

HEALTH WEALTH CAREER

OREGON HEALTH AUTHORITY

PROFESSIONAL DISPENSING FEE SURVEY

February 28, 2017

Presenters

Shawna Kittridge, Mercer

Jim Cook, Mercer

Ralph Magrish, Mercer

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AGENDA

WHAT WE'LL COVER TODAY



Professional Dispensing Fee Survey

Suggestions and Q&A

PROFESSIONAL DISPENSING FEE SURVEY

WHY



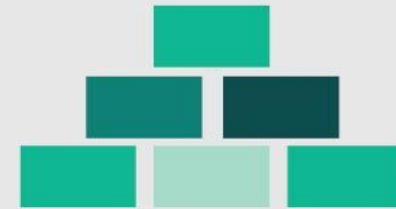
OHA is conducting a Professional Dispensing Fee survey

WHO



All Oregon Health Plan FFS “open-card” participating outpatient pharmacies

HOW

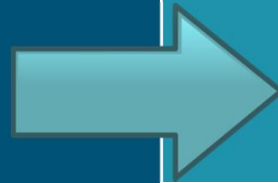


Mercer will

- Administer survey
- Conduct statistical analysis
- Produce report for OHA

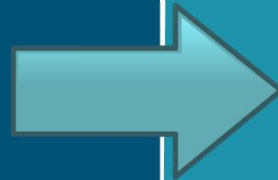
PROFESSIONAL DISPENSING FEE SURVEY SURVEY WEBSITE

Mercer's website
for OHA
survey activities



<https://ghscapps.mercer.com/ORpharmacy/>

Website details



Details and instructions for the survey

Link for direct access to Mercer's dispensing fee
survey tool

Downloadable templates for survey submission

Questions and
survey support



RXSurvey@mercer.com

PROFESSIONAL DISPENSING FEE SURVEY SURVEY WEBSITE

Oregon Pharmacy



Home

Welcome to the homepage for the Oregon Health Authority's (OHA) Professional Dispensing Fee survey, administered by Mercer. The survey will help to ensure appropriate reimbursement for professional pharmacy services to members of Oregon Health Plan's (OHP) fee-for-service or "open-card" program. See below for important survey information, and please come back regularly for updates.

As of February 17, 2017, the survey period is open. Please complete the survey as soon as possible. The due date for submission is March 10.

If your organization has fewer than 4 locations participating in the OHP program, we recommend you use our online survey tool with the username & password from the letter you received on or about February 17th. Please repeat the online tool as many times as you have locations; you may use the same username & password repeatedly to do the survey multiple times. Click this link to begin the online survey: <https://survey.mercer.com/OHA2017PDFS.survey>

If your organization has 4 or more locations, you are welcome to use the online tool, but we recommend you use our Microsoft Excel templates below – using an Excel template allows you to put all of your locations on one file, save it, and email it to us at RxSurvey@mercercor.com.

 [Excel survey – multi tab](#)

 [Excel survey – One tab](#)

Below is the letter sent out the week of February 13.

 [Survey Letter](#)

We will hold a technical assistance webinar on February 28, 2017 at 11:00 AM PT for those who would like more information on the survey or who have questions about how to complete certain parts. To join the webinar on February 28, please use this link: <https://mmc.webex.com/mmc/onstage/g.php?MTID=e8c95f1b77290627c934749debf7f1896>

If you have any questions prior to the webinar, contact Mercer at RxSurvey@mercercor.com or 1-844-679-7737[®].

PROFESSIONAL DISPENSING FEE SURVEY SURVEY PROCESS



PROFESSIONAL DISPENSING FEE SURVEY CHECKLIST – WHAT YOU’LL NEED

Preparing for the survey – resources needed



Financial statements or tax returns

From last completed fiscal year
(12 months)



Demographic information

Pharmacy contact information and
pharmacy type



Prescription counts

For same time period as financial
statements or tax returns



Floor plans

Showing square footage or
measurements of the pharmacy
(prescription) area and the non-
pharmacy (retail) area

