

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare

To: Blood Banks, Dentists, Federally Qualified Health Centers, Hospital Providers, Nurse Practitioners, Nursing Homes, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Podiatrists, Rural Health Clinics, HMOs and Other Managed Care Programs

Changes to Pharmacy Policies Effective in April 2011

This *ForwardHealth Update* provides information for prescribers and pharmacy providers about changes to pharmacy policies and reminders about other pharmacy policy changes effective on and after April 1, 2011.

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Changes to Emergency Medication Dispensing for Drugs Policy

BadgerCare Plus, Medicaid, and SeniorCare strongly encourage pharmacy providers to dispense a 14-day emergency supply of a medication when a member receives a prescription for a covered drug with a prior authorization (PA) restriction when the prescriber cannot be reached to discuss preferred drug options, therapeutic alternatives, or to complete the necessary PA form and the pharmacist determines that the member should begin taking the medication immediately.

Medications dispensed in an emergency supply do not require PA. Coverage of a drug with a PA restriction will continue to require PA. The emergency medication dispensing policy does not guarantee approval of a PA. Members must meet all PA criteria for PA requests to be approved.

The emergency medication dispensing policy applies to members enrolled in the BadgerCare Plus Standard Plan, the BadgerCare Plus Core Plan, Medicaid, and SeniorCare.

Emergency medication dispensing is not covered for BadgerCare Plus Benchmark Plan or BadgerCare Plus Basic Plan members.

Policy for Expedited Emergency Supply of Drugs

For certain drugs, ForwardHealth has developed an expedited emergency supply process. Effective for dates of service (DOS) on and after April 1, 2011, pharmacy providers may submit requests for an expedited emergency supply for certain drugs using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system and then submit a claim for the expedited emergency supply electronically. This eliminates the need to submit claims for expedited emergency supply drugs on paper.

Providers may refer to Attachment 1 of this *ForwardHealth Update* for the list of drugs for which an expedited emergency supply is allowed in up to a 14-day and 34-day supply. The list will be added as a pharmacy data table on the Pharmacy page of the Providers area of the ForwardHealth Portal at www.forwardhealth.wi.gov/. The list may be revised at any time, so providers should refer to the Pharmacy page of the Portal for the most current data tables.

Members will be limited to receiving two expedited emergency supply requests of the same drug in 30 days from one pharmacy provider within a six-month time period. A maximum of six expedited emergency supply requests per member regardless of drug or provider may be dispensed in a six-month time period.

Expedited emergency supply requests will generally be granted for up to a 14-day supply; however, for certain drugs, expedited emergency supply requests may be granted for up to a 34-day supply.

For diagnosis-restricted drugs, an appropriate diagnosis code must be indicated on expedited emergency supply requests and claims. Expedited emergency supply requests submitted without an appropriate diagnosis code will be considered noncovered services. Providers may refer to the Online Handbook on the Portal for more information about diagnosis-restricted drugs.

An approved expedited emergency supply request does not guarantee that a subsequent PA request will be approved. Members must meet all the criteria for a PA request to be approved.

When contacting the prescriber after submitting an expedited emergency supply request, pharmacy providers should discuss the following before submitting a PA request:

- For Preferred Drug List (PDL) drug classes, the pharmacy provider should assist the prescriber in reviewing preferred drugs.
- For brand medically necessary drugs, the pharmacy provider should review therapeutic alternatives with the prescriber.
- For drugs that require clinical PA, the pharmacy provider should review clinical criteria with the prescriber to ensure the member meets the clinical criteria.

The expedited emergency supply request overrides PA policies, including the PDL and brand medically necessary policies. However, other policies, such as the member

enrollment, diagnosis restriction, quantity limit, and noncovered services policies continue to apply.

Drugs That Can Be Dispensed in up to a 14-Day Supply

For drugs that require PA that can be dispensed in up to a 14-day expedited emergency supply as identified in Attachment 1, a PA is not required to be in process when the first expedited emergency supply request is submitted; however, before a second expedited emergency supply request for the same drug is submitted, a PA request must be submitted to ForwardHealth and be in process of being adjudicated.

If a second expedited emergency supply is necessary for a member, the request must be submitted by the pharmacy that dispensed the first expedited emergency supply. Second expedited emergency supply requests must be for the same drug and strength. Second expedited emergency supply requests will be granted if a PA is in process for the same drug and strength and the PA is submitted by the pharmacy that dispensed the first expedited emergency supply.

Once a PA has been adjudicated, the second expedited emergency supply request will not be granted.

Requests for a second expedited emergency supply must be submitted either on day 15 or day 16 after the initial request was submitted. Second expedited emergency supply requests will not be granted if they are submitted on day 14 and earlier or day 17 and after. For example, if an initial expedited emergency supply request was submitted on March 18, 2011, and a 14-day supply of the drug was dispensed and a second expedited emergency supply is necessary for the member because the PA request had not yet been adjudicated, the second request must be submitted either on April 1 or April 2, 2011.

