\$500,000-\$599,999	6	1%
	\$550,000-\$599,999	4	1%
	\$600,000-\$649,999	3	1%
	\$650,000-\$674,999	4	1%
	\$700,000-\$749,999	6	1%
	\$750,000-\$999,999	14	3%
	\$1,000,000-\$1,999,999	214	52%
	\$2,000,000 or more	76	18%
Total	411	100%	

q25: What was the total net profit (or loss) for this store on all goods sold in 2009?

	Total	
	Count	%
q25: What was the total net profit (or loss) for this store on all goods sold in 2009?		
(Loss) \$50,000 or more	12	7%
- \$35,000-\$49,999	12	7%
-\$20,000-\$34,999	8	5%
-\$5,000-\$19,999	7	4%
-\$1-\$4,999	5	3%
\$0 (break even)	4	2%
+(profit) \$1-\$4,999	4	2%
+\$5,000-\$19,999	14	9%
+\$20,000-\$34,999	17	11%
+\$35,000-\$49,999	19	12%
+\$50,000-\$64,999	6	4%
+\$65,000-\$79,999	8	5%
+\$80,000-\$89,999	6	4%
+\$90,000 -\$99,999	1	1%
+\$100,000-\$124,999	5	3%
+\$125,000-\$149,999	4	2%
+\$150,000-\$174,999	2	1%
+\$175,000-\$199,999	2	1%
+\$200,000 or more	25	16%
Total	161	100%

q26: What was the total cost of operating your Rx Department in 2009?

		Total	
		Count	%
q26: What was the total cost of operating your Rx Department in 2009?	Less than \$24,999	4	1%
	\$50,000-\$74,999	3	1%
	\$100,000-\$124,999	3	1%
	\$125,000-\$149,999	5	1%
	\$150,000-\$174,999	5	1%
	\$175,000-\$199,999	10	2%
	\$200,000-\$224,999	7	2%
	\$225,000-\$249,999	5	1%
	\$250,000-\$274,999	8	2%
	\$275,000-\$299,999	11	3%
	\$300,000-\$324,999	10	2%
	\$325,000-\$349,999	5	1%
	\$350,000-\$374,999	6	1%
	\$375,000-\$399,999	8	2%
	\$400,000-\$424,999	5	1%
	\$425,000-\$449,999	2	0%
	\$450,000-\$474,999	4	1%
	\$475,000-\$499,999	7	2%
	\$500,000-\$749,999	185	44%
	\$750,000-\$999,999	57	14%
\$1,000,000 or more	66	16%	
Total	416	100%	

q27: What was the indirect cost of operating your Rx Department in 2009?

		Total	
		Count	%
q27: What was the indirect cost of operating your Rx Department in 2009?	Less than \$24,999	29	7%
	\$25,000-\$49,999	35	8%
	\$50,000-\$74,999	118	29%
	\$75,000-\$99,999	94	23%
	\$100,000-\$124,999	50	12%
	\$125,000-\$149,999	20	5%
	\$150,000-\$174,999	16	4%
	\$175,000-\$199,999	11	3%
	\$200,000-\$224,999	6	1%
	\$225,000-\$249,999	3	1%
	\$250,000-\$274,999	3	1%
	\$300,000-\$324,999	3	1%
	\$325,000-\$349,999	1	0%
	\$350,000-\$374,999	2	0%
	\$375,000-\$399,999	1	0%
	\$400,000-\$424,999	4	1%
	\$450,000-\$474,999	1	0%
	\$475,000-\$499,999	3	1%
	\$750,000-\$999,999	2	0%
	\$1,000,000 or more	10	2%
Total	412	100%	

q28: What was average cost of dispensing a prescription IN 2009?