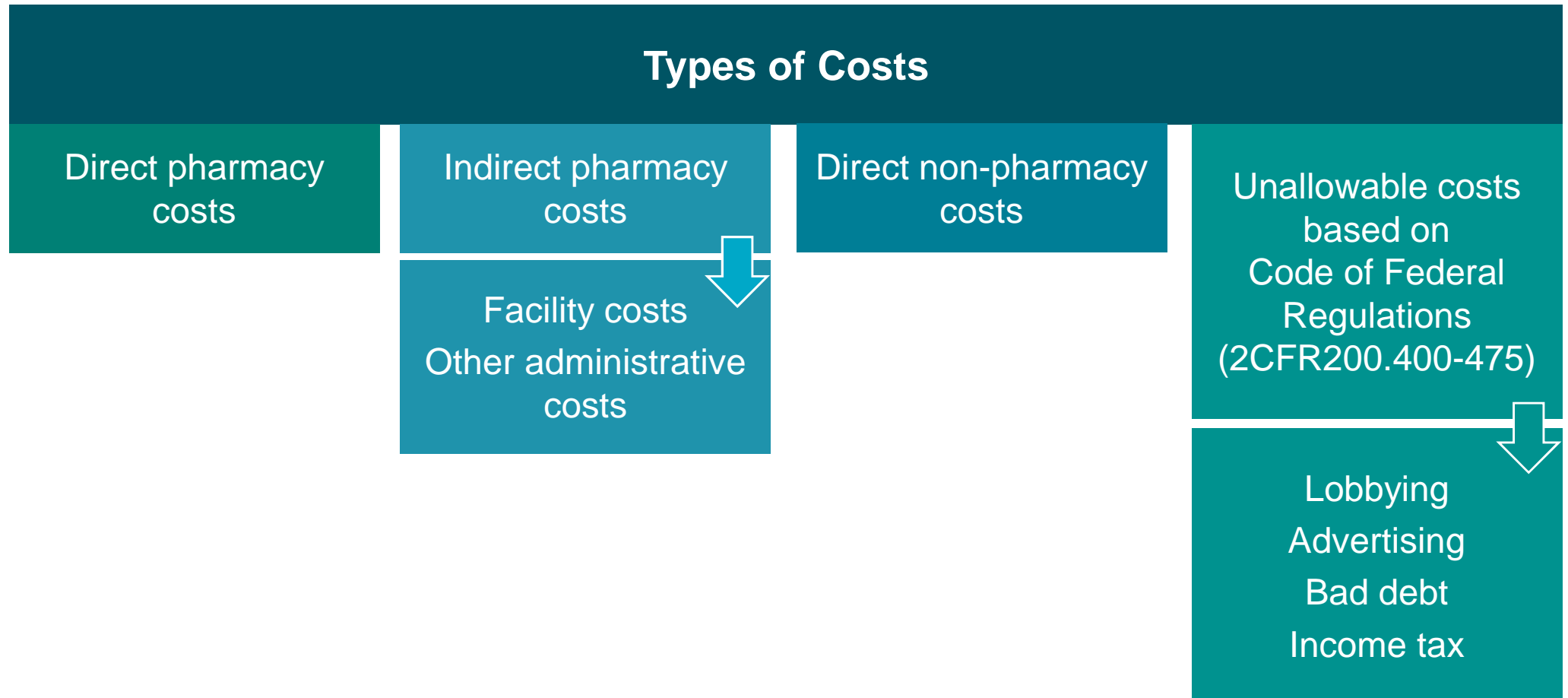


Certification

Signature required (electronic or printed
and scanned)

