



# **Medi-Cal Rx Pharmacy Provider Self-Attestation Process**

**For Calendar Year 2022**

**February 23, 2023**





## Agenda

- What is the Attestation
- When to Attest
- How to Attest
- Attestation Questions
- Certification
- Online Self-Attestation
- Excel Self-Attestation
- Where to Get Help
- Questions and Technical Assistance



## What is the Attestation

- **California *Welfare and Institutions Code (W&I Code)*, Section 14105.45:** The professional dispensing fee is based on a pharmacy's total (Medicaid and non-Medicaid) annual prescription volume from the previous year as follows:
  - Fewer than 90,000 claims equals \$13.20
  - 90,000 or more claims equals \$10.05
- Only those pharmacies with fewer than 90,000 prescriptions in 2022 need to attest.
- You need to attest **every** year. Therefore, those who attested last year will need to attest again if still fewer than 90,000 prescriptions.
- Attest total prescription volume, **regardless of payer.**



## When to Attest



The survey period runs from March 1, 2023, 12:01 a.m. through March 31, 2023, 11:59 p.m.



Late attestations will not be accepted, and there will be no exceptions.



Failure to attest results in the \$10.05 professional dispensing fee rate.



## How to Attest

There are two methods to attest:



### Online

- The web address for the attestation portal is:  
[https://mercer.qualtrics.com/jfe/form/SV\\_1Ff9hacRTjy7ixE](https://mercer.qualtrics.com/jfe/form/SV_1Ff9hacRTjy7ixE)



### Email

- Email the Self-Attestation Excel Template to:  
[CODSurvey@mercer.com](mailto:CODSurvey@mercer.com)

If your claim volume for 2022 is readily available, the attestation should take approximately five minutes.



## Attestation Questions

1. Provider Business Name
2. Provider NPI
3. Pharmacy Type (Chain or Independent)
4. Address:
  - a) Provider Business Street Address
  - b) Provider Business City
  - c) Provider Business State
  - d) Provider Business ZIP Code
5. Contact Name
6. Contact Phone Number
7. Contact Email
8. Reported Date Range
9. Total number of prescriptions dispensed in CY2022



## Certification

10. By signing below, the provider acknowledges that the above information is true, accurate, and complete, that it is required by Medi-Cal in order to establish the provider's professional dispensing fee, and that Medi-Cal's review may be delayed, or the review may not occur if the form is not completed with true, accurate, and complete information. The provider acknowledges that a change in status may occur based on the above information; that any falsification, or concealment of material fact may be prosecuted under Federal and/or state laws; and that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, physical or mental disability. The provider acknowledges that the knowing use of false information for increased reimbursement is a violation of federal and state false claims statutes and regulations. The provider agrees to keep for a minimum period of three years from the date signed below, all records which are necessary to disclose fully the extent of information provided to Medi-Cal. The provider agrees to furnish these records and any information regarding the provider's eligibility criteria for the professional dispensing fee, on request, to California Department of Health Care Services: Medi-Cal Fraud Unit, California Department of Justice, Medi-Cal Audits Project, Office of State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives.
11. Provider Signature
12. Date Signed (MM/DD/YYYY)



## Underreporting Prescription Volume

If a pharmacy provider submits false information as a means to obtain a higher reimbursement, that provider is in violation of the federal False Claims Act (FCA), as well as the California False Claims Act (CFCA), *California Government Code, section 12650, et. seq.*, which is modeled after the federal FCA. In the event a false claim is found to have been made, the CFCA provides for treble damages plus statutory penalties between \$5,000 and \$10,000 for each false claim (*California Government Code, section 12651[a]*).





## Survey Notifications

### Email

- On March 1, 2023, you should receive an email from [CODSurvey@mercer.com](mailto:CODSurvey@mercer.com).
- Independent pharmacies will receive an individual survey link with password and instructions for the online survey tool.
- Chain pharmacy groups will receive an email with the Excel spreadsheet.

### Direct Mail and/or Fax

- If your email address bounces back or is not in the NCPDP database, you will receive a letter with the survey link.
- If you have a smart phone, there will also be an option to scan a QR code.



# Using the Online Survey Tool (part 1 of 5)



## CY 2022 Pharmacy Professional Dispensing Fee Provider Self-Attestation Form

The information requested on this form is required by the Department of Health Care Services, Pharmacy Benefits Division, for purposes of establishing a professional dispensing fee for pharmacies participating in the Medi-Cal program.

