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State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

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Dear Provider:

In accordance with the Centers for Medicare and Medicaid Services Covered Outpatient Drugs Final Rule (CMS-2345-FC), ForwardHealth is required to change its 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 Professional Dispensing Fee Survey in June 2016. As a result of the data Mercer collected through the Professional Dispensing Fee 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. The Prescription Volume Attestation Survey will be available to providers beginning **January 20, 2017**, and must be submitted by **February 3, 2017**. ForwardHealth will use the reported annual prescription volume to assign the appropriate professional dispensing fee reimbursement rate for each provider for dates of service on and after April 1, 2017. ForwardHealth will notify providers of their assigned professional dispensing fee reimbursement rate in a future communication.

Providers who submit claims to ForwardHealth with National Drug Codes **are required to attest** to their annual prescription volume. If the prescription volume attestation survey is not submitted by the requested due date, ForwardHealth will assign the lowest professional dispensing fee reimbursement rate tier.

Providers may complete the Prescription Volume Attestation Survey via the web-based tool or the Microsoft® Excel template. The web-based tool is secure and will require a username and password. You can access the web-based survey at <https://survey.mercer.com/WI2017CODS.aspx> using the following log in information:

- Your log in username is: «Username».
- Your randomly generated password is: «Password».

For password-related questions or if you forget your password, email CODSurvey@mercerc.com or call the survey hotline at 844-294-9982.

If you prefer not to enter your survey information online, you can download a copy of the survey in Microsoft® Excel from the Covered Outpatient Drug Pricing ForwardHealth Portal page at <https://www.forwardhealth.wi.gov/WIPortal/content/Provider/medicaid/pharmacy/codp/codp.htm.spage>. You may also request a copy of the Microsoft® Excel template by emailing CODSurvey@mercer.com. Completed Excel surveys may be submitted via one of the following ways:

- Email to CODSurvey@mercer.com
- Fax to 612-642-8686, Attn: Tim Lillehaugen

Providers with 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.

Information collected through this survey will remain confidential. Neither DHS nor Mercer will release or otherwise make public any information that names and/or discloses the business, financial, personnel, or other information provided by providers in the course of completing this survey.

Providers with questions regarding the survey process are encouraged to contact Mercer via the survey hotline at 844-294-9982 or by email at CODSurvey@mercer.com.

As a reminder, more information is available on the Covered Outpatient Drug Pricing page of the ForwardHealth Portal at <https://www.forwardhealth.wi.gov/WIPortal/content/Provider/medicaid/pharmacy/codp/codp.htm.spage>. Providers are encouraged to check this page regularly for updated information. Additionally, providers are encouraged to go to the ForwardHealth Subscriptions page of the Portal at <https://www.forwardhealth.wi.gov/WIPortal/Subsystem/KW/Subscriptions.aspx> and sign up for the Outpatient Drug Rule email subscription option in order to receive important updates.

Thank you for your participation.

Sincerely,

A handwritten signature in black ink that reads "Rachel Currans-Henry". The signature is written in a cursive, flowing style.

Rachel Currans-Henry
Director, Bureau of Benefits Management