### ForwardHealth Portal Manufacturer Drug Rebate

March 14, 2025



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## **1** Introduction

#### **1.1 Introduction**

This user guide explains how to request secure ForwardHealth Portal (the Portal) access and how to use the public and secure areas of the Manufacturer Drug Rebate area of the Portal. Both public and secure information is accessible through the Portal. Public information is accessible to all users; however, to gain access to secure information and to conduct business with ForwardHealth, manufacturers are required to establish a secure account within the Portal.

Depending on the level of access assigned to them, users will have differing functions available.

#### Important Information:

Refer to <u>Chapter 13 Downloading Invoices</u> for descriptions of the drug rebate programs and invoice types that are available on the Manufacturer Drug Rebate area of the Portal.

Note: Rebate processes associated with claim utilization under the Wisconsin HIV Drug Assistance Program (HDAP) and the Preferred Drug List (PDL) for blood glucose meters and blood glucose testing strips are not available in the Manufacturer Drug Rebate area of the Portal; manufacturers should continue to use existing rebate processes for these programs.

### **1.2** Purpose

The purpose of this document is to present users with an overview of the components that make up the Manufacturer Drug Rebate area of the Portal and to provide instruction on how to navigate and perform basic functions within the system.

### **2** Request Portal Access

To establish a Manufacturer Portal account, manufacturers will need a PIN.

1. To request a PIN, access the Portal at forwardhealth.wi.gov/.



Figure 1 ForwardHealth Portal Homepage

2. Click **Manufacturer Drug Rebate**. The public page for the Manufacturer Drug Rebate area of the Portal will be displayed.



Figure 2 Public Manufacturer Drug Rebate Page

3. In the Quick Links box on the right of the page, click **Request Portal Access**. The Portal Access Request Information page will be displayed.

r Portal Access Request Information	3
<ul> <li>Required fields are indicated with an asterisk (*).</li> <li>Manufacturers are encouraged to review the Manufacturer Drug Rebate Portal Frequently Asked Questions.</li> <li>Please select your parent labeler code to request access to the ForwardHealth Portal.</li> <li>Your approval letter will be sent to your invoice contact address identified on the CMS file.</li> <li>When you receive your approval letter, you will be able to add your additional labeler codes within your organization.</li> <li>Review and approval of requests to establish secure Portal accounts may be delayed during drug rebate quarterly invoicing periods in February, May, August, and November from the 15th of the month through the last day of the month.</li> </ul>	. This would apply to requests received
Manufacturers who choose to sign up for a secure Portal account are agreeing to conduct all drug rebate business processes electron Submitting rebate payments electronically via the Portal e-Pay process OR via automated clearing house (ACH) Submitting Reconciliation of State Invoice (ROSI) and/or Prior Quarter Adjustment Statement (PQAS) documentation electronic Note: PDF versions of ROSI and PQAS files may not be submitted to disposition payments through the Portal. * I Agree to the above statement.	onically. This includes the following: ically via .txt, .xls, or .xlsx file format
User Information         First Name*         Last Name*         Email Address*         Confirm Email*         Work Phone Number*         Ext.         Select Your Parent Labeler Code*         Date Requested         10/19/2018	
	Submit Exit

Figure 3 Portal Access Request Information Page

- 4. Read the secure Portal account statement.
- 5. In order to proceed, users must agree to do all processes electronically by checking the "I Agree to the above statement" checkbox.
- 6. Enter the user information requested. In the Select Your Parent Labeler Code field, select the labeler code for the parent organization from the drop-down menu. If the labeler code for the parent organization does not appear, a PIN may have already been issued and an account set up. Work with the organization to determine if someone has been established as the account administrator.

A request will be denied if a PIN was already requested.

Call the Portal Help Desk (toll free) at 866-908-1363 Monday through Friday between 8:30 a.m. and 4:30 p.m. (Central time [CT]) with questions.