		Total	
		Count	%
q28: What was average cost of dispensing a prescription In 2009?	Less than \$2.50	5	3%
	\$2.50-\$2.74	2	1%
	\$2.75-\$2.99	1	1%
	\$3.25-\$3.49	1	1%
	\$3.50-\$3.74	2	1%
	\$3.75-\$3.99	1	1%
	\$4.00-\$4.24	8	5%
	\$4.25-\$4.49	2	1%
	\$4.50-\$4.74	3	2%
	\$4.75-\$4.99	1	1%
	\$5.00-\$5.24	3	2%
	\$5.25-\$5.49	1	1%
	\$5.50-\$5.74	1	1%
	\$5.75-\$5.99	5	3%
	\$6.00-\$6.24	5	3%
	\$6.25-\$6.49	2	1%
	\$6.50-\$6.74	1	1%
	\$6.75-\$6.99	11	7%
	\$7.00-\$7.24	7	4%
	\$7.25-\$7.49	4	2%
	\$7.50-\$7.74	8	5%
\$7.75-\$7.99	1	1%	
\$8.00-\$8.99	12	7%	
\$9.00-\$9.99	12	7%	
\$10.00-\$10.99	28	17%	
\$11.00-\$11.99	10	6%	
\$12.00 or more	26	16%	
Total	163	100%	

q29: Are you involved in Medication Therapy Management(MTM) with any other payers?

		Total	
		Count	%
q29: Are you involved in Medication Therapy Management(MTM) with any other payers?	Yes	61	40%
	No	93	60%
	Total	154	100%

q30: Please, describe your involvement in MTM

		Total	
		Count	%
\$Q30	Aetna	1	2%
	Humana, Outcomes	25	42%
	McKesson	2	3%
	Medicare Part D	8	13%
	Mirixa, Community Care Rx	35	58%
	Pfizer	1	2%
	Compliance consultation	1	2%
	Drug Therapy Intervention	2	3%
	Education	3	5%
	Face to face review	4	7%
	Medication Inventory, Review	7	12%
	Medication Therapy Management	3	5%
	Online record keeping	5	8%
	\$30 or less reimbursement for services	8	13%
	\$50 or less reimbursement for services	3	5%
	\$60 or less reimbursement for services	13	22%
	\$75 or less reimbursement for services	2	3%
	\$90 or less reimbursement for services	6	10%
	OTHER	4	7%
	Total	60	100%

Appendix 2. Average Values of Survey Responses

	N	Average	Minimum	Maximum
Q3 How many total prescriptions , (Rx's) did your pharmacy dispense in 2009 ?	427	65,199	7,500	105,000
Q4 Of that total, how many were Medicaid Rx's ?	421	11,834	251	52,500
Q5 Of the total number of prescriptions dispensed in 2009, how many were other third party (non-Medicaid) Rx's ?	420	48,452	251	77,500
Q6 What was your lowest contractual dispensing fee for Rx's in 2009?	169	\$1.70	\$0.88	\$5.12
Q7 What was your highest contractual dispensing fee for Rx's?	166	\$5.24	\$2.38	\$10.50
Q8 Into which of the following ranges did your lowest contractual product reimbursement cost fall?	437	-\$5.72	-\$27.50	\$3.00
Q9 Into which of the following ranges did your highest contractual product reimbursement cost fall?	437	-\$2.25	-\$27.50	\$3.00
Q11 What was the average fee you received for dispensing all prescriptions in 2009?	162	\$4.12	\$2.38	\$10.50
Q12 What was the amount of total store sales in 2009?	437	\$5,807,093.36	\$0.00	\$11,999,999.50
Q13 What was your total Rx sales in 2009?	423	\$4,202,422.67	\$25,000.50	\$11,999,999.50
Q15 What were your total non-Rx sales in 2009?	416	\$1,371,844.61	\$37,500.50	\$2,274,999.50
Q16 What was the total cost (to you) of goods your store sold in 2009?	161	\$3,260,713.82	\$187,500.50	\$11,999,999.50
Q21 What was the total Rx cost (to you) of goods sold in 2009?	165	\$2,642,272.27	\$87,500.50	\$11,999,999.50
Q22 What was the total non-Rx cost (to you) of goods sold in 2009 ?	158	\$268,512.41	\$12,500.50	\$2,124,999.50