Drugs That Can Be Dispensed in up to a 34-day Supply

For drugs that cannot be dispensed in up to a 14-day expedited emergency supply, pharmacy providers may

dispense the quantity indicated on the prescription, up to a 34-day supply, after an expedited emergency supply has been granted; however, only one expedited emergency supply every six months will be allowed for those drugs. Other policies, such as prospective Drug Utilization Review (DUR), the quantity limit, and the early refill policies continue to apply.

Providers may refer to Attachment 1 for a list of drugs that may be dispensed in up to a 34-day supply after an expedited emergency supply has been granted.

Submitting Requests for an Expedited Emergency Supply

Pharmacy providers are required to complete and sign the Expedited Emergency Supply Request, F-00401 (04/11), before a request for an expedited emergency supply is submitted. Providers may refer to Attachments 2 and 3 for a copy of the Expedited Emergency Supply Request completion instructions and form.

Expedited emergency supply requests may only be submitted using the STAT-PA system. Expedited emergency supply requests cannot be submitted for future or past DOS.

The STAT-PA system will notify pharmacy providers if an expedited emergency supply request has been granted. After an expedited emergency supply request has been granted, the pharmacy provider may submit a claim for the drug.

Expedited emergency supply requests cannot be amended.

Claims Submitted Under the Emergency Medication Supply Policy

Pharmacy providers may continue to submit claims for emergency medication supplies of drugs that are not included in the expedited emergency supply process on the Noncompound Drug Claim form, F-13072 (10/08), with a Pharmacy Special Handling Request form, F-13074 (04/11), if the prescriber cannot be reached and the pharmacist determines that the member should begin taking a medication immediately.

Providers should mail completed Noncompound Drug Claim and Pharmacy Special Handling Request forms as indicated on the Pharmacy Special Handling Request. Providers may also submit claims using Direct Data Entry.

Claims for an emergency medication supply cannot be submitted for members who have been previously granted two expedited emergency supply requests for the same drug within a six-month time period.

The emergency medication supply policy overrides PA policies, including the PDL and brand medically necessary policies. However, other policies, such as the member enrollment, diagnosis restriction, quantity limit, and noncovered services policies continue to apply.

A paid emergency medication supply claim does not guarantee that a PA request will be approved for the drug. Members must meet all criteria for a PA request to be approved.

Revised Pharmacy Special Handling Request Form

Effective for date of receipt on and after April 1, 2011, ForwardHealth has revised the Pharmacy Special Handling Request form. Providers may refer to Attachments 4 and 5 for a copy of the revised completion instructions and form. Providers are required to indicate specific details about why the emergency medication supply is being requested on the Pharmacy Special Handling Request. Providers are encouraged to submit supporting documentation with the request if necessary. Paper claims for emergency medication supplies submitted without detailed information supporting the request will be denied.

Note: Effective for dates of receipt on and after April 1, 2011, claims for emergency medication supplies submitted with the Pharmacy Special Handling Request form dated 10/08 will be returned to the provider.

Completing Claim Forms

Providers are required to correctly complete and sign the Pharmacy Special Handling Request form and the

Noncompound Drug Claim form to receive the appropriate reimbursement for an emergency medication dispensing. Complete and detailed information must be indicated on the forms. ForwardHealth is committed to reimbursing providers for emergency medications as long as claims are properly completed and submitted with a Pharmacy Special Handling Request form.

BadgerCare Plus Core Plan Members

The following are the only drugs for which emergency medication dispensing is allowed for all Core Plan members:

- Cytokine and cell adhesion molecule (CAM) antagonist drugs.
- Provigil®.
- Suboxone® film.

Up to a 14-day emergency supply or up to a 34-day supply of a Core Plan-covered medication must be submitted on paper using the Noncompound Drug Claim Form and the Pharmacy Special Handling Request form. The expedited emergency supply policy does not apply for Core Plan members.

BadgerCare Plus Benchmark Plan and Basic Plan Members

There are no drugs covered by the Benchmark Plan or the Basic Plan that require PA; therefore, there is no emergency medication dispensing coverage for members enrolled in the Benchmark Plan or the Basic Plan.

Attestation for Antipsychotic Drugs for Children 16 Years of Age and Younger

In March 2011, letters were sent to prescribers as part of a DUR Board project. The purpose of the letters was to encourage prescribers to evaluate the appropriateness of prescribing antipsychotic drugs for children 16 years of age or younger and to obtain feedback from prescribers. The letters discussed prescribing the following:

- A single antipsychotic medication for children 7 years of age or younger.
- A child or adolescent 16 years of age or younger who is taking more than one antipsychotic medication.

Effective for DOS on and after April 1, 2011, to improve the quality of mental health care by better understanding the use of antipsychotic drugs in children, an attestation from prescribers for the use of more than one antipsychotic drug for a member 16 years of age or younger will be required to be submitted with claims for the antipsychotic drug.

Prescribers will be required to complete a new form, the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger, F-00402 (04/11), for a member 16 years of age or younger who is taking more than one antipsychotic drug. Providers may refer to Attachments 6 and 7 for a copy of the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger completion instructions and form.

Attestations must be submitted for Standard Plan and Medicaid members.

If a member has filled a prescription in the past month for an antipsychotic drug and an additional antipsychotic drug is prescribed, the prescriber will be required to complete and sign the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger before the second antipsychotic drug may be dispensed.