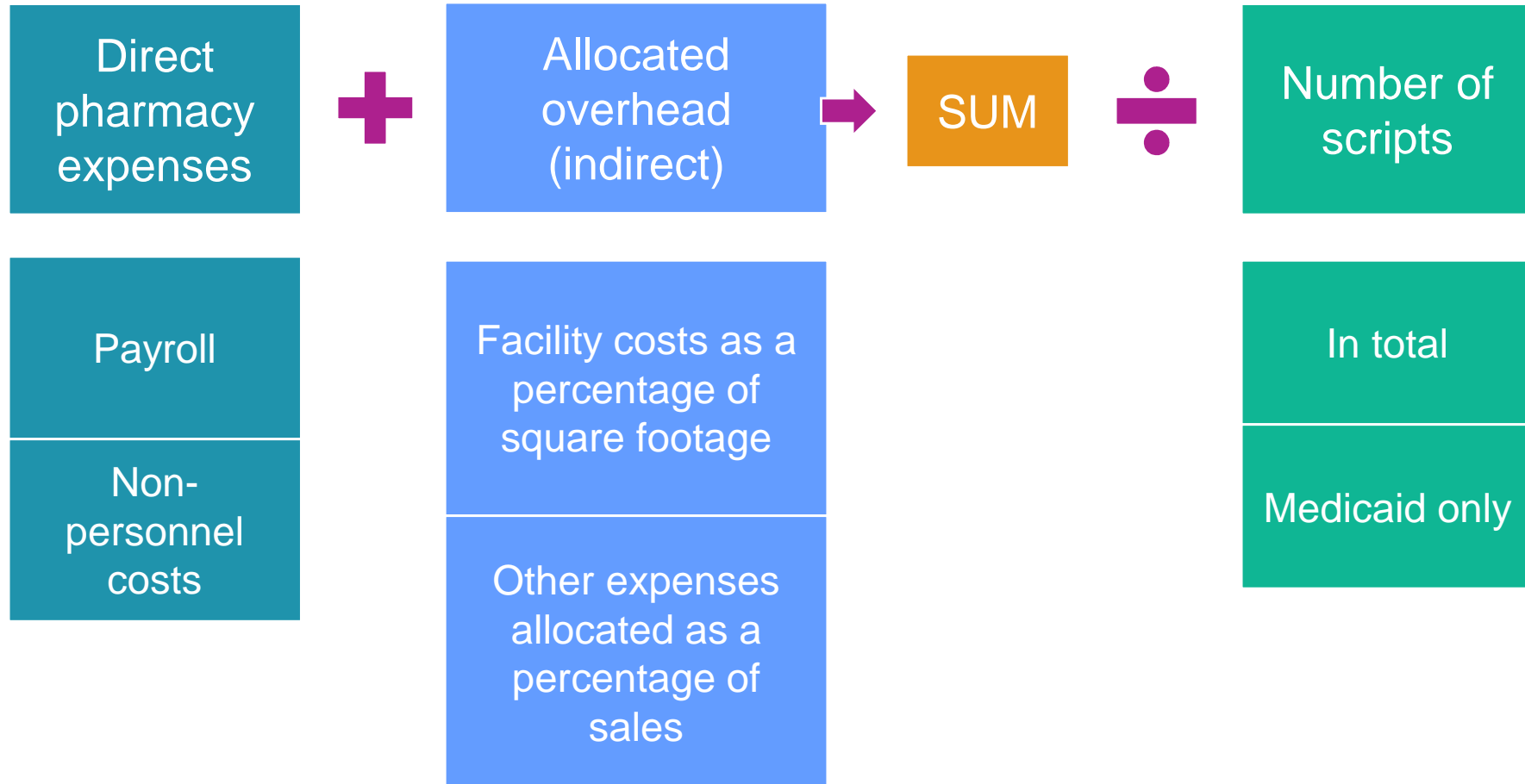
PROFESSIONAL DISPENSING FEE SURVEY

TYPES OF COSTS



PROFESSIONAL DISPENSING FEE SURVEY

TOTAL CALCULATION



PROFESSIONAL DISPENSING FEE SURVEY

ENTERING DATA

Profile
Information

For identification
and explanation of
certain costs

For comparison groups and to identify
statistically significant causes in varying
rates

Does the provider dispense 340B Drug
Pricing Program (340B) drugs?

Type of ownership?

Was there a change in pharmacy ownership
during the reporting period?

Was the pharmacy open the entire year?

Is one or more of the pharmacists who fill
prescriptions at this location also an owner
of the store or chain?

How many hours per week is the pharmacy
department open? (maximum of 168 hours)

PROFESSIONAL DISPENSING FEE SURVEY

ENTERING DATA

Prescription Statistics

How many were filled by this pharmacy for the following categories during the reporting period?

Medicaid covered prescriptions

Medicare Parts B, C, and D-covered prescriptions
(If available)

All other prescriptions (not Medicaid or Medicare)

How many were compounded?

How many Medicaid prescriptions were compounded?

How many were delivered?

How many Medicaid prescriptions were delivered to members?