	N	Average	Minimum	Maximum
Q23 What was the gross profit on all goods sold in your store in 2009?	159	\$542,452.39	\$12,500.50	\$1,124,999.50
Q24 What was the total operating expense for this store in 2009?	411	\$1,369,525.06	\$75,000.50	\$2,499,999.50
Q25 What was the total net profit (or loss) for this store on all goods sold in 2009?	157	\$54,745.00	-\$57,499.50	\$212,499.50
Q26 What was the total cost of operating your Rx Department in 2009?	416	\$648,857.68	\$12,500.50	\$1,124,999.50
Q27 What was the indirect cost of operating your Rx Department in 2009?	412	\$126,334.52	\$12,500.50	\$1,124,999.50
Q28: What was average cost of dispensing a prescription In 2009?	163	\$8.43	\$2.38	\$12.50

*Total number of responses (n) is equal to 437. Not every pharmacy answered every question.
Lower and Upper Limits represent the 95% confidence interval around the average.*

Appendix 3. Verbatim Responses to Open-ended items

**Q2. Which of the following most accurately describes your pharmacy?
(respondents specifying ‘Other’)**

RESP NUM	Response
16	home infusion pharmacy
35	specialty - closed door
39	clinic pharmacy
44	hospital outpatient
50	non-profit charitable
74	institutional pharmacy
81	retail pharmacy in hospital
86	specialty pharmacy
99	Home Infusion
108	Long Term Care
110	home infusion
113	340B in house pharmacy
124	LTC Pharmacy
129	LTC pharmacy
168	Local Health Department
169	Local Health Department
170	Local Health Department
171	Local Health Department
172	Local Health Department
182	LTC specialty
186	Long Term Care

Q10. In 2009, what was your most common contractual dispensing reimbursement formula for prescriptions, excluding fee-for-service Medicaid Rx's but including Medicaid managed care (i.e. the formula under which you billed the greatest dollar amount of your contractual dispensing)?

RESPNUM	Response
1	AWP-1% to -5%
2	AWP-18%+4.00
3	AWP-15%+1.75
4	AWP-12%+2.00
5	AWP-15%+2.00
6	AWP-12%+1.50
7	AWP-13%+2.50
9	AWP-6%
10	AWP-17%+2.00
12	AWP-16%+2.50
13	AWP-14%+1.50
14	AWP-15%+2.00
15	AWP-11%+2.50
16	AWP-5%
17	AWP-15%+2.50
20	AWP-14%+1.65
21	AWP-10%+2.50
22	AWP-12%+3.00
23	AWP-15%+2.50
24	AWP-12%+2.75
25	AWP-15%+2.50
26	AWP-16%+1.50
27	AWP-11%-15%
29	AWP-16%+1.00
30	AWP-12%+2.00
31	AWP-12%+5.00
32	AWP-13%
33	AWP-14%+2.50
34	AWP-11%+2.25
35	AWP-13%+4.50
36	AWP-14%+2.00
37	AWP-13%+2.00
39	AWP-10%+5.99
40	AWP-15%+1.50
42	AWP-15%+2.50
43	AWP-10%+2.50
44	AWP-15%+1.50
45	AWP-12%+2.75

Q10. In 2009, what was your most common contractual dispensing reimbursement formula for prescriptions, excluding fee-for-service Medicaid Rx's but including Medicaid managed care (i.e. the formula under which you billed the greatest dollar amount of your contractual dispensing)?
(continued)

RESPNUM	Response
46	AWP-13%
47	AWP-13%+2.50
48	AWP-13%
50	AWP-10%+10
51	AWP-15%+4.00
53	AWP-10%+2.25
54	AWP-10%+2.50
55	AWP-16%+2.50
56	AWP-12%+2.75
58	AWP-12%+2.00
61	AWP-18%+1.00
62	AWP-16%+2.50
68	AWP-16%+3.00
69	AWP-13%+2.50
70	AWP-12%+2.50
71	AWP-10%+2.00
74	AWP-12%+4.00
75	AWP-12%+4.00
77	AWP-12%
78	AWP-15%+1.75
79	AWP-15%+2.50
80	AWP-5%+2.50
81	AWP-12%+2.00
82	AWP-13%+2.50
83	AWP-15%+2.00
84	AWP-14%+1.40
86	AWP-15%
88	AWP-2%+3.00
89	AWP-11%+3.00
90	AWP-10%+2.00
92	AWP-11%+2.25
93	AWP-12%+2.50
94	AWP-12%+3.00
96	AWP-12%+3.00
97	AWP-15%+1.50
98	AWP-15%+2.50
99	AWP-10%+2.00