If a member 16 years of age or younger has received an antipsychotic drug within the past month and a claim is submitted for another antipsychotic drug, pharmacy providers will receive Explanation of Benefits (EOB) code 0422 (An antipsychotic drug has recently been dispensed for this member. Only one antipsychotic drug is allowed without an Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger.) and National Council for Prescription Drug Programs reject code 76 (Plan Limits Exceeded).

Prescribers are required to complete the form and submit it to the pharmacy provider where the prescription will be filled. Information from the form will be used by pharmacy

providers to submit an attestation for the drug using the STAT-PA system.

Other policies, such as the prospective DUR, non-preferred drug, and quantity limit policies continue to apply.

Attestation Documentation

Prescribers are required to document on the attestation that they are aware the member is 16 years of age or younger and receiving more than one antipsychotic drug, that the management of the medications is being coordinated by one prescriber or by prescribers within a group practice, and why the member requires more than one antipsychotic drug.

Depending on the reason for the request, attestations may be approved for up to one year.

Prescriber Responsibilities

If more than one antipsychotic drug is necessary for a member 16 years of age or younger, the prescriber is required to complete and sign an attestation for the antipsychotic drug. Prescribers are required to complete and sign the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger and submit it to the pharmacy provider where the prescription will be filled. Prescribers are required to include accurate and complete answers on the form.

When completing the attestation form, prescribers are required to provide a handwritten signature and date on the form. Attestation request forms may be faxed or mailed to the pharmacy provider, or the member may carry the form with the prescription to the pharmacy provider. Prescribers should not submit attestation forms to ForwardHealth.

Prescribers are required to retain a completed copy of the form.

Pharmacy Responsibilities

Pharmacy providers submit information from the attestation form to ForwardHealth using the STAT-PA system. Attestations submitted on the Portal or on paper by fax or

mail will be returned unprocessed. An attestation may only be submitted using the STAT-PA system and attestations must be submitted separately for each antipsychotic drug.

Attestation requests cannot be amended.

Pharmacy providers are required to retain a completed copy of the form.

Providers may refer to the Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List — Quick Reference on the Pharmacy page of the Providers area of the Portal for the most current list of preferred and non-preferred antipsychotic drugs. This policy applies to all antipsychotic drugs listed on the PDL.

Diabetic Supplies

Effective for DOS on and after April 1, 2011, the number of preferred diabetic supply manufacturers will decrease from five manufacturers to three manufacturers. The following will be preferred diabetic supply manufacturers on and after April 1, 2011:

- Abbott.
- Lifescan.
- Roche.

Prescribers should transition members currently using a non-preferred meter or test strips to products from a preferred manufacturer. If a member is enrolled in the Standard Plan or Medicaid, a PA request may be submitted for a non-preferred product. For non-preferred diabetic supplies, PA requests must be submitted on the Prior Authorization Drug Attachment for Diabetic Supplies, F-00239 (04/10).

Providers may refer to the Forms page of the Portal for a copy of the Prior Authorization Drug Attachment for Diabetic Supplies form and completion instructions. Prior authorization for non-preferred diabetic supplies is not available for Benchmark Plan, Core Plan, or Basic Plan members.

Quantity limits for meters and test strips for Standard Plan, Benchmark Plan, Core Plan, Basic Plan, and Medicaid

members will be suspended for DOS between April 1, 2011, and June 30, 2011, to allow members to transition to preferred products. As a reminder, diabetic supplies are not covered for SeniorCare members.

For all other diabetic supplies, quantity limit policy overrides may continue to be submitted to the Drug Authorization and Policy Override Center by calling (800) 947-9627.

Benchmark Plan, Core Plan, and Basic Plan members using non-preferred meters and test strips must be switched to a preferred diabetic supply. Non-preferred meters and test strips will be noncovered services for Benchmark Plan, Core Plan, and Basic Plan members on and after April 1, 2011. Benchmark Plan, Core Plan, and Basic Plan members do not have appeal rights for noncovered services.

Providers may refer to the Diabetic Supply List Quick Reference on the Pharmacy page of the Providers area of the Portal for the most current list of covered diabetic supplies.

Claims Submitted with Procedure Code A4252

Claims submitted with Healthcare Common Procedure Coding System procedure code A4252 (Blood ketone test or reagent strip, each) were incorrectly reimbursed by managed care organizations (MCOs) for DOS from April 1, 2009, through May 31, 2010. Claims for procedure code A4252 should be reimbursed by BadgerCare Plus and Medicaid fee-for-service for DOS from April 1, 2009, through May 31, 2010. For DOS within 365 days, providers may submit their claims to fee-for-service.

For claims with DOS over 365 days, providers may submit a Timely Filing Appeals Request, F-13047 (10/08), to Wisconsin Medicaid and BadgerCare Plus fee-for-service to receive reimbursement for claims for blood ketone test or reagents strips that were incorrectly reimbursed by MCOs for DOS from April 1, 2009, through May 31, 2010.

When completing the Timely Filing Appeals Request, providers should check the “ForwardHealth

Reconsideration” box and write in the comment section at the bottom of the form, “ForwardHealth Update 2011-20, Changes to Pharmacy Policies Effective in April 2011,” to explain the nature of the problem.

