



## COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

1570 Grant Street, Denver, CO 80203-1818 • (303) 866-2993 • (303) 866-4411 Fax • (303) 866-3883 TTY  
John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

### Dispensing Fee Attestation Worksheet

The Colorado Department of Health Care Policy and Financing (the Department) reimburses outpatient pharmacies for both the costs related to acquiring a drug and the costs related to dispensing the drug to a Medicaid member. The dispensing fees for retail, 340B, and mail order pharmacies are based upon the pharmacy's total annual prescription volume. The dispensing fees for rural and government pharmacies are based on the pharmacy type.

The dispensing fees and their requirements are as follows:

Requirements	Dispensing Fee
0 – 59,999 TAPV :	\$13.40
60,000 – 89,999 TAPV :	\$11.49
90,000 – 109,999 TAPV :	\$10.25
110,000 + TAPV :	\$ 9.31
Rural Pharmacy :	\$14.14
Government Pharmacy :	\$ 0.00

*TAPV = Total Annual Prescription Volume*

This form is intended to establish a dispensing fee for any new pharmacy enrolling as a Medicaid provider. A new pharmacy must complete this worksheet stating their total prescription volume for the previous twelve (12) months. If a new pharmacy has been open for less than one year, the pharmacy should include the total prescription volume for the months the pharmacy has been open.

**This document must be completed and submitted with your provider enrollment application.**

If you have any questions concerning this form, please email [Colorado.SMAC@state.co.us](mailto:Colorado.SMAC@state.co.us) or you may call the Department's Pharmacy Liaison at 303-866-3588.



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### Pharmacy Information

**Name of Pharmacy :**  
**Street Address :**  
**City :**  
**State :**  
**Zip Code :**  
**NPI :**  
**Telephone No. :**  
**Fax No. :**

### Total Annual Prescription Volume

Please list the total number of prescriptions dispensed in the last 12 months. If the pharmacy has been open for less than 12 months, please list the total number of prescriptions dispensed for the months the pharmacy has been open. If the pharmacy is the only Medicaid-participating pharmacy within twenty miles (driving distance) of its physical location, then claim "yes" on the rural line.

**Total Prescriptions :**  
**Date Range :**  
**Rural (Yes or No):**

### Prescription Volume Breakdown

Please list the approximate percentage of prescriptions dispensed for each classification.

**Medicaid :**     %                    **Medicare :**     %  
**Other 3<sup>rd</sup> Party :**   %            **Cash :**         %

### Preparer's Signature

*I hereby attest that the information in the survey herein is complete and accurate to the best of my knowledge. I understand that whoever knowingly and willfully makes or causes to be made a false statement or representation on the reports may be prosecuted under applicable State laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate, or where the entity already participates, a termination of a Primary Contractor's contract with the Colorado Department of Health Care Policy and Financing.*

**Signature :**  
**Print/Type Name :**  
**Title/Position :**  
**Date :**  
**Phone Number :**  
**Email Address :**