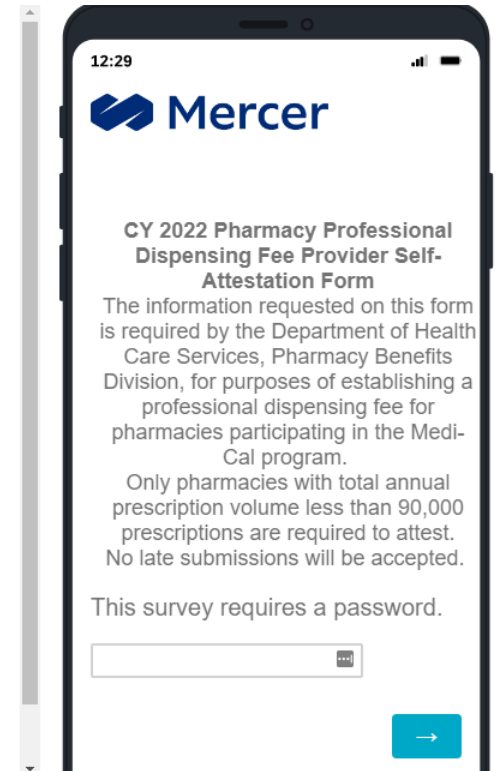
Only pharmacies with total annual prescription volume less than 90,000 prescriptions are required to attest.

No late submissions will be accepted.

This survey requires a password.



0% 100%





## Using the Online Survey Tool (part 2 of 5)



### CY 2022 Pharmacy Professional Dispensing Fee Provider Self-Attestation Form

The information requested on this form is required by the Department of Health Care Services, Pharmacy Benefits Division, for purposes of establishing a professional dispensing fee for pharmacies participating in the Medi-Cal program.

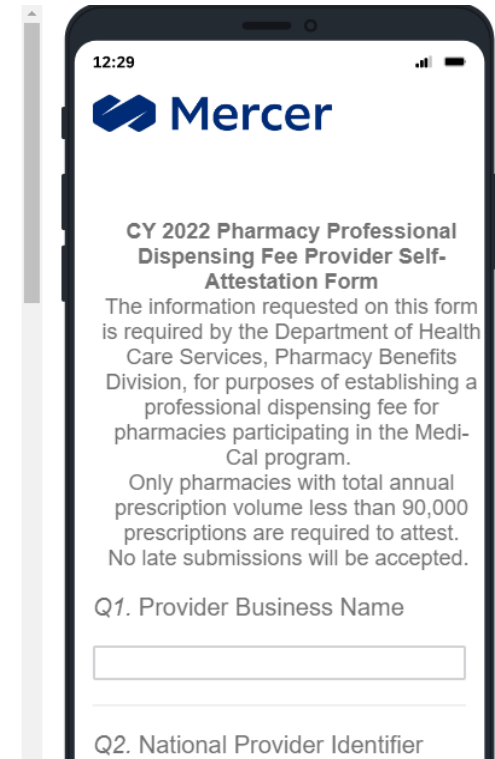
Only pharmacies with total annual prescription volume less than 90,000 prescriptions are required to attest.

No late submissions will be accepted.

Q1. Provider Business Name

Q2. National Provider Identifier

Q3. Pharmacy Type (Chain or Independent)





# Using the Online Survey Tool (part 3 of 5)

Q5. Provider Phone Number

Phone Number

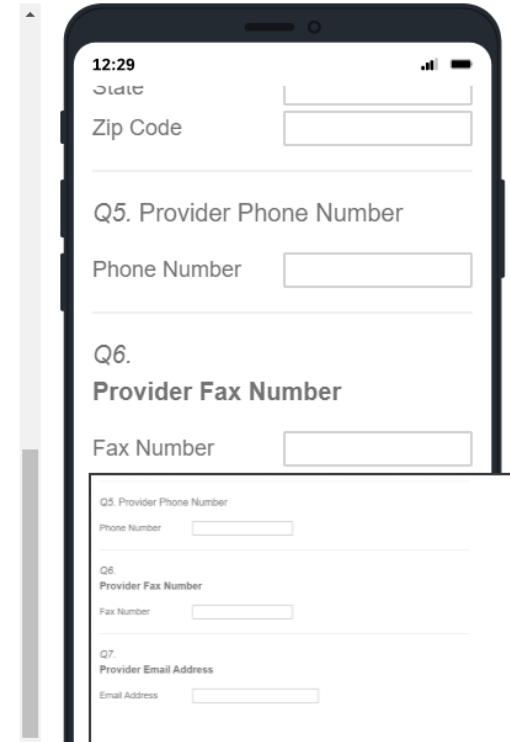
Q6.  
**Provider Fax Number**

Fax Number

Q7.  
**Provider Email Address**

Email Address

Next





## Using the Online Survey Tool (part 4 of 5)

- Select the submit button when you are done.