Claims must be received by ForwardHealth on the Timely Filing Appeals Request on or before June 30, 2011. Providers should follow all applicable billing rules.

Note: Effective for DOS on and after June 1, 2010, a National Drug Code (NDC) should be indicated on claims for blood ketone test or reagent strips for all members.

For more information about timely filing appeals, providers may refer to the Claims section of the Online Handbook.

Claims for Package Sizes with Decimals

Effective for DOS on and after April 1, 2011, noncompound claims for drugs that are pre-packaged in units that are not a whole number will be denied if the quantity indicated on the claim is not equal to the package size or a multiple of the package size.

Providers will receive EOB code 1588 (The quantity billed of the NDC is not equally divisible by the NDC package size) on claims where the quantity indicated is not mathematically divisible by the package size.

The policy for claims for packages with decimals does not apply to compound drugs.

Maximum Allowed Cost for Prenatal Vitamins

Effective for DOS on and after April 1, 2011, all prenatal vitamins will have a maximum allowed cost (MAC) rate of \$0.10 per unit.

Brand medically necessary PA requests and innovator drug reimbursement are not available for prenatal vitamins. Maximum Allowed Cost Drug Pricing Review Request form, F-00030 (03/10), submitted for review of the pricing of prenatal vitamins will not be considered.

All other policies for prenatal vitamins (e.g., diagnosis restrictions, three-month supply, convenience packaging) continue to apply.

Providers may refer to the Maximum Allowed Cost List Sorted by Generic Name data table on the Pharmacy page of the Providers area of the Portal for the most current list of MAC drugs. To search for covered drugs, providers may use the Drug Search Tool on the Pharmacy page of the Providers area of the Portal.

Pharmacy Auto Refills

Pharmacy providers may use auto refills as an efficient and effective business practice. Wisconsin Medicaid only reimburses for prescriptions dispensed to members or member representatives. Therefore, pharmacy providers who auto refill prescriptions should ensure that reimbursement for prescriptions not picked up by the member or the member's representative is returned to Medicaid and the medication returned to pharmacy stock.

For More Information

For information about covered drugs, providers may refer to the following benefit plan-specific pharmacy data tables on the Pharmacy page of the Providers area of the Portal:

- Wisconsin Medicaid, BadgerCare Plus Standard, and SeniorCare Preferred Drug List — Quick Reference.
- BadgerCare Plus Core Plan National Drug Code List.
- BadgerCare Plus Core Plan Brand Name Drugs — Quick Reference.
- BadgerCare Plus Benchmark Plan National Drug Code List.
- BadgerCare Plus Basic Plan National Drug Code List.

Providers may refer to the Pharmacy service area of the Online Handbook on the Portal for more information about PDL policies.

Information Regarding Managed Care Organizations

This *Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive

pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member's MCO. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

P-1250

ATTACHMENT 1

Expedited Emergency Supply Request Drugs

For drugs listed in the table below, expedited emergency supply requests may only be submitted using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system.

Preferred Drug List Drugs	
Drugs That Can Be Dispensed in up to a 14-Day Supply	Drugs That Can Be Dispensed in up to a 34-Day Supply
Drug or Class Name	Drug or Class Name
Alzheimer's Agents	Cytokine and CAM Antagonists
Angiotensin Modulators, ACE Inhibitors	Glucocorticoids, Inhaled
Angiotensin Modulators, ARBs and DRIs	Intranasal Rhinitis Agents
Angiotensin Modulators, Combination	Pulmonary Arterial Hypertension
Antibiotics, Beta Lactam	
Antibiotics, GI	
Antibiotics, Vaginal	
Anticonvulsants*	
Antidepressants, SSRI	
Antidepressants, Other	
Antiemetics	
Antifungals, Oral	
Antiparasitics, Topical	
Antiparkinson's Agents	
Antipsychotics*	
Antithrombotic Agents, Injectable	
Antithrombotic Agents, Oral	
BPH Agents, Adrenergic	
BPH Agents, Alpha Reductase Inhibitors	
Beta Blocker	
Bile Salts	
Bladder Relaxant Preparations	
Bronchodilators, Beta Agonists	
Calcium Channel Blocking Agents	
Coumadin*	
Epinephrine, self injected	
Erythropoiesis Stimulating Proteins	
Fibromyalgia	
Fluoroquinolones	
Gout Agents	

Preferred Drug List Drugs	
Drugs That Can Be Dispensed in up to a 14-Day Supply	Drugs That Can Be Dispensed in up to a 34-Day Supply
Drug or Class Name	Drug or Class Name
Leukotriene Modifiers	
Macrolides/Ketolides	
Neoral*	
Nonsteroidal Anti-Inflammatory Drugs	
Ophthalmics, Allergic Conjunctivitis	
Ophthalmics, Antibacterial	
Ophthalmics, Anti-Inflammatories	
Ophthalmics, Glaucoma — Beta Blockers	
Ophthalmics, Glaucoma — Other	
Ophthalmics, Glaucoma — Prostaglandins	
Otics, Antibiotics	
Pancreatic Enzymes	
Phosphate Binders	
Prograf*	
Suboxone Film	
Tetracyclines	
Ulcerative Colitis	

* Includes brand medically necessary drugs

ATTACHMENT 2

Expedited Emergency Supply Request Completion Instructions

(A copy of the “Expedited Emergency Supply Request Completion Instructions” is located on the following pages.)