PROFESSIONAL DISPENSING FEE SURVEY

ENTERING DATA

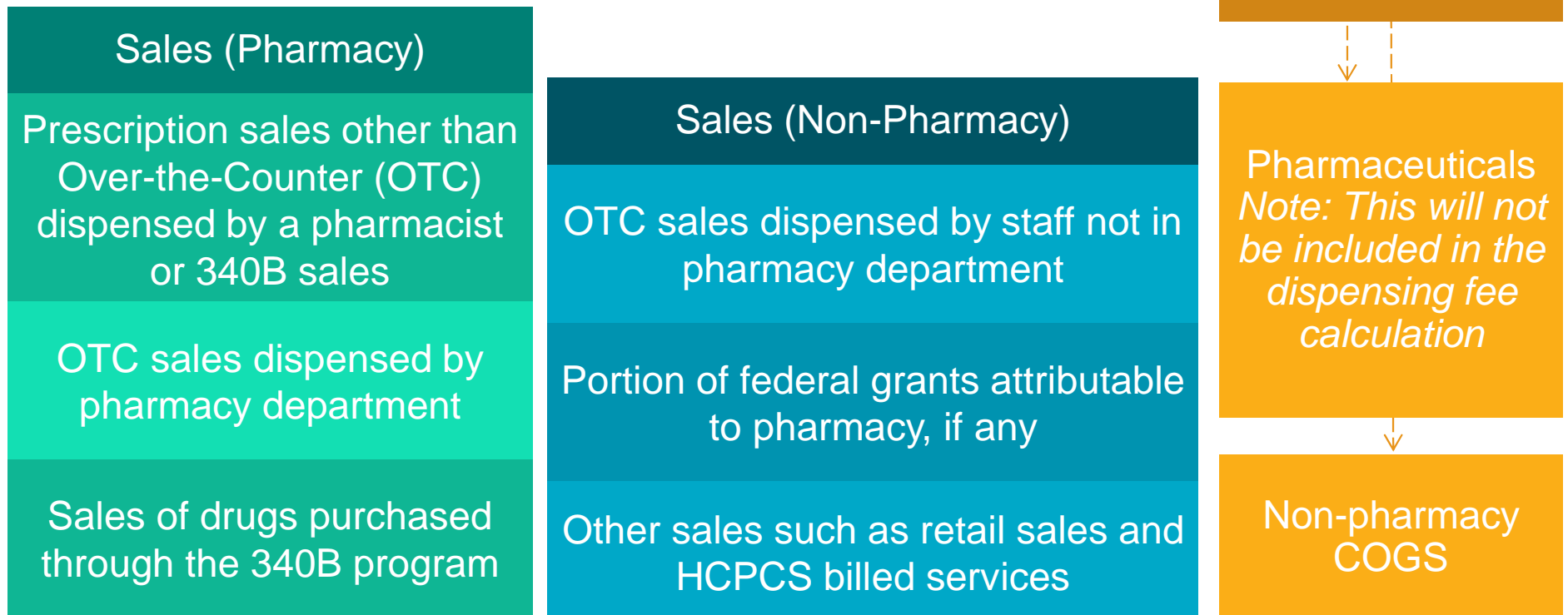
340B

340B	
Type of 340B provider	Does provider use a 340B administrator?
Covered entity or contract	Enter the total number of 340B prescriptions filled during the reporting period
Does provider purchase drugs through the prime vendor program?	Enter the total number of 340B prescriptions billed to Medicaid