7. Click **Submit**. If the request is successful, a confirmation page will be displayed.

wisconsin.gov home state agencies	subject directory department of health services	
ForwardHealti	interChange Manufacturer Drug Rebate	Welcome John Doe » October 22, 2018 10:42 AM Logout
Home Search Manufacturer A	ccount Site Map	
You are logged in with manufacturer labeler	: 00000-XYZ COMPANY est Access Results	Search
Your request for access to the secure	Manufacturer Drug Rebate area of the Portal has completed	l successfully!
Once approved, your invoice contact letter to create your secure Portal acc	on file with CMS will receive a PIN letter within three to five busine ount.	ess days from the approval date. Use the information in this
<ul> <li>Review and approval of requests to expression of received in February, May, August, and State S</li></ul>	stablish secure Portal accounts may be delayed during drug rebate nd November from the 15th of the month through the last day of t	equarterly invoicing periods. This would apply to requests he month.
Refer to the Manufacturer Drug Rebat	e Portal User Guide for more information on setting up your Porta	l account.
	<u>About   Contact   Disclaimer   Privacy Notice</u> Wisconsin Department of Health Servi	ces
	UAT UAT_WIPortal2_M663A Session expires in: 00:26:22	

Figure 4 Request Manufacturer Portal Access Confirmation Page

After a drug rebate manufacturer has successfully requested Portal access, a letter containing a PIN will be mailed to the requester at the manufacturer's invoice contact address on file with Centers for Medicare & Medicaid Services (CMS). Access to the Portal is **not** possible without a PIN. The letter also includes a Login ID, which is the five-digit labeler code for the parent organization that was used to request Portal access.

# 3 Set Up an Account

After receiving a PIN letter, administrative account users may set up an account on the Portal. Users will use the Login ID and PIN from the PIN letter to create a user name and password as well as to enter contact and security information.

### 3.1 Account Types

Three different account types are available through the Portal. Access to certain features or functions on the Portal is determined by the account type assigned to the user. Through these different account types, a high level of security and accountability is maintained.

• Administrative accounts—The user who establishes the Portal account with the Login ID and PIN (from the PIN letter) is considered the account administrator and is responsible for managing the Portal account. Administrative accounts are granted complete access to all functions and applications within the Manufacturer Drug Rebate area of the Portal and have the ability to add, remove, and manage other account types and their access.

Each manufacturer can only have one user designated as an administrator; however, multiple labeler codes can be attached to the same administrator. For example, one manufacturer may be associated with multiple labeler codes; the manufacturer entity, known as the "parent," would be assigned the single administrative account for its associated labeler codes, known as "children."

- *Clerk accounts*—The account administrator can set up clerk accounts with access to any or all of the roles available to the administrative account. If a new role becomes available to the Account Administrator, that role may also then be assigned to a clerk account.
- *Clerk administrative accounts*—Clerk accounts may be granted clerk administrative rights. A clerk administrator can create new clerk accounts with access to any or all of the roles to which the clerk administrator has access and can delete and manage clerk accounts under their purview.

### **3.2 Logging in for First Time**

1. After the administrative account user receives the PIN letter, they can access the Portal at <u>forwardhealth.wi.gov/</u>.



Figure 5 ForwardHealth Portal Homepage

2. Click Login. A Sign In box will be displayed.

	Connecting to 🙋 Sign in with your account to access Wi	Portal
	ForwardHealth	
	Sign In	
	Username	
	Keep me signed in	
	Next	
	Unlock account?	
	Help	
	Logging in for the first time?	
Pow	vered by Okta	Privacy Policy

Figure 6 Sign In Box

3. Click Logging in for the first time?

The Account Setup page will be displayed.

Account Setup	0
Required fields are indicated with an asterisk(*).	
Instructions:	
If you have received your PIN Letter, enter your Login ID and PIN as they are listed in the letter and click Setup $\prime$	Account.
Once your Login ID and PIN have been validated, you may setup your user account.	
If you do not know your Login ID or PIN, contact the Electronic Data InterChange (EDI) Helpdesk at 866-416-49 re-issued.	79 to have your PIN
Note: The PIN is case sensitive.	
Login ID*	
PIN*	
	Setup Account Exit

Figure 7 Account Setup Page

4. Enter the Login ID and PIN listed in the user's PIN letter.

The PIN from the PIN letter can only be used once. After the account has been established, the PIN cannot be used again.

5. Click **Setup Account**. The Administrator - Manufacturer user profile page will be displayed.

wind Balds are indicated with an actual (7.7%)			
juired fields are indicated with an asterisk (").			
Password must contain one uppercase letter, one number a	and at least eight characters.		
To assist us with associating ACH payments to your Portal	account, please provide the Company ID you would i	nclude on your ACH payment located	d on the Batch Header Record field numb
5. This field is usually formatted with a "1" preceding your	company's unique 9 digit Federal Tax identification N	umber (10000000). This field is	optional and can be updated as needed.
Administrator Information			
Auministrator Information			
User Name*	Manufacturer Name*	TESTUSER64	
Password*	Company ID		
Confirm Password*	Mailing Address*		
Contact First Name*			
Contact Last Name*			
Title*			
Telephone Number*	City*		
Email*	State*	×	
Confirm Email*	ZIP Code*		
	No. 4		

Figure 8 Administrator - Manufacturer User Profile Page

- 6. Enter information in the fields. It is necessary to *complete all the fields* on this page.
  - The user name must be between 6–20 characters and can only contain letters and numbers. The user name is not case-sensitive.