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FORWARDHEALTH EXPEDITED EMERGENCY SUPPLY REQUEST COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the services.

The use of this form is mandatory when requesting an expedited emergency supply for certain drugs. Refer to the Pharmacy service area of the ForwardHealth Online Handbook for service restrictions and additional documentation requirements.

INSTRUCTIONS

Pharmacy providers are required to complete and sign the Expedited Emergency Supply Request, F-00401, to submit an expedited emergency supply request using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. For STAT-PA requests, pharmacy providers should call (800) 947-1197. Pharmacy providers are required to retain a completed copy of the form.

Providers may only submit an expedited emergency supply request using the STAT-PA system.

Note: When contacting the prescriber after submitting an expedited emergency supply request, pharmacy providers should discuss the following before submitting a PA request:

- For Preferred Drug List drug classes, the pharmacy provider should assist the prescriber in reviewing preferred drugs.
- For brand medically necessary drugs, the pharmacy provider should review therapeutic alternatives with the prescriber.
- For drugs that require clinical PA, the pharmacy provider should review clinical criteria with the prescriber to ensure the member meets the clinical criteria.

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

Element 3 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

SECTION II — MEDICATION REVIEW

Element 4 — Drug Name

Enter the name of the drug.

Element 5 — Drug Strength

Enter the strength of the drug.

Element 6 — Date Prescription Written

Enter the date the prescription was written.

Element 7 — Directions for Use

Enter the directions for use of the drug.

Element 8 — Name — Prescriber

Enter the name of the prescriber.

Element 9 — National Provider Identifier (NPI) — Prescriber

Enter the 10-digit National Provider Identifier (NPI) of the prescriber.

Element 10 — Address — Prescriber

Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 11 — Telephone Number — Prescriber

Enter the telephone number, including area code, of the prescriber.

SECTION III — JUSTIFICATION

Element 12 — Diagnosis Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code and description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description.

Element 13

Indicate whether or not the pharmacist has determined that this drug is included in the expedited emergency supply policy.

Element 14

Indicate whether or not the pharmacist has attempted to contact the prescriber and found him or her unavailable.

Element 15

Indicate whether or not the pharmacist has reviewed the member's medical profile and determined that the member is in need of the drug immediately.

SECTION VI — AUTHORIZED SIGNATURE

Element 16 — Signature — Pharmacist

The pharmacy provider is required to complete and sign this form.

Element 17 — Date Signed

Enter the month, day, and year the Expedited Emergency Supply Request form was signed (in MM/DD/CCYY format).

SECTION V — DATA REQUIRED ON STAT-PA

Element 18 — National Drug Code

Enter the appropriate 11-digit National Drug Code for each drug.

Element 19 — Days' Supply Requested

Enter the requested days' supply.

Element 20 — NPI

Enter the NPI.

Element 21 — Date of Service

Enter the requested first date of service (DOS) for the drug. For Expedited Emergency requests, the DOS must be today's date.

Element 22 — Patient Location

Enter the appropriate National Council for Prescription Drug Programs patient location code designating where the requested item would be dispensed.

Code	Description
0	Not Specified
1	Home
4	Long Term/Extended Care
7	Skilled Care Facility
10	Outpatient

Element 23 — Grant Date

Indicate the date the request was granted.

Element 24 — Expiration Date

Indicate the date the request expires as assigned.

ATTACHMENT 3

Expedited Emergency Supply Request

(A copy of the “Expedited Emergency Supply Request” is located on the following pages.)

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FORWARDHEALTH EXPEDITED EMERGENCY SUPPLY REQUEST

Instructions: Print or type clearly. Before completing this form, read the Expedited Emergency Supply Request Completion Instructions, F-00401A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage for the completion instructions.

Pharmacy providers are required to have a completed Expedited Emergency Supply Request before calling Specialized Transmission Approval Technology-Prior Authorization (STAT-PA). Providers may call Provider Services at (800) 947-9627 with questions.

When contacting the prescriber after submitting an expedited emergency supply request, pharmacy providers should discuss the following before submitting a PA request:

- For Preferred Drug List drug classes, the pharmacy provider should assist the prescriber in reviewing preferred drugs.
- For brand medically necessary drugs, the pharmacy provider should review therapeutic alternatives with the prescriber.
- For drugs that require clinical PA, the pharmacy provider should review clinical criteria with the prescriber to ensure the member meets the clinical criteria.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)

2. Date of Birth — Member

3. Member Identification Number

SECTION II — MEDICATION REVIEW

4. Drug Name

5. Drug Strength

6. Date Prescription Written

7. Directions for Use

8. Name — Prescriber

9. National Provider Identifier (NPI) — Prescriber

10. Address — Prescriber (Street, City, State, ZIP+4 Code)

11. Telephone Number — Prescriber

SECTION III — JUSTIFICATION

12. Diagnosis Code and Description

13. Has the pharmacist determined that this drug is included in the expedited emergency supply policy?

Yes No

14. Has the pharmacist attempted to contact the prescriber and he or she is unavailable?

Yes No

15. Has the pharmacist reviewed the member's medical profile and determined that the member is in need of the drug immediately?

