

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Wisconsin Chronic Disease Program
To: Blood Banks, Pharmacy, HMOs and Other Managed Care Programs

Changes to the Pharmacy Data Tables

Effective for dates of service on and after July 1, 2010, changes will be made to the Pharmacy Data Tables and the Drug Pricing Review Request form, F-00030 (dated 02/09).

Maximum Allowed Cost Policy

Under Wisconsin's State Medicaid Plan approved by the U.S. Department of Health and Human Services, Wisconsin Medicaid and Wisconsin Chronic Disease Program (WCDP) may assign Maximum Allowable Costs (MACs) to establish an upper limit for payment of brand or generic versions of the same drug (federal legend or over-the-counter), regardless of manufacturer. Maximum Allowable Cost rates are set by using best estimates of prices currently in the marketplace in comparison to Average Wholesale Prices as stated in the approved Wisconsin State Plan.

Maximum allowed cost rates apply to drugs covered by BadgerCare Plus, Wisconsin Medicaid, SeniorCare, and WCDP.

Maximum Allowed Cost Data Table

Effective for dates of service (DOS) on and after July 1, 2010, information from the following data tables will be combined into a single data table titled Maximum Allowed Cost List:

- Legend Drug Maximum Allowed Cost List.
- Over-the-Counter Maximum Allowed Cost List.
- HealthCheck "Other Services" Covered by Wisconsin Medicaid Without Prior Authorization.

- Brand Medically Necessary Drugs That Require Prior Authorization.

The current pharmacy data tables are located on the Pharmacy page in the Providers area of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

The new Maximum Allowed Cost list will be posted on the Pharmacy page, data table section, in the Provider area of the ForwardHealth Portal. Providers should refer to the Portal frequently for changes to the new Maximum Allowed Cost list.

Maximum Allowed Cost Drug Pricing Review Request

The Maximum Allowed Cost Drug Pricing Review Request form, F-00030 (03/10), previously known as the Drug Pricing Review Request (dated 02/09), has been revised. Effective for DOS on and after April 1, 2010, to request a review of MAC pricing, pharmacy providers are required to submit the revised Maximum Allowed Cost Drug Pricing Review Request along with supporting documentation.

Pharmacy providers are required to submit the following supporting documentation along with the Maximum Allowed Cost Drug Pricing Review Request form signed by a pharmacist certifying that the price listed is the actual new cost after rebates or discounts from a wholesaler. Supporting documentation must include:

- Date of purchase.
- Invoiced provider.

- Wholesaler name.
- Product National Drug Code (NDC). If the NDC is not indicated on the invoice, the provider is required to handwrite the NDC on the invoice.
- Invoice price.

The Maximum Allowed Cost Drug Pricing Review Request form and the supporting documentation must be submitted to the Drug Authorization and Policy Override Center via fax at (608) 250-0246 or by mail to the following address:

ForwardHealth
 Drug Authorization and Policy Override Center
 6406 Bridge Rd
 Madison WI 53784-0088

A copy of the revised Maximum Allowed Cost Drug Pricing Review Request form and completion instructions can be found in Attachments 1 and 2 of this *ForwardHealth Update*. This form can also be found on the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/.

Previous versions of the Maximum Allowed Cost Drug Pricing Review Request will not be accepted on and after April 1, 2010. Previous versions of the form and forms submitted to the old fax number or address will be returned unprocessed.

Any action taken by ForwardHealth will be reflected in the MAC data table. Therefore, providers should refer to the Portal frequently for changes to the Maximum Allowed Cost list.

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 managed care organization (MCO). Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service. Members who are enrolled in the Wisconsin Chronic Disease Program only are not enrolled in MCOs.

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

Maximum Allowed Cost Drug Pricing Review Request Completion Instructions

(A copy of the “Maximum Allowed Cost Drug Pricing Review Request Completion Instructions” is located on the following pages.)

FORWARDHEALTH MAXIMUM ALLOWED COST DRUG PRICING REVIEW REQUEST COMPLETION INSTRUCTIONS

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

Personally identifiable information about providers is used for purposes directly related to program administration such as determining the certification of providers 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 the Maximum Allowed Cost Drug Pricing Review Request form, F-00030, is mandatory when requesting a maximum allowed cost (MAC) drug pricing review.

All elements are required unless otherwise noted.

SECTION I — PHARMACY INFORMATION

Element 1 — Name — Pharmacy

Enter the name of the pharmacy.

Element 2 — National Provider Identifier

Enter the 10-digit National Provider Identifier of the pharmacy.

Element 3 — Taxonomy Code (Optional)

Enter the taxonomy code assigned by ForwardHealth.

Element 4 — ZIP+4 Practice Location Code (Optional)

Enter the complete ZIP+4 code associated with the practice service location on file with ForwardHealth.

Element 5 — Address — Provider

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

Element 6 — Telephone Number — Provider

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

Element 7 — Name — Contact Person

Enter the name of the primary contact person at the pharmacy.

SECTION II — PRODUCT AND PRICE INFORMATION

Element 8 — National Drug Code

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

Element 9 — Drug Name

Enter the drug name.

Element 10 — Current MAC Price

Enter the current MAC price.

Element 11 — Net Cost

Enter the net cost of the drug (cost after rebates or discounts from wholesaler or other entity. This value may be lower than the invoiced price.)

Element 12 — Requested Effective Date

Enter the requested effective date for a MAC pricing change.

Element 13 — Signature — Pharmacist

The pharmacist is required to complete and sign this form.

Element 14 — Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.

ATTACHMENT 2

Maximum Allowed Cost Drug Pricing Review Request

(A copy of the “Maximum Allowed Cost Drug Pricing Review Request” is located on the following page.)

**FORWARDHEALTH
MAXIMUM ALLOWED COST DRUG PRICING REVIEW REQUEST**

Instructions: The use of this form is mandatory to request the review of maximum allowed cost (MAC) pricing in the ForwardHealth drug index. Pharmacists are required to submit documentation to substantiate their actual net cost and sign the certifying statement below. Refer to the Maximum Allowed Cost Drug Pricing Review Request Completion Instructions, F-00030A, for more information.

The completed form may be returned to the Drug Authorization and Policy Override Center via fax at (608) 250-0246 or by mail at the following address:

ForwardHealth
Drug Authorization and Policy Override Center
6406 Bridge Rd
Madison WI 53784-0088

SECTION I — PHARMACY INFORMATION

1. Name — Pharmacy	2. National Provider Identifier	3. Taxonomy Code	4. ZIP+4 Practice Location Code
5. Address — Provider (Street, City, State, ZIP Code)			
6. Telephone Number — Provider	7. Name — Contact Person		

SECTION II — PRODUCT AND PRICE INFORMATION

8. National Drug Code (11-Digit No.)	9. Drug Name	10. Current MAC Price	11. Net Cost*	12. Requested Effective Date

Describe reason for MAC review (e.g., no generic available at MAC price).

*** I certify that the price listed on the documentation reflects the actual net costs after rebates or discounts from the wholesaler or other entity.**

13. SIGNATURE — Pharmacist	14. Date Signed
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REMINDER: Attach a copy of documentation to verify any requests for price change.