PROFESSIONAL DISPENSING FEE SURVEY

ENTERING DATA

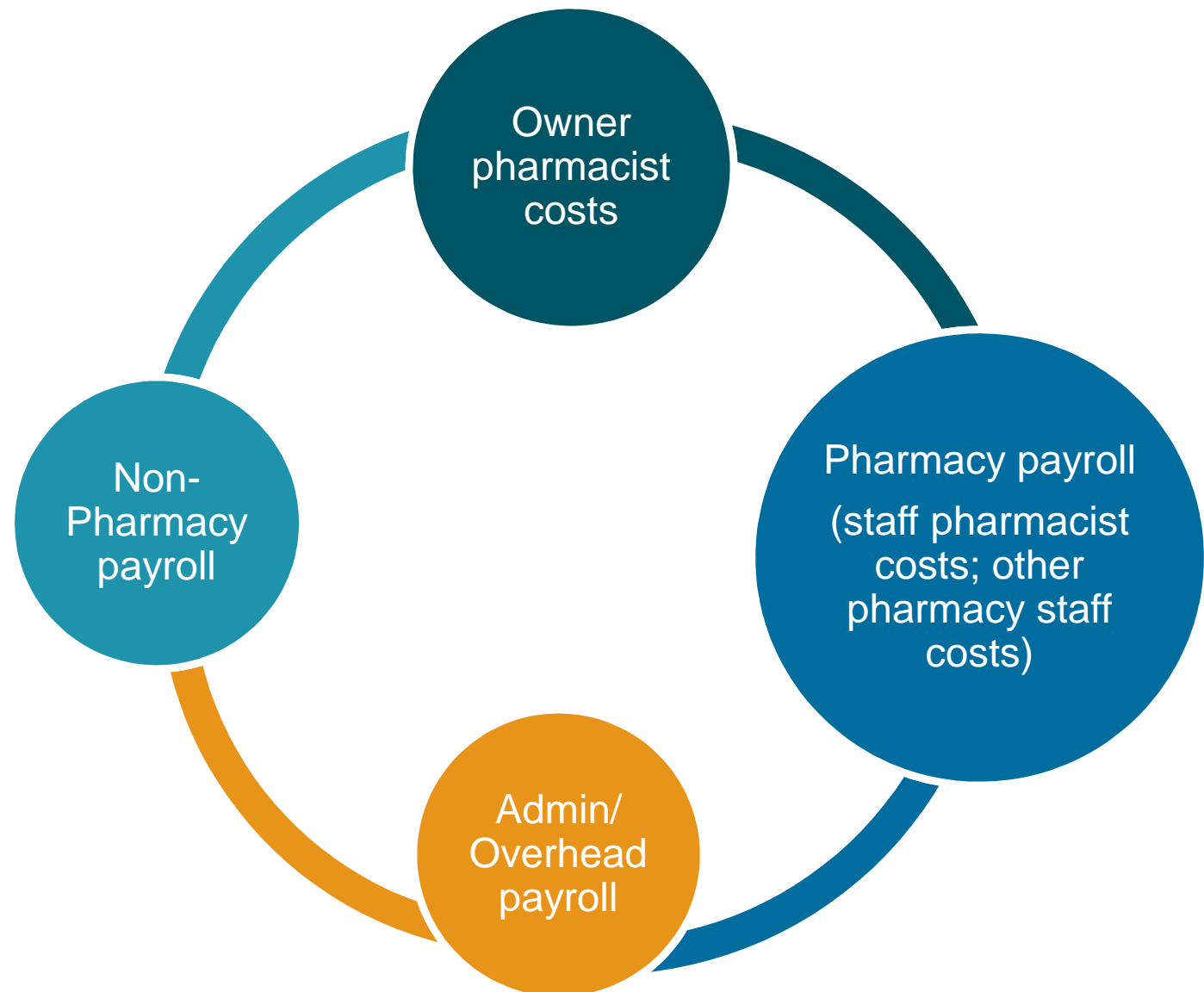
Sales and
Cost of
Goods Sold



PROFESSIONAL DISPENSING FEE SURVEY

ENTERING DATA

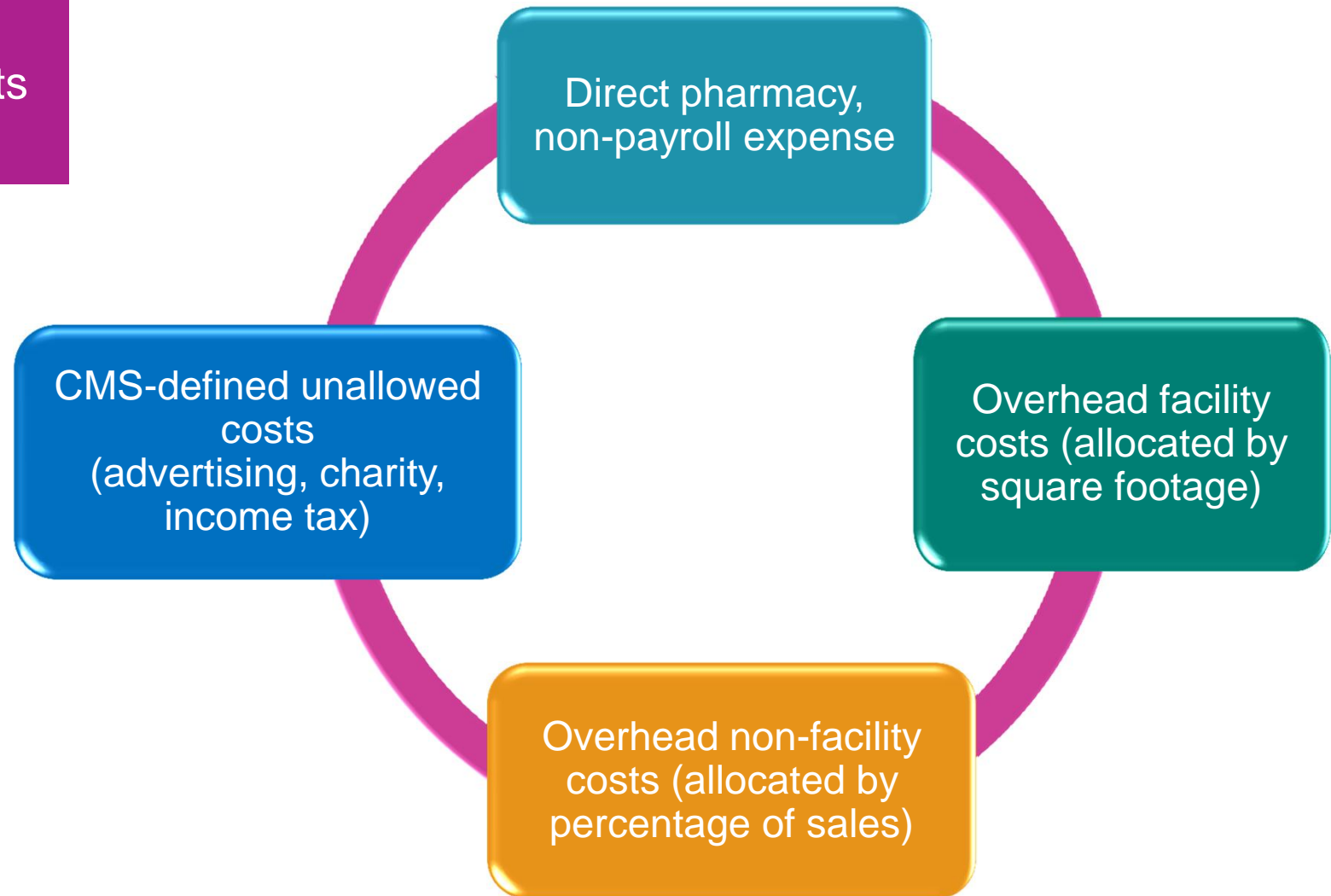
Payroll
Expenses



PROFESSIONAL DISPENSING FEE SURVEY

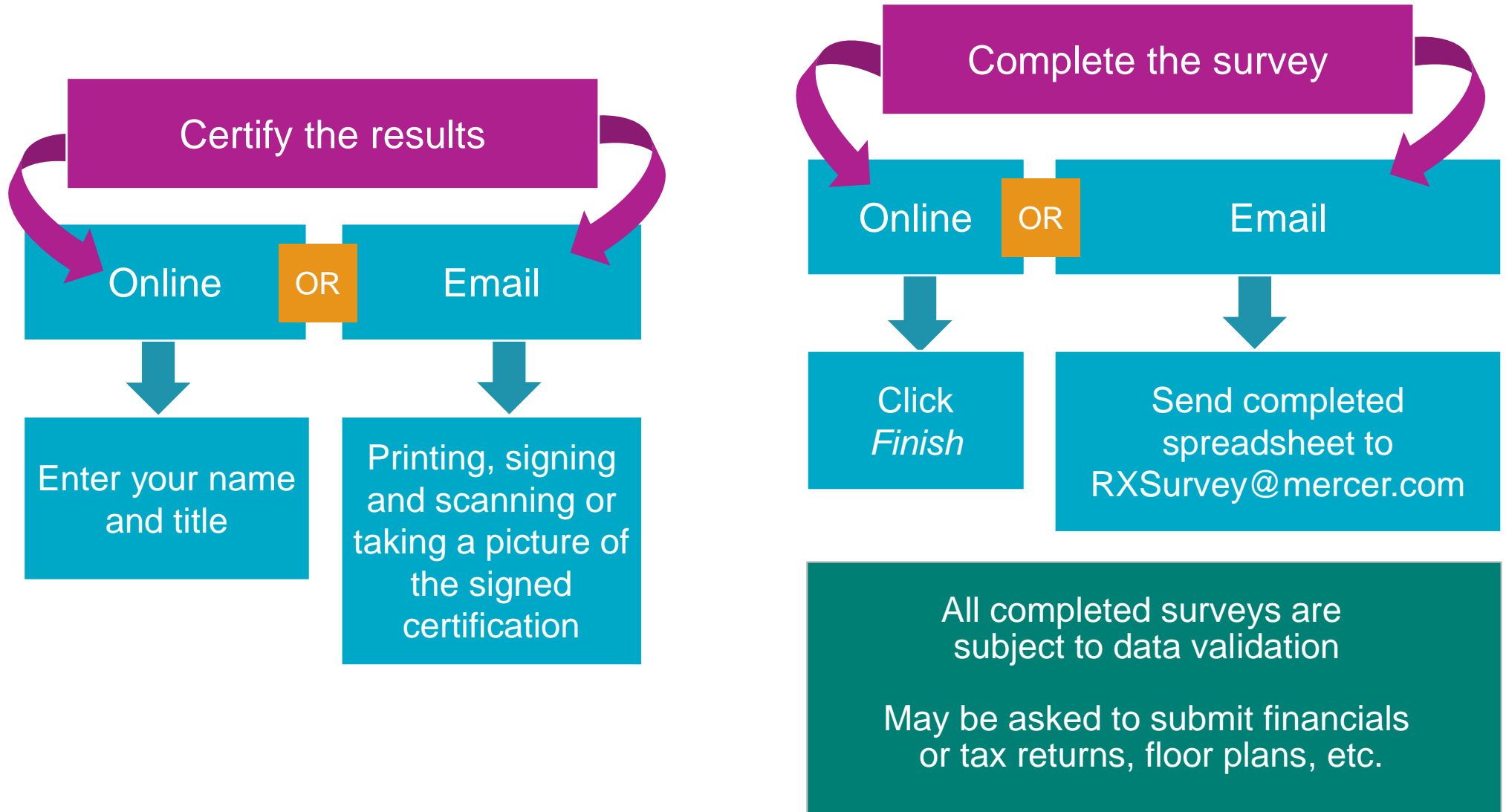
ENTERING DATA

Non-Payroll
Expenses and
Unallowed Costs



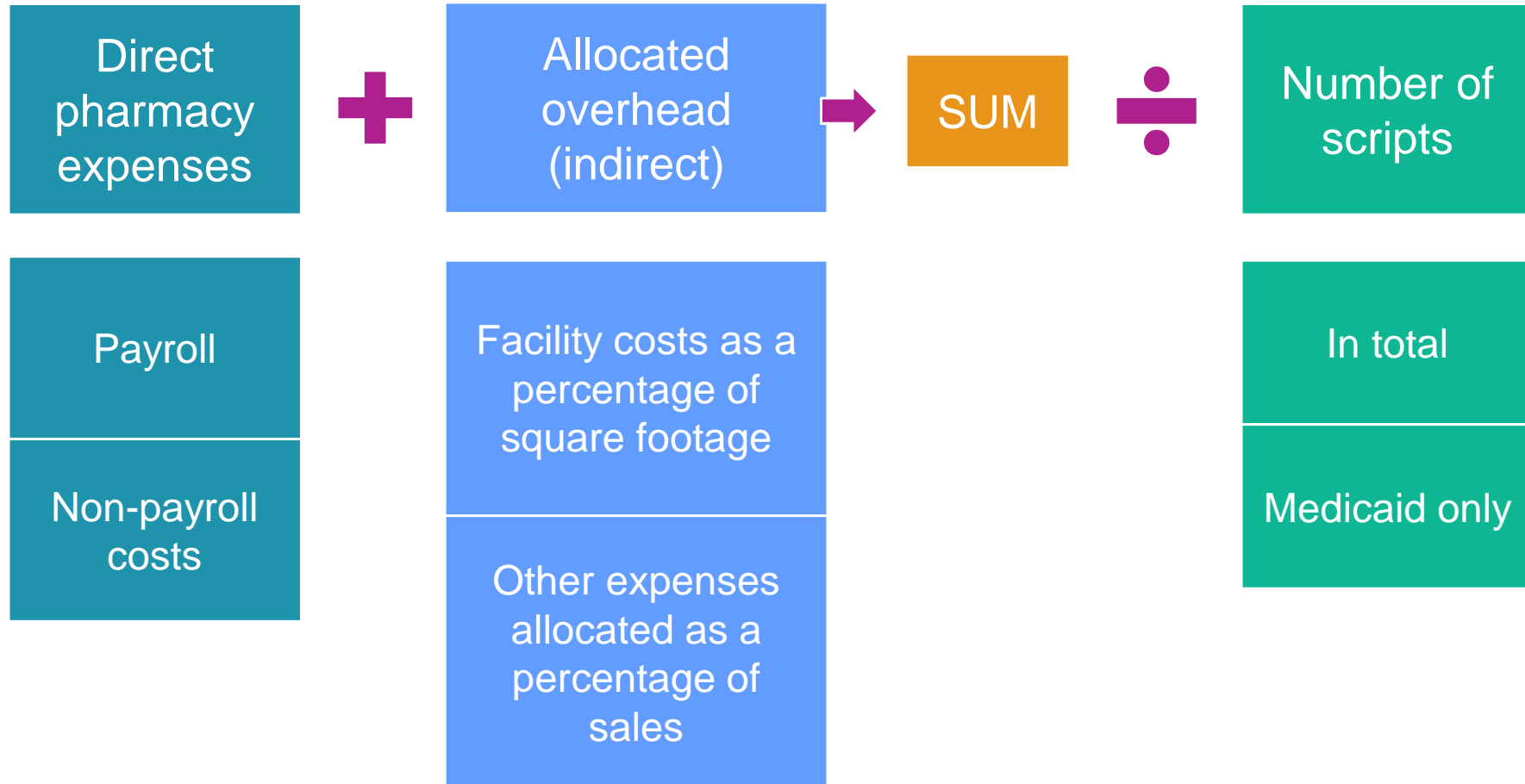
PROFESSIONAL DISPENSING FEE SURVEY

SUBMITTING THE SURVEY



PROFESSIONAL DISPENSING FEE SURVEY

TOTAL CALCULATION



PROFESSIONAL DISPENSING FEE SURVEY ONLINE TOOL



Please enter your credentials

Username

Password

[Forgot password](#)

PROFESSIONAL DISPENSING FEE SURVEY ONLINE TOOL

Page 1 of 1.

Purpose of This Survey

The Oregon Health Authority (OHA) has engaged Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, to conduct a survey of Medicaid-enrolled outpatient pharmacy providers to better understand and determine the approximate cost of dispensing prescription drugs to Medicaid FFS (or 'open-card') beneficiaries.

