

## **BACKGROUND**

In accordance with the federal Centers for Medicare & Medicaid Services Covered Outpatient Drugs Final Rule (CMS-2345-FC), ForwardHealth revised its pharmacy reimbursement policy in 2017, including implementing a professional dispensing fee reimbursement rate structure based on a provider's annual prescription volume, effective for dates of service (DOS) on and after April 1, 2017.

To determine each dispensing provider's annual prescription volume (for all prescriptions dispensed, not just Medicaid prescriptions), the Wisconsin Department of Health Services (DHS) has directed Mercer, a health care consulting firm, to conduct a mandatory annual Prescription Volume Attestation Survey.

### **Topic Category Guide**

[Survey Formats and Accessibility](#)

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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 5, 2024.

The [web-based survey](#) 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 Microsoft Excel survey may be downloaded from the [Annual Prescription Volume Attestation Resources](#) page of the ForwardHealth Portal. Providers may also request a copy of the Microsoft Excel template by emailing [CODSurvey@mercer.com](mailto:CODSurvey@mercer.com).

Completed Excel surveys should be emailed back to [CODSurvey@mercer.com](mailto:CODSurvey@mercer.com) or faxed to 212-948-0047, to the attention of Kerri Wade by February 5, 2024.

Providers may request that a paper copy of the survey be faxed to them by emailing [CODSurvey@mercer.com](mailto:CODSurvey@mercer.com) or calling the Mercer survey hotline at 844-294-9982 (available Monday through Friday between 9 a.m. and 5 p.m. Central time [CT]). Providers may submit the completed paper survey via the above email address or fax number.

**Question #2: I did not receive a username and password from ForwardHealth (or my login information does not 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 a.m. and 5 p.m. CT).

**Question #3: I will not 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 provider 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 completed Prescription Volume Attestation Survey by February 5, 2024.

## **SURVEY COMPLETION GUIDANCE**

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

**Answer:** Yes, providers should refer to the Prescription Volume Attestation Survey Instructions available on the [Annual Prescription Volume Attestation Resources](#) page of the Portal for guidance on how to complete the survey.

Providers with specific questions about their areas of business that may not be addressed in the instructions should call the Mercer survey hotline at 844-294-9982 or email [CODSurvey@mercerc.com](mailto:CODSurvey@mercerc.com).

**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.

**Question #8: What if I do not know my Wisconsin Medicaid ID number?**

**Answer:** If necessary, providers may use the Switch Organization function from their secure Portal account homepage to view their eight- or nine-digit Wisconsin Medicaid ID number, which is listed as the Wisconsin Provider ID on the panel. Refer to the [ForwardHealth Provider Portal Account User Guide](#) 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 Prescription Volume Attestation Survey Instructions available on the [Annual Prescription Volume Attestation Resources](#) page of the Portal, the reporting period is calendar year 2023.

**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 2023 date range in Element 3 of the survey if the reported prescription volume covers a different time period than January 1, 2023, through December 31, 2023.

**Question #11: How should prescription volume be reported for organizations that have undergone a change of ownership during calendar year 2023?**

**Answer:** In the case of a change of ownership in calendar year 2023, providers should report prescription volume only for the dates included in the current ownership. Providers should enter the 2023 date range for the reported prescription volume in Element 3 of the survey.

**Question #12: How should prescription volume be reported for a remote dispensing site?**

**Answer:** Providers should include prescriptions dispensed from a remote dispensing site in the annual prescription volume reported for the Medicaid-enrolled provider. Remote dispensing sites are licensed under the enrolled pharmacy provider's National Provider Identifier (NPI).

**Question #13: How do I calculate my annual prescription volume?**

**Answer:** Providers should include **all** prescriptions dispensed, not just Medicaid prescriptions, for DOS during the 2023 calendar year.

**Question #14: What counts in the claim volume attestation? Is that per company? Location? What will the total claim volume be reported by?**

**Answer:** The total claim volume attestation shall be based upon each NPI approved as a DHS pharmacy provider.

## **SURVEY PARTICIPATION**

**Question #15: Who is required to attest and complete the prescription volume attestation survey?**

**Answer:** Providers who submit claims to ForwardHealth with National Drug Codes **are required to attest** to their annual prescription volume, with the exception of tribal federally qualified health centers (FQHCs), community health centers (CHCs) (also known as non-tribal FQHCs), and out-of-state providers. Tribal FQHCs, CHCs, and out-of-state providers are automatically assigned a provider-specific professional dispensing fee reimbursement rate. For those who are required to attest, ForwardHealth will assign the lowest professional dispensing fee reimbursement rate if the Prescription Volume Attestation Survey is not completed by February 5, 2024.

## **SURVEY RESULTS**

**Question #16: When will I receive a professional dispensing fee reimbursement rate assignment based on the survey?**

**Answer:** ForwardHealth will communicate professional dispensing fee reimbursement rate assignments in March 2024 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 #17: 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:

- 1–34,999 prescriptions/year: \$15.69
- 35,000+ prescriptions/year: \$10.51

Note: An FQHC-specific professional dispensing fee rate of \$24.92 applies to tribal FQHCs and to SeniorCare claims for CHCs. Out-of-state providers are assigned a professional dispensing fee reimbursement rate of \$10.51.

**Question #18: My prescription volume has changed since initial reporting. When am I eligible for a professional dispensing fee reimbursement rate reassignment?**

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

**Question #19: Where can I find more ForwardHealth-covered outpatient drug reimbursement information?**

**Answer:** Providers are encouraged to refer to the [Pharmacy service area](#) of the ForwardHealth Online Handbook as well as to the FAQs: Covered Outpatient Drug Pricing Policy and Prescription Volume Attestation document on the [Annual Prescription Volume Attestation Resources](#) page of the Portal.