

ForwardHealth UPDATE

Wisconsin serving you

Your First Source of ForwardHealth Policy and Program Information



PRESCRIPTION VOLUME ATTESTATION REMINDERS AND POLICY CLARIFICATIONS

The purpose of this ForwardHealth Update is to refresh providers on the annual prescription volume attestation process and to clarify existing policy.

Background

The Centers for Medicare & Medicaid Services published the federal Covered Outpatient Drug Final Rule (CMS-2345-FC) in January 2016 to address the rise in prescription drug costs by ensuring that Medicaid programs reformed payment methodologies for prescription drugs to accurately reflect actual cost.

In accordance with the federal rule, 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 on and after April 1, 2017. Providers are required to participate in an annual

AFFECTED PROGRAMS

BadgerCare Plus, Medicaid, SeniorCare, Wisconsin AIDS Drug Assistance Program, Wisconsin Chronic Disease Program

TO

Community Health Centers, Hospital Providers, Independent Labs, Narcotic Treatment Services Providers, Pharmacies, Rural Health Clinics, Tribal Federally Qualified Health Centers, HMOs and Other Managed Care Programs

The information provided in this ForwardHealth Update is published in accordance with the federal Covered Outpatient Drug Final Rule (CMS-2345-FC).

prescription volume attestation survey to determine their annual prescription volume and assign a professional dispensing fee.

Providers can refer to the [Covered Outpatient Drug Reimbursement: Professional Dispensing Fees](#) topic (#1349) of the ForwardHealth Online Handbook for additional information.

Mandatory Prescription Volume Attestation Survey

ForwardHealth continues to require providers who dispense covered outpatient drugs to attest to their overall annual prescription volume by participating in a mandatory prescription volume attestation survey on a yearly basis.

The 2021 prescription volume attestation survey and instructions will become available to providers in January 2021. Providers who do not complete the mandatory prescription volume attestation survey will automatically be assigned the lowest professional dispensing fee reimbursement rate.

“The 2021 prescription volume attestation survey and instructions will become available to providers in January 2021.

Reminders and Policy Clarifications

Newly Enrolled Providers

ForwardHealth will assign the lowest professional dispensing fee reimbursement rate of \$10.51 to newly enrolled providers that:

- Enroll in ForwardHealth from December 1 of the previous year to November 30 of the current year. For example, if a provider enrolls in ForwardHealth during the month of December 2020, they are not eligible to participate in the attestation survey sent January 2021. They would be eligible to participate in the attestation survey the following year in January 2022.
- Have not completed a prescription volume attestation survey.
- Have not billed ForwardHealth for a covered outpatient drug.

Change of Ownership

If a pharmacy location experiences a change of ownership during the year, the location is considered a new location and will be assigned a professional dispensing fee reimbursement rate of \$10.51, regardless of the previous dispensing fee.

QUICK LINKS

[Covered Outpatient Drug Reimbursement: Professional Dispensing Fees](#) topic (#1349)

The following events are considered a [change of ownership](#) and require the completion of a new provider enrollment application:

- Change from one type of business structure to another type of business structure
- Change of name and tax ID number associated with the provider's submitted enrollment application
- Change (addition or removal) of names identified as owners of the provider

Multiple Locations

Providers who have multiple locations are required to attest for each location individually.

Disputes

There will be no dispute process for providers who do not agree with their rate assignment because the assignment is based on the prescription volume they have reported.

Providers can refer to the Covered Outpatient Drug Reimbursement: Professional Dispensing Fees topic (#1349) for professional dispensing fee reimbursements rates.

Federally Qualified Health Centers

Federally qualified health centers are not required to attest to their annual prescription volume and are automatically assigned a provider-specific professional dispensing fee reimbursement rate.

Tribal Federally Qualified Health Centers

Tribal federally qualified health centers will receive an interim professional dispensing fee reimbursement rate of \$24.92, which will be reconciled to approved federal encounter rates.

Non-Tribal Federally Qualified Health Centers

Non-tribal federally qualified health centers, also known as community health centers, will receive an interim professional dispensing fee of \$24.92 for SeniorCare members. For non-SeniorCare members, non-tribal federally qualified health centers will not receive an interim professional dispensing fee because the professional dispensing fee is incorporated into the approved rate process.

RESOURCES

For more information including explanations, clarifications, and resources related to the 2021 prescription volume attestation, refer to the [Annual Prescription Volume Attestation Resources page](#) on the ForwardHealth Portal.

Documentation Retention

Providers are reminded that they must follow the documentation retention requirements per Wis. Admin. Code § [DHS 106.02\(9\)](#). Information about those requirements can be found in the following Online Handbook topics:

- [Financial Records](#) (#201)
- [Medical Records](#) (#202)
- [Preparation and Maintenance of Records](#) (#203)
- [Record Retention](#) (#204)
- [Availability of Records to Authorized Personnel](#) (#1640)

Providers are required to produce and/or submit documentation to ForwardHealth upon request. ForwardHealth may deny or recoup payment for services that fail to meet these requirements. Refusal to produce documentation may result in sanctions including, but not limited to, termination from Wisconsin Medicaid.

Information Regarding Managed Care Organizations

This Update contains fee-for-service policy for members enrolled in Wisconsin 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 and the Family Care Partnership program are provided by the member's managed care organization.

The information provided in this ForwardHealth Update is published in accordance with the federal Covered Outpatient Drug Final Rule (CMS-2345-FC).

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 Medicaid Services within the Wisconsin Department of Health Services (DHS). The Wisconsin AIDS Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health within DHS.

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