Note: The user name cannot be changed without deactivating the account.

- The password must be between nine–15 characters and must contain three different types of characters such as uppercase letters, lowercase letters, special characters (that is, !@#\$%^&\*), or numbers. The password must be unique and cannot contain information from the user name, contact first name, or contact last name.
- The phone number must include the area code. The number will be auto-formatted.
- The Company ID field is usually formatted with a "1" preceding the manufacturer's unique nine-digit Federal Tax Identification Number (1XXXXXXXX).

7. Click **Next**. The Manufacturer Codes Setup panel will be displayed.

nufacturer Codes Setup	(*)				
uired fields are indicated with an asterisk	(*).				
Enter any additional labeler codes to you	r account. Click Add af	ter entering each	labeler code.		
If you don't have any other codes to add	d or when all codes hav	e been added, cl	ck Submit to create you	ur account.	
Available Labeler Codes					
Available Labeler Codes					
Labeler Code Description					
		Type changes	below.		
Labeler Code Setup					
Labeler Code*					
Description					
				Add	Cancel
Security and Confidentiality					
This Portal Access Liser Account Agr	eement (hereinafter	Agreement) is i	nade by and betweer	the State of Wisconsin	
Department of Health Services (DHS	6) and the Manufactu	rer (hereinafter	User) applying for an	account on this website.	DHS and 🛆
the User may be collectively referred	d to herein as the Par	ties. The Agree	ment will become effe	ective upon the User's exe	ecution.
WHEREAS DHS in its implementation	n of the FernvardHee	Ith program in	Wieconcin, providos a	system of operational an	d
informational support to respond to	the User's inquiries.	exchange certa	in data, claims, and bi	illing information through e	ectronic
communications and through the int	ernet (hereinafter th	e System);	, ,		
				na da ta constituida e P	
Health Information (PHI) as defined	, the User may be gi	ven access to ( ended under th	or may be exposed to e Health Insurance Po	, certain confidential or Pr	otected
1996 (HIPAA), 45 C.F.R. Parts 160-	-164;				
WHEREAC the Heat desires to utilize				wave at the the User's Dave	Dahata
Agreement with the Centers for Med	e the System provide dicare and Medicaid S	a by DHS to tra ervices (CMS) :	and this Agreement, a	rsuant to the User's Drug and DHS desires to provide	the
System and related services and su	oport to the User, as	defined and ac	cording to the terms	contained hereinafter;	· · · · ·
Electronic Signature					
Du sienie this Electronic Ginestern Asle					-i
Agreement By executing this Agreement	by electronic signature	T consent to be	legally bound by the A	egai equivalent of my manual greement's terms and conditi	signature on this
	, electronic olgination	,	ingen, beans by anoth		
Please type your First and Last Name					
Date					
Manufa shares Name					
Manufacturer Name					
I certify that by checking this box	and upon my electronic	signature that:			
I have the authority to act on bobal	If of the Manufacturor	signature, tilat:			
I have read and agree to the terms	of Wisconsin's Manufac	turer Drug Rebati	Portal User Security A	areement.	
The Manufacturer holds legal title to	or possession of the Li	abeler Code(s) to	be enrolled in the secu	re Manufacturer Area of the I	ForwardHealth
Portal.		(-)			
				1	
		Previous		Print Agreement	Submit Ex

Figure 9 Manufacturer Codes Setup Panel

8. In the "Labeler Code Setup" section, if applicable, enter any additional labeler codes to be associated with the account in the Labeler Code field and click **Add** after each addition. The Description field will auto-populate the manufacturer name associated with the labeler code entered.

Note: This is an opportunity for the user to set up any other labeler codes within their organization. For information on adding labeler codes to an existing account, refer to

<u>Chapter 9 Adding Child Labeler</u>. For information on removing labeler codes from an existing account, refer to <u>Chapter 10 Remove Child Labeler</u>.

If a user is unable to enter a particular labeler code belonging to their organization, call the Portal Help Desk (toll free) at 866-908-1363 Monday through Friday between 8:30 a.m. and 4:30 p.m. CT with questions.

