



## **340B Physician Dispensing & Mail Order Program**

### Financial and Operational Survey

To receive a projection of estimated revenues and expenses (including initial inventory and ongoing labor costs) associated with implementing the CCN 340B Physician Dispensing & Mail Order Program at your Health Center, please complete the following financial and operational survey and forward it to the attention of Mr. Thomas Pollack, Vice-President & CFO, Coordinated Care Network, 300 Penn Center Blvd., Suite 505, Pittsburgh, PA, 15235. (Telephone 412-349-6303, Fax 412-349-6313, Email: [tjpollac@nb.net](mailto:tjpollac@nb.net))

**Please provide the following information for each of your sites.**

1. Total number of FTE prescribers, including physician assistants and nurse practitioners.
2. Total number of unduplicated patients per year.
3. Total number of unduplicated patients sorted by insurance type, as follows:
  - a. Total number of patients on each Medicaid HMO the site accepts (please list the HMOs separately)
  - b. Total number of patients on Medicaid Fee-For-Service
  - c. Total number of patients on each commercial insurance plan the site accepts (please list the plans separately)
  - d. Total number of patients on each Medicare HMO the site accepts (please list the HMOs separately)

- e. Total number of patients on Medicare Fee-For-Service
  - f. Total number of patients that are uninsured or self-pay
4. For each site's top two Medicaid HMOs and commercial insurance plans, please provide one (1) year of historical claims paid data on "prescriptions filled", which can be obtained from the plans by giving them prescriber information per site. Minimally, the claims data should include: prescriber name; unique patient identifier (or name); compound name; brand versus generic identifier; quantity dispensed; strength; NDC number; days supply; AWP; amount paid and filling pharmacy name. Plans typically release claims data such as this to health centers who express a desire to analyze their practice patterns with the intent to reduce costs. Plans have also released this type of data to health centers wishing to evaluate on-site dispensing alternatives.
5. Estimated number of patients who receive sample medications per week, along with number of sample medications handed out per week. Some health centers have found it valuable to track actual data on samples provided over a one-month period to validate their estimates.
6. Please indicate if the site has at least 60 square feet available to house a dispensary that is directly proximal to where all patients exit the health center.
7. Please attach a copy of the site's current sliding fee schedule.
8. Please indicate the distance to the two (2) pharmacies that are closest to the site, and if they're independently owned, or part of a chain.
9. Please list any "other" considerations that might be relevant in assessing the site's potential to successfully implement a physician dispensing model.

Thank you.