Yes No

SECTION IV — AUTHORIZED SIGNATURE

16. SIGNATURE — Pharmacist

17. Date Signed

Continued

SECTION V — DATA REQUIRED ON STAT-PA

18. National Drug Code (11 Digits)

19. Days' Supply Requested (Up to 34 Days)

20. NPI

21. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service must be today's date.)

22. Patient Location (Use patient location code "0" [Not specified], "1" [Home], "4" [Long Term / Extended Care], "7" [Skilled Care Facility], or "10" [Outpatient].)

23. Grant Date

24. Expiration Date

ATTACHMENT 4

Pharmacy Special Handling Request Completion Instructions

(A copy of the “Pharmacy Special Handling Request Completion Instructions” is located on the following page.)

FORWARDHEALTH PHARMACY SPECIAL HANDLING REQUEST COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or payment for the service.

The use of this form is mandatory; use an exact copy of this form. ForwardHealth will not accept alternate versions (i.e., retyped or otherwise reformatted) of this form. Refer to the ForwardHealth Online Handbook for service restrictions and additional documentation requirements. Provide enough information for ForwardHealth to make a reasonable judgment about the case.

Pharmacy providers are required to complete and sign the Pharmacy Special Handling Request, F-13074. Pharmacy providers submitting paper claims that require the Pharmacy Special Handling Request must submit the paper claim form with the Pharmacy Special Handling Request to the following address:

ForwardHealth
Pharmacy Special Handling Unit
Ste 20
6406 Bridge Rd
Madison WI 53784-0020

SECTION I — PROVIDER INFORMATION

Element 1 — National Provider Identifier

Enter the National Provider Identifier.

Element 2 — Telephone Number — Provider

Enter the telephone number, including the area code, of the provider.

Element 3 — ForwardHealth Program

Select the program in which the member is enrolled.

SECTION II — REASON FOR REQUEST (Choose one.)

Element 4 — Policy Review Request

Check the box to indicate that a claim review is required. Provide all information including reason for override or exception. Include the following information:

- Explanation of Benefits (EOB) number.
- Reason for policy override request.
- Any additional information.

Element 5 — Emergency Supply Request

Check the box to indicate that the original claim was denied for a PA requirement and that the provider is resubmitting the claim for reconsideration. Include the following information:

- Internal Control Number, if available.
- Reason for reconsideration.
- Any additional information.

SECTION III — CERTIFICATION

Element 6 — Signature — Pharmacist or Dispensing Physician

The pharmacy provider or dispensing physician is required to complete and sign this form.

Element 7 — Date Signed

Enter the month, day, and year the Pharmacy Special Handling Request was signed (in MM/DD/CCYY format).

ATTACHMENT 5

Pharmacy Special Handling Request

(A copy of the “Pharmacy Special Handling Request” is located on the following page.)

**FORWARDHEALTH
PHARMACY SPECIAL HANDLING REQUEST**

Instructions: Providers may submit the Pharmacy Special Handling Request and paper drug claim to ForwardHealth, Pharmacy Special Handling Unit, Suite 20, 6406 Bridge Road, Madison, WI 53784-0020. Type or print clearly. Refer to the Pharmacy Special Handling Request Completion Instructions, F-13074A, for more information.

SECTION I — PROVIDER INFORMATION

1. National Provider Identifier

2. Telephone Number — Provider

3. ForwardHealth Program

- Wisconsin Medicaid.
- BadgerCare Plus Standard Plan.
- BadgerCare Plus Benchmark Plan.
- BadgerCare Plus Core Plan.
- BadgerCare Plus Basic Plan.
- SeniorCare.
- Wisconsin Chronic Disease Program.

SECTION II — REASON FOR REQUEST (Choose one.)

4. Policy Review Request (In the space below, include the Explanation of Benefits (EOB) number, reason for policy review, and any additional information.)

5. Emergency Supply Request (In the space below, include the type of prior authorization (PA), Internal Control Number, EOB number, and any additional information.)

Indicate the type of PA request from the options listed:

- Brand Medically Necessary.
- Clinical PA / Diagnosis Restriction.
- Preferred Drug List.

SECTION III — CERTIFICATION

6. **SIGNATURE** — Pharmacist or Dispensing Physician

7. Date Signed



ATTACHMENT 6
Attestation to Prescribe More Than One
Antipsychotic Drug for a Member 16 Years of Age
or Younger Completion Instructions

(A copy of the “Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger Completion Instructions” is located on the following pages.)

(This page was intentionally left blank.)

FORWARDHEALTH
ATTESTATION TO PRESCRIBE MORE THAN ONE ANTIPSYCHOTIC DRUG FOR A MEMBER
16 YEARS OF AGE OR YOUNGER COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the programs to authorize and pay for services provided to eligible members.

