

Donald Ross, Manager  
DMAP Policy and Planning Section

**Authorized Signature**

**Number:** DMAP- IM-10-137

**Issue Date:** 11/09/2010

**Topic:** Medical Benefits

**Subject:** Pharmacy announcements: Reminders to complete mandatory pharmacy surveys by Friday, Nov. 12

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers    |   |

**Message:**

DMAP will post the following announcement (page 2) on the OHP Provider Announcements page and eSubscribe to the OHP Provider Announcements and Pharmacy Program Announcements mailing lists.

- It provides instructions on how to complete the required surveys by the Friday, Nov. 12 deadline.
- Pharmacies have also received complete survey instructions dated Oct. 20 and Nov. 3 from Myers and Stauffer, LC.

The OSU College of Pharmacy will also fax to all pharmacies a one-page reminder (page 4) that provides a link to DMAP's 2-page announcement.

For more information about these surveys, see [DMAP IM Transmittal 10-126](#).

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	DMAP Pharmacy Program		
<b>Phone:</b>	503-947-1195	<b>Fax:</b>	503-947-1119
<b>E-mail:</b>	<a href="mailto:dmap.rxquestions@state.or.us">dmap.rxquestions@state.or.us</a>		

November 9, 2010

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To: Pharmacy providers  
From: Donald Ross, Manager  
DMAP Policy and Planning Section  
Subject: Deadline approaches: Claims Volume and Acquisition  
Cost Surveys due Friday, Nov. 12

So far, almost one-third of enrolled pharmacies have submitted the Claims Volume and Acquisition Cost Surveys required under Oregon Administrative Rule (OAR) 410-121-0152. Thank you for taking the time to share this information.

For those who have not responded, please know that we value your time and the information only you can provide. Make sure to submit your completed surveys by Nov. 12.

- If you do not submit the Claims Volume Survey you will be assigned to the lowest dispensing fee tier (\$9.68).
- If you do not submit the Acquisition Cost Survey DMAP will be required under OAR 410-121-0152 to end your enrollment as a fee-for-service pharmacy provider.

We are sending this reminder to give you the information and resources you need to complete the surveys by the deadline.

Please make sure to enter “**Oregon Pharmacy Survey**” in the subject line for all information you or your supplier(s) submit to Myers and Stauffer.

### How to complete the Claims Volume Survey (Prescription Volume Survey)

Save and complete the Excel spreadsheet attached to this letter (click on the “Attachments” tab). See the instructions listed in the table below.

- E-mail the completed spreadsheet to Myers and Stauffer at [pharmacy@mslc.com](mailto:pharmacy@mslc.com).
- Print and sign the “Contact Info – Cert. Statement” tab of the survey. Fax it to Myers and Stauffer at 317-571-8481.

	Rx Volume Survey tab	Contact Info – Cert. Statement tab	
	Sections A and B	Section C	Section D
<b>Independent Pharmacies</b>	Complete all fields listed in the “Rx Volume Survey (non-chain)” tab.	Provide contact information for any follow-up questions about your survey responses.	Enter pharmacy owner/ manager information.
<b>Pharmacy chains</b>	Complete all fields listed in the “Rx Volume Survey (chain)” tab, <i>for each pharmacy listed in the survey invitations dated Oct. 20 and Nov. 3</i> . If you need this information re-sent to you, contact Myers and Stauffer.		Enter the chain’s Corporate Officer information.

## How to complete the Acquisition Cost Survey

Fax or e-mail Myers and Stauffer the following information, **for drug ingredient costs only**. Do not include the cost of shipping, storage, or other administrative costs:

- Copies of all records reflecting your pharmacy's legend and OTC drug purchases between Sep. 1, 2010, and Sep. 30, 2010, or any other recent 30-day period.
- Records should include NDC, purchase price, quantity purchased and purchase date for each drug.

You can ask your supplier(s) to send Myers and Stauffer a copy of your purchasing history as long as it contains the information listed above.

## Thank you for completing these surveys

We value your relationship with us, and the Oregon Health Plan clients you serve. All responses sent to Myers and Stauffer will remain confidential to the extent provided under state and federal laws, including 45 CFR Sections 160.101-164.534. Your responses will make sure that DMAP builds a consistent, transparent and accurate reimbursement system that is fair to all enrolled pharmacies.

Thank you again for your continued support of the Oregon Health Plan and your participation in these surveys.

## Questions?

If you have questions about this information, please contact one of the following:

- **For questions or help related to the surveys** – Call James Shin, Pharm.D., or Beverly Murphy, CPhT, of Myers and Stauffer at 800-591-1183.
- **For other questions about this letter** – E-mail DMAP's Pharmacy Program at [dmap.rxquestions@state.or.us](mailto:dmap.rxquestions@state.or.us) or call DMAP Provider Services at 1-800-336-6016.
- **For more information about upcoming pharmacy reimbursement changes**, visit the Oregon Health Authority's Pharmacy Reimbursement Web page at [www.oregon.gov/OHA/pharmacy/index.shtml](http://www.oregon.gov/OHA/pharmacy/index.shtml).

In the Acquisition Cost Survey invitations dated Oct. 20 and Nov. 3, pharmacy chains received a list of all the pharmacies they must submit acquisition cost information for.

If you need this list re-sent to you, contact Myers and Stauffer.

# Pharmacy providers

## Mandatory surveys due Friday, Nov. 12

So far, almost one-third of enrolled pharmacies have submitted the Claims Volume and Acquisition Cost Surveys required by the Division of Medical Assistance Programs (DMAP) under Oregon Administrative Rule (OAR) 410-121-0152. Thank you for taking the time to share this information.

For those who have not responded, please know that we value your time and the information only you can provide. Make sure to submit your completed surveys by Nov. 12.

- If you do not submit the Claims Volume Survey you will be assigned to the lowest dispensing fee tier (\$9.68).
- If you do not submit the Acquisition Cost Survey DMAP will be required under OAR 410-121-0152 to end your enrollment as a fee-for-service pharmacy provider.

### How to complete the surveys

For information about how to complete the surveys and a copy of the spreadsheet, go to <https://apps.state.or.us/cf1/OHP/OHPadmin/files/survey-reminder1110.pdf>.

### Thank you for completing these surveys

We value your relationship with us, and the Oregon Health Plan clients you serve. Your responses will make sure that DMAP builds a consistent, transparent and accurate reimbursement system that is fair to all enrolled pharmacies.

Thank you again for your continued support of the Oregon Health Plan and your participation in these surveys.

### Questions?

If you have questions about this information, please contact one of the following:

- **For questions or help related to the surveys** – Call Myers and Stauffer at 800-591-1183.
- **For other questions about this letter** – E-mail DMAP’s Pharmacy Program at [dmap.rxquestions@state.or.us](mailto:dmap.rxquestions@state.or.us).

The survey invitations you received dated Oct. 20 and reminders dated Nov. 3 have all the information you need to complete the surveys.

For chain pharmacies, they also include a list of all the pharmacies you need to submit survey responses for.

If you need this information re-sent to you, contact Myers and Stauffer.