Provider participation and timely response is crucial, as the information collected from this survey will be critical data for OHA to better understand the current pharmacy cost of dispensing. Submit any questions about this survey via email to RxSurvey@mercer.com or call the pharmacy survey hotline at 844-679-7737.

Please complete this survey tool for each OHA participating pharmacy location in your company. You may use the same username & password to do the survey multiple times.

For more information, or for Microsoft Excel templates you may use for multiple locations instead of this tool, please visit the [Survey Homepage](#).

Questions with a red asterisk (*) are required. If a required question does not apply to you, please enter 0 (zero).

1. ***Enter your pharmacy's National Provider Identifier (NPI).**

Enter the National Provider Identifier (NPI) of the OHA Medicaid provider.

The NPI should be 10 digits long.

2. ***Enter the name of your pharmacy.**

Enter the name of the OHA Medicaid provider

3. ***Enter the street address of the provider.**

PROFESSIONAL DISPENSING FEE SURVEY ONLINE TOOL

Page 10

118. ***Survey Certification:** I declare that I have examined this cost report including accompanying schedules and to the best of my knowledge and belief, it is true, correct and complete.

For your electronic signature please enter your name.

119.

Please enter your position/title.

You have answered all of the questions. Please click Finish below to complete the survey.

Back

Save And Exit

Finish

PROFESSIONAL DISPENSING FEE SURVEY

EXCEL TEMPLATE – MULTI TAB

OR_Professional_Dispensing_Fee_Survey_Excel_Final.xlsx - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View Peer Review e.Working PowerPivot PDF-XChange V6

Clipboard Font Alignment Number Styles Cells Editing

A1

1

2 **OREGON HEALTH AUTHORITY**

3 **PROFESSIONAL DISPENSING FEE SURVEY**

4

5 **SECTION I – PHARMACY PROFILE**

6 **By Location** Store L

7 **Pharmacy Profile** 1 2 3

8 1 National Provider Identifier (NPI) (10 digits)

9 2 Provider Name

10 3 Street Address

11 4 Street Address (Additional)

12 5 City

13 6 State

14 7 ZIP Code

15 8 County

16 9 Contact Person

17 10 Contact Person Email

18 11 Telephone Number

19 12 Fax Number

20 13 Does the provider dispense 340B Drug Pricing Program (340B) drugs?

21 14 Type of Ownership

22 15 Was there a change in pharmacy ownership during the reporting period?

23 16 Was the pharmacy open the entire year?

24 16a If no, list the number of months the pharmacy was open.

Profile Scripts 340B Specialty Financial-Direct Financial-Payroll Financial-Overhead Reconciliation Comments Certification

Ready 100%

PROFESSIONAL DISPENSING FEE SURVEY

EXCEL TEMPLATE – ONE TAB

Question Number:	1	2	3	4	5	6	7	8	9	10
Question Description:	National Provider Identifier (NPI) (10 digits)	Provider Name	Street Address	Street Address (Additional)	City	State	ZIP Code	County	Contact Person	Contact Person Email

PROFESSIONAL DISPENSING FEE SURVEY

WHEN



The survey collection period is
February 17 – March 10, 2017

HOW



- Mercer's Oregon survey website at <https://ghscapps.mercer.com/ORpharmacy/>
- Mercer's survey email box: RXSURVEY@mercerc.com



QUESTIONS

MAKE  **MERCER**
TOMORROW,
TODAY