



## **340B Specialty Pharmacy Services**

### Financial and Operational Survey

**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 that are uninsured or self-pay
  - f. Total number of patients who are dual-eligible Medicare/Medicaid
  - g. Total number of ADAP patients
4. List, in descending order, your 10 most commonly prescribed medications.
5. Attach a copy of the site's current sliding fee schedule.
6. 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.

7. Please list any “other” considerations that might be relevant in assessing the site’s potential to successfully implement the Specialty Care model.
8. Note: To further perfect this analysis, actual historical prescription utilization data is useful. Please indicate whether this data is available for your site and how easily it is accessible.
9. Contact information:

Name(s)

Organization Name

Email

Phone #

Thank you.