Members of ForwardHealth are required to give providers full, correct, and truthful information for the submission of correct and complete claims for reimbursement. This information should include, but is not limited to, information concerning enrollment status, accurate name, address, and member identification number (DHS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about program applicants and members is confidential and is used for purposes directly related to ForwardHealth administration such as determining eligibility of the applicant or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

The use of this form is mandatory when requesting an attestation for certain drugs. Refer to the Pharmacy service area of the ForwardHealth Online Handbook for service restrictions and additional documentation requirements.

INSTRUCTIONS

Prescribers are required to complete and sign the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger, F-00402, and send to the pharmacy provider where the member's prescription will be filled. Pharmacy providers are required to use the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger form to submit a request using the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. For STAT-PA requests, pharmacy providers should call (800) 947-1197.

Prescribers and pharmacy providers are required to retain a completed copy of the form in the member's records.

Providers only may submit attestation requests using the STAT-PA system.

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

SECTION I — MEMBER INFORMATION

Element 1 — Name — Member

Enter the member's last name, first name, and middle initial. Use Wisconsin's Enrollment Verification System (EVS) to obtain the correct spelling of the member's name. If the name or spelling of the name on the ForwardHealth identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Date of Birth — Member

Enter the member's date of birth in MM/DD/CCYY format.

Element 3 — Member Identification Number

Enter the member ID. Do not enter any other numbers or letters. Use the ForwardHealth card or the EVS to obtain the correct member ID.

SECTION II — PRESCRIPTION INFORMATION FOR FIRST ANTIPSYCHOTIC DRUG

Element 4 — Drug Name

Enter the name of the drug.

Element 5 — Drug Strength

Enter the strength of the drug.

Element 6 — Date Prescription Written

Enter the date the prescription was written.

Element 7 — Directions for Use

Enter the directions for use of the drug.

SECTION III — PRESCRIPTION INFORMATION FOR SECOND ANTIPSYCHOTIC DRUG

Element 8 — Drug Name

Enter the name of the drug.

Element 9 — Drug Strength

Enter the strength of the drug.

Element 10 — Date Prescription Written

Enter the date the prescription was written.

Element 11 — Directions for Use

Enter the directions for use of the drug.

SECTION IV — PRESCRIBER INFORMATION

Element 12 — Name — Prescriber

Enter the name of the prescriber.

Element 13 — National Provider Identifier (NPI) — Prescriber

Enter the 10-digit National Provider Identifier (NPI) of the prescriber.

Element 14 — Address — Prescriber

Enter the address (street, city, state, and ZIP+4 code) of the prescriber.

Element 15 — Telephone Number — Prescriber

Enter the telephone number, including area code, of the prescriber.

SECTION V — PRESCRIBER ATTESTATION DOCUMENTATION

Element 16 — Diagnosis Code and Description

Enter the appropriate *International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)* diagnosis code and description most relevant to the drug requested. The ICD-9-CM diagnosis code must correspond with the ICD-9-CM description.

Element 17

Indicate whether or not the prescriber is aware that this member is 16 years of age or younger and is receiving more than one antipsychotic drug.

Element 18

Indicate whether or not the prescriber is the only prescriber of antipsychotic drugs for this member. If not, indicate if the prescriber is not the only prescriber of antipsychotic drugs for this member one of the following reasons:

- Because another prescriber initiated the antipsychotic drug therapy and the therapy is being transitioned to his or her care.
- Because the medication management is being coordinated by prescribers within the same group practice.

Element 19

Indicate whether or not the member is receiving more than one antipsychotic drug for the following reason(s):

- The member is being switched from one antipsychotic drug to another and the prescriber anticipates the switch will be completed within 90 days.
- The member was already taking more than one antipsychotic drug when his or her care was transferred to the prescriber and he or she plans to transition the member to one antipsychotic drug within 90 days.
- The member is newly enrolled in the BadgerCare Plus Standard Plan or Medicaid and the prescriber anticipates the member will be transitioned to one antipsychotic drug within 90 days.
- The member is taking more than one antipsychotic drug because a non-sedating drug is being used in the morning and a sedating drug is being used in the evening.
- The member is taking more than one antipsychotic drug because the dose of the first drug cannot be increased to reach a therapeutic level or the dose cannot be increased without causing unwanted side effects.
- The prescriber has determined that more than one antipsychotic drug is most effective for the member and discussed this decision with the member and/or the member's guardian. The prescriber has documented this decision and the discussion in the member's medical record.

SECTION VI — AUTHORIZED SIGNATURE

Element 20 — Signature — Prescriber

The prescriber is required to complete and sign this form.

Element 21 — Date Signed

Enter the month, day, and year the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger form was signed (in MM/DD/CCYY format).

SECTION VII — PHARMACY PROVIDER ATTESTATION

Element 22

Indicate whether or not the pharmacy provider has a valid prescription or attestation request for another antipsychotic drug for this member from the same prescriber completing this attestation request.

Element 23

Indicate whether or not the pharmacy provider wants to proceed with an attestation request for another antipsychotic drug for this member.

SECTION VIII — FOR PHARMACY PROVIDERS USING STAT-PA

Element 24 — National Drug Code

Enter the appropriate 11-digit National Drug Code for each drug.