- 9. Read the Security and Confidentiality agreement.
- 10. To agree with the Security and Confidentiality agreement's terms and conditions, complete the Electronic Signature section by entering the user's first and last name, today's date, and the manufacturer's name.
- 11. Review the bullets and, if applicable, check the checkbox.

12. View or print the agreement and then click **Submit**. If the user receives an error message, correct the error(s) and click **Submit** again.

Because the user may encounter CPT codes, descriptions, and other related data by using the Manufacturer Drug Rebate area of the Portal, the License for Use of Physicians' Current Procedural Terminology, Fourth Edition (CPT) and Point and Click License for Use of Current Dental Terminology (CDT) agreements page will be displayed.

wisconsin.gov home	state agencies	subject directory	department of health services
Forwarc	Health	h	Welcome » September 28, 2016 12:09 PM
LICENSE FOR U (CPT)	USE OF PHYS	ICIANS' CURF	RENT PROCEDURAL TERMINOLOGY, FOURTH EDITION
End User Point and Cli	ick Agreement:		
CPT codes, description of the American Medic	ns and other data c cal Association (AM;	only are copyright 20 A).	2015 American Medical Association. All rights reserved. CPT is a registered trademark
You, your employees a Medicaid Services (CN limited to use in Medic and agents abide by t	and agents are auth 1S) internally within care, Medicaid or ot the terms of this ag	horized to use CPT or 1 your organization w ther programs adminis greement.	only as contained in the following authorized materials of Centers for Medicare and within the United States for the sole use by yourself, employees and agents. Use is nistered by CMS. You agree to take all necessary steps to insure that your employees
and and a second	men		and the second s
CONSEQUENTIAL DAM	AGES ARISING OUT	OF THE USE OF SUC	UCH INFORMATION OR MATERIAL.
The license granted he foregoing terms and co do not agree to the te NOT ACCEPT" and exit	erein is expressly co onditions are accep erms and conditions t from this compute	onditioned upon your stable to you, please s, you may not acces ar screen.	ur acceptance of all terms and conditions contained in this agreement. If the se indicate your agreement by clicking below on the button labeled "I ACCEPT". If you ess or use the software. Instead, you must click below on the button labeled "I DO
		[	OI Accept OI Do Not Accept Submit Agreement
		About   Wisconsin	<u>Contact</u>   <u>Disclaimer</u>   <u>Privacy Notice</u> in Department of Health Services

Figure 10 End User Point and Click License Agreements

13. Read the agreement and, if the user agrees to the terms of the agreement, click the radio button next to "I Accept." Click **Submit Agreement**.

Note: If "I Do Not Accept" is selected, the user will be returned to the Portal homepage and will not be able to access the secure Manufacturer Portal.

14. The user is now logged in and their secure Manufacturer Drug Rebate page will be displayed.



Figure 11 Secure Manufacturer Drug Rebate Page

#### 3.3 Reset Password

The Reset Password function allows users to reset a forgotten password. The correct account user name is required to use this function.

1. Access the Portal at <u>forwardhealth.wi.gov/</u>.

2. Click Login. A Sign In box will be displayed.

ForwardHealth	
Sign In	
Username	
•	
Keep me signed in	
Next	
Unlock account?	
Help	
Logging in for the first time?	

Figure 12 Sign In Box

- 3. Enter the user's username.
- 4. Click Next.

A Verify with your password box will be displayed.

ForwardHealth
Password
Verify
Forgot password? Back to sign in

Figure 13 Verify With Your Password Box

5. Click Forgot password?

A Reset your password box will be displayed.

	ForwardHealth
	Reset your password
Verify wi	th one of the following security methods to reset your password.
	Email g***l@gainwelltechnologies.com
C	Phone +1 XXX-XXX-8758
Back to s	ign in

Figure 14 Reset Your Password Box

6. Click **Select** to receive a verification via email or phone.

• If the user clicks **Select** for email:

a. A Get a verification email box will be displayed.

ForwardHealth	
Get a verification email (2) physicianprovider	
Send a verification email by clicking on "Send me an email".	
Send me an email	
<u>Verify with something else</u> Back to sign in	

Figure 15 Get A Verification Email

b. Click **Send me an email**. Note: The user also has the option to select **Verify with something else** which will take them back to the Unlock account box or **Back to sign in** which will take them back to the sign in page.

A verify with your email box will be displayed and an email will be sent.

