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In accordance with the Centers for Medicare and Medicaid Services Covered Outpatient Drugs Final Rule (CMS-2345-FC), ForwardHealth is required to change its current pharmacy reimbursement policy, including professional dispensing fees.

To comply with the Final Rule and assist in establishing a professional dispensing fee, the Wisconsin Department of Health Services (DHS) contracted with Mercer, a health care consulting firm, to conduct a Cost of Dispensing Survey. As a result of the data Mercer collected through the June 2016 Cost of Dispensing Survey, a tiered professional dispensing fee structure will be implemented based on total annual prescription volume.

To determine each dispensing provider's annual prescription volume (for all prescriptions dispensed, not just Medicaid prescriptions), DHS has directed Mercer to conduct a mandatory prescription volume attestation survey.

This document provides frequently asked questions and answers about the prescription volume attestation survey.

Topic Category Guide

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SURVEY FORMATS AND ACCESSIBILITY

Question #1: How can I access the Prescription Volume Attestation Survey?

Answer: Providers are able to access the Prescription Volume Attestation Survey via a web-based tool or a Microsoft[®] Excel template. The Prescription Volume Attestation Survey is accessible until February 3, 2017.

The <u>web-based survey</u> is secure and requires a username and password. Providers are able to access the web-based survey using the individual login information provided to them by ForwardHealth in the Prescription Volume Attestation Survey letter.

The <u>Microsoft[®] Excel survey</u> may be downloaded from the ForwardHealth Portal. Providers may also request a copy of the Microsoft[®] Excel template by emailing <u>CODSurvey@mercer.com</u>.

Completed Excel surveys should be emailed back to <u>CODSurvey@mercer.com</u> or faxed to 612-642-8686, to the attention of Tim Lillehaugen, by February 3, 2017.

Providers who have requested that survey communications be sent to them by mail may opt to complete the paper copy of the survey they received in the mail and submit the completed survey via the above email address or fax number.

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Question #2: I did not receive a username and password from ForwardHealth (or my login information doesn't work). Whom should I contact?

Answer: For all username, password, and survey accessibility questions, providers should call the Mercer survey hotline at 844-294-9982 (available Monday through Friday between 9:00 a.m. and 5:00 p.m., Central Standard Time) or send an email to <u>CODSurvey@mercer.com</u>. Providers should include the provider name, address, and telephone number in the email and allow one full business day for a response.

Question #3: I won't be able to complete the web-based survey in one session. Can I come back to it and complete it later?

Answer: If a survey cannot be completed in one session, the providers may save the partially completed web-based survey without losing entered data. When the web-based survey is completed, the provider must click Submit in order to send the survey to Mercer.

Question #4: How long will the survey take to complete?

Answer: The survey will take approximately five minutes to complete.

Question #5: What is the deadline for survey completion?

Answer: Providers are required to submit their complete Prescription Volume Attestation Survey by February 3, 2017.

SURVEY COMPLETION GUIDANCE

Question #6: Are there instructions for completing the survey?

Answer: Yes, providers should refer to the <u>Prescription Volume Attestation Survey Completion</u> <u>Instructions</u> for guidance on how to complete the survey.

Providers with specific questions about their areas of business that may not be addressed in the completion instructions should call the Mercer survey hotline at 844-294-9982 or email <u>CODSurvey@mercer.com</u>.

Question #7: How do I attest for multiple locations?

Answer: Providers who have multiple locations are required to attest for each location individually. The Microsoft[®] Excel version of the survey enables providers to submit a single survey document for multiple locations.

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Question #8: What if I don't know my Wisconsin Medicaid ID number?

Answer: As a reminder, providers were requested to enter their Wisconsin Medicaid ID number in the June 2016 Professional Dispensing Fee Survey.

If necessary, providers may use the Switch Organization function from their secure Portal account home page to view their eight- or nine-digit Wisconsin Medicaid ID number, listed as the Wisconsin Provider ID on the panel. Refer to the <u>ForwardHealth Provider Portal Account User Guide</u> for more information on the Switch Organization function.

Providers may also contact the Provider Services Call Center at 800-947-9627 if they are still unable to obtain their Wisconsin Provider ID.

Question #9: What is the reporting period?

Answer: As indicated in the <u>Prescription Volume Attestation Survey Completion Instructions</u>, the reporting period is calendar year 2016.

Question #10: How should providers with less than one year of data attest their prescription volume?

Answer: Providers may submit their available data and enter the 2016 date range in Element 3 of the survey if the reported prescription volume covers a different time period than January 1, 2016, through December 31, 2016.

Question #11: How should prescription volume be reported for organizations that have undergone a change of ownership during calendar year 2016?

Answer: In the case of a change of ownership in calendar year 2016, providers should report prescription volume only for the dates included in the current ownership. Providers should enter the 2016 date range for the reported prescription volume in Element 3 of the survey.

Question #12: How do I calculate my annual prescription volume?

Answer: Providers should include **all** prescriptions dispensed, not just Medicaid prescriptions, for dates of service during the 2016 calendar year.

SURVEY PARTICIPATION

Question #13: Who is required to attest to complete the Prescription Volume Attestation Survey?

Answer: Providers who submit claims to ForwardHealth with National Drug Codes through the point of sale system **are required to attest** to their annual prescription volume. If the Prescription Volume Attestation Survey is not completed by February 3, 2017, ForwardHealth will assign the lowest professional dispensing fee reimbursement rate.

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SURVEY RESULTS

Question #14: When will I receive a professional dispensing fee tier assignment based on the survey?

Answer: ForwardHealth will communicate professional dispensing fee tier assignments in March 2017 to providers who submitted their annual prescription volume. Providers who did not respond will automatically be assigned the lowest professional dispensing fee reimbursement rate offered by ForwardHealth.

Question #15: What are the professional dispensing fee reimbursement rates?

Answer: The professional dispensing fee reimbursement rates, which are based on annual prescription volume, are the following:

- 0-34,999 prescriptions/year: \$15.69
- 35,000+ prescriptions/year: \$10.51

Question #16: My prescription volume has changed since initial reporting. When am I eligible for a professional dispensing fee tier reassignment?

Answer: Providers are only eligible for professional dispensing fee tier reassignments during the annual attestation process. Professional dispensing fee tiers will not be adjusted to account for prescription volume changes.

Question #17: Where can I find more ForwardHealth-covered outpatient drug information?

Answer: ForwardHealth has created a <u>Covered Outpatient Drug Pricing</u> page on the Portal that is the repository for covered outpatient drug pricing information, including future *ForwardHealth Updates* and other resources. Providers are encouraged to check the page regularly for new information.

Additionally, providers who are not already ForwardHealth email subscribers are encouraged to sign up for the <u>Outpatient Drug Rule email subscription</u> in order to receive important updates.