Q10. In 2009, what was your most common contractual dispensing reimbursement formula for prescriptions, excluding fee-for-service Medicaid Rx's but including Medicaid managed care (i.e. the formula under which you billed the greatest dollar amount of your contractual dispensing)?
(continued)

RESPNUM	Response
101	AWP-11%+1.50
102	AWP-15%+2.00
103	AWP-12%+2.50
104	AWP-12%+2.00
105	AWP-13%+3.75
106	AWP-12%+2.50
107	AWP-14%+5.00
108	AWP-11%+2.75
109	AWP-12%+\$1.25
110	AWP-10%+10.00
111	AWP-15.5%+2.00
112	AWP-14%+1.75
113	AWP-15%+2.00
114	AWP-15%+1.50
115	AWP-13%+1.50
116	AWP-13%+1.50
117	AWP-8%+3.00
118	AWP-8%+3.00
119	AWP-10%
120	AWP-8%+3.00
121	AWP-8%+3.00
123	AWP-15%+2.25
124	AWP-5%+4.50
127	AWP-12%+2.50
128	AWP-12%+4.00
129	AWP-5%+4.50
130	AWP-12%+1.00
131	AWP-6%+3.00
133	AWP-12%+3.00
134	AWP-10%+2.00
135	AWP-15%+1.75
136	AWP-16%+2.00
138	AWP-16%+2.00
139	AWP-14%+2.25
140	AWP-13%+3.75
142	AWP-10%+2.50
143	AWP-14%+1.75
144	AWP-14%+2.00
145	AWP-12%+2.00

Q10. In 2009, what was your most common contractual dispensing reimbursement formula for prescriptions, excluding fee-for-service Medicaid Rx's but including Medicaid managed care (i.e. the formula under which you billed the greatest dollar amount of your contractual dispensing)?
(continued)

RESPNUM	Response
146	AWP-15%+2.00
147	AWP-5%+2.50
148	AWP-12%+2.40
149	AWP-5%
150	AWP+1.50
151	AWP-17%+1.75
152	AWP-17%+1.75
153	AWP-17%+1.75
155	AWP-15%+2.00
156	AWP-10%
157	AWP-14%+2.75
158	AWP-14%+2.00
159	AWP-1%-AWP-5%
160	AWP-7%+2.00
162	AWP-12%+2.00
163	AWP-10%+3.50
164	AWP-18%+1.50
166	AWP-14%+1.50
174	AWP-15%+4.00
175	AWP-16%+2.00
176	AWP-12%+1.00
177	AWP-14%+2.75
178	AWP-5%+2.80
181	AWP-8%+2.25
183	AWP-12%+3.00
184	AWP-14%+2.50
185	AWP-13%+2.50
186	AWP-12%+4.50
187	AWP+9.00
189	AWP-12%+2.50
190	AWP-12%+2.50
191	AWP-12%+2.50
192	AWP-12%+2.50
193	AWP-12%+2.50
194	AWP-12%+2.50
195	AWP-12%+2.50
196	AWP-12%+2.50
197	AWP-12%+2.50
198	AWP-12%+2.50

**Q19. What pricing baseline is your cost for generic drugs based on?
(Respondents specifying 'Other')**

RESPNUM	Response
13	straight cost
36	% off brand names less 95% to less 10%
66	contract
78	buying group's contracted price
84	actual cost
90	dead net cost
94	contract
98	actual cost plus
105	MAC
107	Contract
113	MAC
115	wholesaler
116	Contract price
128	wholesaler contract
136	NET Pricing
139	Formulary - no baseline
140	MAC
168	340B
169	340B
170	340B
171	340B
172	340B
175	contract price
178	AWP-WACx1.5
187	Lesser % of WAC, MAC, AWP