A desktop view of the online survey tool. At the top, there is a signature box with a red 'x' icon, the text 'SIGN HERE' in large grey letters, and a red 'clear' link. Below this is a section titled 'Q11. Certification' containing three input fields: 'Date Signed (mm/dd/yyyy)', 'Name - Preparer', and 'Preparer Position/Title'. At the bottom, there are two buttons: 'Back' and 'Submit'. The 'Submit' button is highlighted with a red border. A progress bar at the bottom shows 0% completion.

A mobile view of the online survey tool. The top of the screen shows the time '12:29' and signal strength. The text 'Office of State Controller; U.S. Department of Health and Human Services, or their duly authorized representatives.' is displayed. Below this is a signature box with a red 'x' icon, the text 'SIGN HERE' in large grey letters, and a red 'clear' link. The 'Q11. Certification' section follows, with three input fields for 'Date Signed (mm/dd/yyyy)', 'Name - Preparer', and 'Preparer Position/Title'. At the bottom, there are two buttons: 'Back' and 'Submit'. The 'Submit' button is highlighted with a red border.



## Using the Online Survey Tool (part 5 of 5)

- A copy of the attestation will be emailed to you.



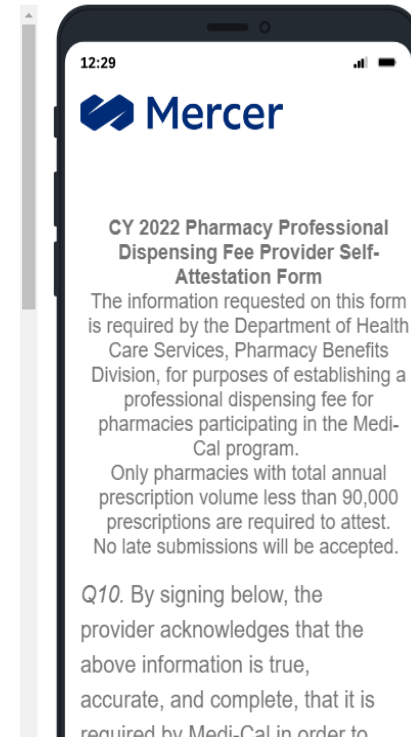
### **CY 2022 Pharmacy Professional Dispensing Fee Provider Self-Attestation Form**

The information requested on this form is required by the Department of Health Care Services, Pharmacy Benefits Division, for purposes of establishing a professional dispensing fee for pharmacies participating in the Medi-Cal program.

Only pharmacies with total annual prescription volume less than 90,000 prescriptions are required to attest.

No late submissions will be accepted.

Q10. By signing below, the provider acknowledges that the above information is true, accurate, and complete, that it is required by Medi-Cal in order to establish the provider's professional dispensing fee, and that Medi-Cal's review may be delayed or the review may not occur if the form is not completed with true, accurate, and complete information. The provider acknowledges that a change in status may occur based on the above information; that any falsification, or concealment of material fact may be prosecuted under Federal and/or state laws; and that services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, physical or mental disability. The provider acknowledges that the knowing use of false information for increased







## What if I Need Help?



Attestation Survey  
Helpline

1-844-294-9982

Monday – Friday, 8-5 p.m. CT



Email

[CODSurvey@mercer.com](mailto:CODSurvey@mercer.com)





# Questions?



**Unmute your line, raise your hand, or type any question in the Chat feature.**



# Helpful Resources

## Medi-Cal Rx

Visit DHCS' dedicated Medi-Cal Rx website:

- <https://www.dhcs.ca.gov/provgovpart/pharmacy/Pages/Medi-CalRX.aspx>

## General Medi-Cal Rx FAQs

For additional guidance regarding beneficiaries, pharmacy providers, plan partners, & other interested parties:

- <https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/Medi-Cal-Rx-FAQ-V-5-1-12-2021.pdf>

## Pharmacy Provider Self-Attestation FAQs

Refer to the Self-Attestation FAQs:

- [https://medi-calrx.dhcs.ca.gov/cms/medicalex/static-assets/documents/faq/Pharmacy\\_Provider\\_Dispensing\\_Fee\\_Self-Attestation\\_FAQs.pdf](https://medi-calrx.dhcs.ca.gov/cms/medicalex/static-assets/documents/faq/Pharmacy_Provider_Dispensing_Fee_Self-Attestation_FAQs.pdf)