

TO: Providers of Pharmaceutical Services

SUBJECT: Form FD-70, Pharmacy Provider Certification Statement, (Rev. 12/92)

BACKGROUND: Each participating Medicaid and/or Pharmaceutical Assistance to the Aged and Disabled (PAAD) pharmacy provider must submit its total prescription volume annually to the Division of Medical Assistance and Health Services (DMAHS) to determine the basis of payment for reimbursement of legend drug claims submitted. The total shall include all prescriptions filled, both original and refills, for private patients, Medicaid, PAAD, and all other third party carriers, including nursing facility recipients. (See form FD-70, Pharmacy Provider Certification Statement, Section I.) In addition, each pharmacy provider must attach to the Pharmacy Provider Certification Statement, a copy of its valid pharmacy permit.

To qualify for optional increments to the basic dispensing fee, information relevant to 24-hour emergency service, patient consultation, and impact allowance is required. (See form FD-70, Section II.)

ACTION: Each pharmacy provider must complete and return the Pharmacy Certification

Paramax/Unisys
CN 4804
Trenton, NJ 08650
Attn: Form FD-70

ALL QUESTIONS ON FORM FD-70 MUST BE ANSWERED OR IT WILL BE RETURNED TO YOU FOR INCLUSION OF MISSING INFORMATION.

EXCEPTION: Pharmacy providers with a total annual prescription volume of 50,000 prescriptions or greater may choose not to report their total annual prescription volume on form FD-70. These providers will automatically be placed in the maximum regression (discount) category by the Division. Providers must, however, complete all remaining sections of form FD-70 and return it with a copy of their valid pharmacy permit.

NOTE: Failure to complete and return the Pharmacy Provider Certification Statement will automatically place the pharmacy provider in the maximum regression (discount) category and in the basic dispensing fee category without qualifying for increments. Changes cannot be effective until a properly completed Pharmacy Provider Certification Statement is received by Paramax/Unisys.

Any pharmacy provider who has been in business less than one year will have its prescription volume projected for the entire year to determine its appropriate regression category.

If you have any questions regarding this Newsletter, please telephone Paramax/Unisys at 1-800-776-6334.

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(BLUE TAB MARKED "5")