Element 25 — Days' Supply Requested

Enter the requested days' supply.

Element 26 — NPI

Enter the NPI.

Element 27 — Date of Service

Enter the requested first date of service (DOS) for the drug. For attestation requests, the DOS may be up to 31 days in the future or up to 14 days in the past.

Element 28 — Patient Location

Enter the appropriate National Council for Prescription Drug Programs patient location code designating where the requested item would be dispensed.

Code	Description
0	Not Specified
1	Home
4	Long Term/Extended Care
7	Skilled Care Facility
10	Outpatient

Element 29 — Grant Date

Indicate the date the attestation was approved.

Element 30 — Expiration Date

Indicate the date the attestation expires.

Element 31 — Number of Days Approved

Record the number of days for which the attestation was approved.

ATTACHMENT 7
Attestation to Prescribe More Than One
Antipsychotic Drug for a Member 16 Years of
Age or Younger

(A copy of the “Attestation to Prescribe More Than One Antipsychotic Drugs for a Member 16 Years of Age or Younger” is located on the following pages.)

FORWARDHEALTH
ATTESTATION TO PRESCRIBE MORE THAN ONE ANTIPSYCHOTIC DRUG FOR A MEMBER
16 YEARS OF AGE OR YOUNGER

Instructions: Print or type clearly. Refer to the Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger Completion Instructions, F-00402A, for more information. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Content/provider/forms/index.htm.spage for the completion instructions.

Pharmacy providers are required to have a completed Attestation to Prescribe More Than One Antipsychotic Drug for a Member 16 Years of Age or Younger before calling the Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system. Providers may call Provider Services at (800) 947-9627 with questions.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)	2. Date of Birth — Member
3. Member Identification Number	

SECTION II — PRESCRIPTION INFORMATION FOR FIRST ANTIPSYCHOTIC DRUG

4. Drug Name	5. Drug Strength
6. Date Prescription Written	
7. Directions for Use	

SECTION III — PRESCRIPTION INFORMATION FOR SECOND ANTIPSYCHOTIC DRUG

8. Drug Name	9. Drug Strength
10. Date Prescription Written	
11. Directions for Use	

SECTION IV — PRESCRIBER INFORMATION

12. Name — Prescriber	13. National Provider Identifier (NPI) — Prescriber
14. Address — Prescriber (Street, City, State, ZIP+4 Code)	
15. Telephone Number — Prescriber	

SECTION V — PRESCRIBER ATTESTATION DOCUMENTATION

16. Diagnosis Code and Description		
17. I am aware this member is 16 years of age or younger and is receiving more than one antipsychotic drug.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. I am the only prescriber of antipsychotic drugs for this member.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, then indicate whether or not one of the following is the reason you are not the only prescriber:		
A) I am not the only prescriber of antipsychotic drugs for this member because another prescriber initiated the antipsychotic drug therapy and the therapy is being transitioned to my care.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) I am not the only prescriber of antipsychotic drugs for this member because the medication management is being coordinated by prescribers within the same group practice.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Continued

SECTION V — PRESCRIBER ATTESTATION DOCUMENTATION (Continued)

19. The member is receiving more than one antipsychotic drug for the following reason(s):
- A) The member is being switched from one antipsychotic drug to another and I anticipate the switch will be completed within 90 days. Yes No
 - B) The member was already taking more than one antipsychotic drug when his or her care was transferred to me. I plan to transition the member to one antipsychotic drug within 90 days. Yes No
 - C) The member is newly enrolled in the BadgerCare Plus Standard Plan or Medicaid and I anticipate the member will be transitioned to one antipsychotic drug within 90 days. Yes No
 - D) The member is taking more than one antipsychotic drug because a non-sedating drug is being used in the morning and a sedating drug is being used in the evening. Yes No
 - E) The member is taking more than one antipsychotic drug because the dose of the first drug cannot be increased to reach a therapeutic level or the dose cannot be increased without causing unwanted side effects. Yes No
 - F) I have determined more than one antipsychotic drug is most effective for this member. I have discussed this decision with the member and/or the member's guardian. I have documented this decision and discussion in the member's medical record. Yes No

SECTION VI — AUTHORIZED SIGNATURE

20. SIGNATURE — Prescriber	21. Date Signed
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SECTION VII — PHARMACY PROVIDER ATTESTATION

22. I have a valid prescription or attestation request for another antipsychotic drug for this member from the same prescriber completing this attestation request. Yes No
23. I want to proceed with an attestation request for another antipsychotic drug for this member. Yes No

SECTION VIII — FOR PHARMACY PROVIDERS USING STAT-PA

24. National Drug Code (11 Digits)	25. Days' Supply Requested (Up to 365 Days)	
26. NPI		
27. Date of Service (MM/DD/CCYY) (For STAT-PA requests, the date of service may be up to 31 days in the future and / or up to 14 days in the past.)		
28. Patient Location (Use patient location code "0" [Not specified], "1" [Home], "4" [Long Term / Extended Care], "7" [Skilled Care Facility], or "10" [Outpatient].)		
29. Grant Date	30. Expiration Date	31. Number of Days Approved