Q30. Please describe your involvement in MTM (Medication Therapy Management)

RESPNUM	Response
4	Outcomes program (Humana) price per case: Comprehensive Med Reviews \$50, PT Compliance Consult \$20, Pt Education/monitoring \$10, Drug Therapy Intervention Program \$20; Mirixa program (CCRX) Medication Therapy Management \$57.66, Medication Adherence Program \$20
7	Provide medication review, Medication & therapy [] recommendations & get paid from Medicare D CCRX patients who qualify. These patients are most at risk, but become most compliant. Payments range from \$30-\$70.
8	Reimbursement based on what was done. Decline case \$5, Accept case \$60; must do all online record keeping and counseling, meet with patient to discuss plan.
9	Medicare providers ave \$40 per intervention
17	CCRX fee based structure Mirixa
19	Outcomes \$20/case Mirixa \$20-25/case
24	Mirixa, Humana
25	Minimal 2 cases @ \$10 one time exposure
29	I have not done anything profound that warranted payment in my mind (MTM wise) What I have done I have done for free. What MTM has come thru is just routine stuff not worthy of payment. Part of my professional responsibility to the patient. [i.e. you want to pay me for generic therapeutic substitution that is required by contract, can't have known] When I do, do something profound, how do I get the PBM/Carrier to even consider it?
31	They send us the patient they would like us to review & we are paid \$2 to talk to Dr, & \$20 if order is charged
32	Med Part D; Humana; CCRX
33	We have contracted MTM agreements with both Medicare Payors as well as private sector third party/self insured employers. Our services include complete medication review, statistical markers for disease (BP, ht, wt, cholesterol, etc.), recommendations for modifying drug therapy/lifestyle changes in accordance with the latest guidelines. Our reimbursement ranges are b/w \$60 \$100 for initial visits & between \$12-\$25 for revisits. They are done by appt. so there is a \$15 cancellation fee without proper notice.
36	1) Community Care Part D - online format, for full MTM approve \$56 reimbursement; 2) outcomes
46	Medicare Part D; Humana; CCRX
47	Medicare Part D; Humana; CCRX
48	Humana; Community Care Rx (Medicare Part D)
52	just starting--
53	Mirixa for Part D - soon to be with Pfizer also & Aetna Medicare
54	Counseling is done to eligible patients, usually a type of Brown Bag review, mostly for patients with Community Care Rx Plan. We are reimbursed approx. \$40 for these reviews.
56	Do MTM for Outcomes & Mirixa

**Q30. Please describe your involvement in MTM (Medication Therapy Management)
(continued)**

RESPNUM	Response
58	Mirixa through CCRX online billing and payment for outcomes.
62	Pharmacists will counsel targeted patients on all of their meds looking for incompatibilities, drug interactions, side effects. We are contracted to receive \$40-50 for these services per patient.
68	Patient reviews; medication changes; cost savings; payment by check.
69	about \$60 per patient review
70	Mirixa/get outcomes \$15-\$60 per occurrence
74	CCRX \$57 per consultation (Community Care Rx)
77	Humana, CCRX
79	MTM provided as requested by ins. co., mostly Part D Mcare; \$60 for 30 min face to face \$40 medication review
80	CCRX & Humana Medicare-D re-imburement anywhere from \$2-25 based on therapy changes.
82	Medicare Part D, Humana, CCRx
83	Medicare D plans- Community Care Rx \$30-50 per inter vention; Outcomes (Humana) \$20-50 per intervention
84	There are 2 payers that will send cases to my attention, some are not valid. Many times the patients are not interested. I believe I have done less than 5 per year.
85	outcomes
89	Community care Rx has cases with patients who have different disease states. I receive reim. \$10 per case.
90	Mirixa, Humana, Outcomes: brown bag \$60-75 visit & \$15 each add. 15 min; meds to lower Alt \$20
93	Mirixa & get Outcomes. Like the way we can work together and documentation is easily done electronically. Payment is dependent on what we do. Payment varies from \$15 to 60 per occurrence.
95	Community Care
98	We do MTM for MemberHealth. We receive \$57.66 for each case completed.
102	Mirixa \$30-60 for MTM session; Outcomes \$2-20 for targeted intervention
105	Pharmacy Intervention Program (PIP). Counseling opportunities. we have been trained by Health Mart how to approach barriers that patients have to remain adherent to their therapy. Also, we always take the oppoprtnuity to dispense the most appropriate drug at the least cost possible. WE intervene trying to keep patient from visiting the ER or other facility. We are pro-active in this approach.
112	Diabetic & Asthma education for fee
113	CCRX
115	Outcomes- med review \$50, tip \$20; Mirixa- med review \$60
117	Mirixa; Humana; Community Care Rx; Get Outcomes. Initial session \$60- 90; Review \$20-50; Dr Ref \$2

