

Donald Ross, Manager
DMAP Policy and Planning Section

Authorized Signature

Number: DMAP- IM-10-126

Issue Date: 10/19/2010

Topic: Medical Benefits

Subject: Provider announcement - Mandatory surveys to support pharmacy reimbursement changes

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 on the [OHP Provider Announcements](#) page and distribute via eSubscribe to OHP Provider Announcements and Pharmacy Program Announcements subscriber lists. OSU's College of Pharmacy will also fax the announcement to Oregon pharmacies.

- It tells enrolled pharmacies that Myers and Stauffer, LC, will be sending them two surveys that they are required to complete according to OAR 410-121-0152 (Pharmacy Participation in Annual Claims and Acquisition Cost Surveys).
- It explains that not responding to these surveys may result in reduced rates or disenrollment as a DMAP provider.

You can read the new OAR in the updated administrative rulebook on the [Pharmaceutical Services provider guidelines page](#).

If you have any questions about this information, contact:

Contact(s):	DMAP Pharmacy Program		
Phone:	503-947-1195	Fax:	503-947-1119
E-mail:	dmap.rxquestions@state.or.us		



Oregon

Theodore R. Kulongoski, Governor

Division of Medical Assistance Programs

500 Summer St NE, E35

Salem, OR 97301-1077

Voice (503) 945-5772

Fax (503) 373-7689

TTY (503) 378-6791

October 19, 2010

To: Pharmacy providers

From: Donald Ross, Manager
DMAP Policy and Planning Section

Subject: Claims Volume and Acquisition Cost Surveys to Support New Pharmacy Reimbursement Methodologies

Effective Jan. 1, 2011, the Division of Medical Assistance Programs (DMAP) will change reimbursement methodologies for the drugs and dispensing fees that DMAP covers on a fee-for-service basis. To support this change, all enrolled pharmacies must complete initial surveys now required under OAR 410-121-0152.

- In the next week, you will receive a packet of two surveys from Myers and Stauffer, LC, the contractor hired to manage this change.
- You must complete and return the surveys to Myers and Stauffer **no later than Nov. 12, 2010**.
- Thank you for taking the time to share this information. Your prompt response will help DMAP build a consistent, transparent and accurate reimbursement system.

The following table describes the surveys and how your responses will affect your reimbursement rates.

Reimbursement Change	Survey Requirement
Volume-based tier structure for professional dispensing fees.	Claims Volume Survey: This should take less than an hour to complete. <ul style="list-style-type: none">• If you respond to the survey, this will establish your pharmacy's correct dispensing fee according to the annual claims volume that your pharmacy outlet processes during a 12-month period.• If you do not respond, your pharmacy will default to the lowest dispensing fee tier.
Average Actual Acquisition Cost (AAAC)-based system for ingredient costs of all prescriptions.	Acquisition Cost Survey: This should take less than 30 minutes to complete. <ul style="list-style-type: none">• If you respond to the survey, you will submit your actual acquisition cost for all NDCs maintained in your inventory. This will help ensure that the new AAAC rates are based on actual acquisition costs experienced by a broad range of Oregon pharmacies.• If you do not respond, DMAP may have to end your enrollment as a fee-for-service pharmacy provider.

Our commitment to you

DMAP is fully committed to making this process as brief and simple as possible for you. After these initial surveys, you will participate in the Acquisition Cost Survey once every 18 to 24 months, and in the Claims Volume Survey once a year.

The survey packets will allow you to electronically submit all required data elements and a letter of attestation. You will also be able to download the survey spreadsheet template and submission instructions at the Oregon Health Authority's Pharmacy Reimbursement Web page at www.oregon.gov/OHA/pharmacy/index.shtml. Please visit this site regularly and register for e-mail alerts of content updates.

Your survey responses will remain confidential

All purchase price information that you submit for this project will remain strictly confidential. DMAP and Myers and Stauffer will not release or otherwise make public any information that names and/or discloses the business, financial, or other information provided by individual pharmacies or chains in the course of submitting this survey, to the extent provided under ORS 192.502 and federal laws, including 45 CFR Sections 160.101 – 164.534.

Thank you 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, LC, Certified Public Accountants, at 1-800-591-1183.
- **For other questions about this letter** – E-mail DMAP's Pharmacy Program at dmap.rxquestions@state.or.us or call DMAP Provider Services at 1-800-336-6016.