**Q30. Please describe your involvement in MTM (Medication Therapy Management)
(continued)**

RESPNUM	Response
118	Humana; Mirixa, CCRx, Get Outcomes. Initial session \$60-90; Review \$20-50; Physician Refusal \$2
120	Humana; Mirixa, CCRx, Get Outcomes. Initial session \$60-90; review session \$20-50; physician ref. \$2
121	Humana; Mirixa; CCRx; Get Outcomes. Initial session \$60-90; Review \$20-50; MD refusal \$2
122	Mirixa/Outcomes - limited involvement
130	Drug use review with Lucas County Employees. \$50 hour billed monthly.
140	Pharmacy Intervention Program (PIP). Counseling opportunities. We have been trained by Health Mart how to approach barriers that patients have to remain adherent to their therapy. Also, we always take the opportunity to dispense the most appropriate drug at the least cost possible. We intervene in attempt to keep patients from visiting the ER or other facility. We are pro-active in this manner.
143	Patients are identified by payor as in need of MTM, and we are notified by email or during adjudication. Pharmacist provides complete medication review with patient and identifies any problems or unmet needs and communicates to physician. Pharmacy is reimbursed for each interaction with patient. \$30 for 1/2 hour.
146	Mirixa - \$60 per session
148	Between \$25-\$60 per patient depending on type of counseling
149	online MTM
154	\$60 to lower costs for patients and review all medications.
155	Participate with Mirixa through CCRx
157	Just started with McKesson Pharmacy Intervention Program. \$7.60 per Rx on certain drugs for 2 fills.
158	MTM performed at present time via Mirixa and Outcomes pursuant Medicare Part D law.
163	Have serviced 50+ patients for Community Care Rx
175	Provide MTM on patients referred to me, some simple utilization issues, others complex drug interaction issues. Reimbursement is \$60 for complete MTM session (approx 30 min); \$40 for initial review (new to insurance co)(approx 20 min); for drug adherence issues it is \$30 for 1st session & \$20 for each follow-up session.
176	We do MTM services with several providers, most pay \$50-\$100 per MTM session.
177	Just started with McKesson Pharmacy Intervention Program; \$7/Rx on certain drugs x 2 fills.
181	cert Mirixa- they send patients; outcomes- they send patients
189	Community Care Rx. They assign cases & reimburse by case type (new member, drug review, denial)
190	Community Care Rx. They assign cases & reimburse by case type (new member, drug review, denial)
191	Community Care Rx. They assign cases & reimburse by case type (new member, drug review, denial)

**Q30. Please describe your involvement in MTM (Medication Therapy Management)
(continued)**

RESPNUM	Response
192	Community Care Rx. They assign cases & reimburse by case type (new member, drug review, denial)
193	Community Care Rx. They assign cases & reimburse by case type (new member, drug review, denial)
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198	Community Care Rx. They assign cases & reimburse by case type (new member, drug review, denial)