ForwardHealth
Verify with your email
(     physicianprovider
We sent an email to g***1@gainwelltechnologies.co m. Click the verification link in your email to continue or enter the code below.
Enter a verification code instead
Verify with something else
Back to sign in

Figure 16 Verify With Your Email Box

c. Proceed to <u>Step 7</u>.

• If the user clicks **Select** for phone:

a. A verify with your phone box will be displayed.

ForwardHealth
Verify with your phone (2) physicianprovider
Send a code via SMS to your phone.
Carrier messaging charges may apply
Receive a code via SMS
Receive a voice call instead
Verify with something else Back to sign in

**Figure 17** Verify With Your Phone Box

b. Click **Receive a code via SMS** (text) or **Receive a voice call instead**. Note: The user also has the option to select **Verify with something else**, which will take them back to the Unlock account box, or **Back to sign in**, which will take them back to the sign in page.

A Verify with your phone box will be displayed.

Verify with your phone	
() physicianprovider	
A code was sent to <b>+1 XXX-XXX-8758</b> . Enter code below to verify.	er the
Carrier messaging charges may apply	
Enter Code	
Verify	

Figure 18 Verify With Your Phone Box

- c. Enter the code that was sent.
- d. Click Verify.

A Get a verification	email box	will be	displayed.
----------------------	-----------	---------	------------

ForwardHealth
Get a verification email
(8) physicianprovider
Send a verification email to g***l@gainwelltechnolo gies.com by clicking on "Send me an email".
Send me an email
Back to sign in

Figure 19 Get A Verification Email Box

e. Click Send me an email.

A Verify with your email box will be displayed and an email will be sent.

ForwardHealth
Verify with your email
(8) physicianprovider
We sent an email to g***1@gainwelltechnologies.co m. Click the verification link in your email to continue or enter the code below.
Enter a verification code instead
Back to sign in

Figure 20 Verify With Your Email Box

7. The email sent to the user's email address includes a **Reset Password** link (Option 1) and a verification code (Option 2).

Account password reset						
Okta <noreply@okta.com></noreply@okta.com>	٢		Keply All	$\rightarrow$ Forward	ij	
To Provider, Ima				Tue 2/6/	/2024 12	2:08 PM
i If there are problems with how this message is displayed, click h Click here to download pictures. To help protect your privacy, O	ere to v utlook j	iew it in a web prevented auto	browser. matic download o	of some pictures in	this me	ssage.
MO-WIMMIS - Okta Password Reset	t Red	quested				
Hi Ima,						
A password reset request was made for your Window did not make this request, please contact your system	vs Activ n admi	e Directory a histrator imn	account. If you nediately.			
Click this link to reset the password for PHYSICIANPRO	OVIDER	:				
Reset Password This link expires in 10 mi Can't use the link? Enter a code in	inutes.	option 1	Option 2			

Figure 21 Account Password Reset Email

- 8. The user can choose to either click the **Reset Password** link (Option 1) or enter the verification code from the email (Option 2) instead.
  - Clicking the **Reset Password** link from the email will display a verification code box.



Figure 22 Verification Code Box

- 9. Copy the verification code from the verification code box or from the account password reset email, return to the verify with your email box, and click **Enter a verification code instead**.
- 10. Enter the code from the verification code box or the code from the account password reset email and click **Verify**.

ForwardHealth
Verify with your email
PORTALUSER1
We sent an email to g***1@wisconsin.gov. Click the verification link in your email to continue or enter the code below.
Enter Code
Verity
Back to sign in

Figure 23 Verify With Your Email Box

The Reset your Okta password box will be displayed.

ForwardHealth	
****	
Reset your Okta password	
(Q) midixon	
Password requirements:	
<ul> <li>At least 9 characters</li> <li>A lowercase letter</li> <li>An uppercase letter</li> <li>A number</li> <li>No parts of your username</li> <li>Password can't be the same as your last 24 passwords</li> </ul>	
New password	
٩	
Po onter password	
Sign me out of all other devices.	
Reset Password	
Back to sign in	

Figure 24 Reset Your Okta Password Box

- 11. Enter a new password (twice for confirmation).
- 12. Click **Reset Password**. The password will be changed and the user will be logged in to the secure Portal.

### **3.4 Unlocking An Account**

- 1. Access the Portal at <u>forwardhealth.wi.gov/</u>.
- 2. Click Login. A sign In box will be displayed.

	Sign In	
Username		
Keep me s	igned in	
	Next	

Figure 25 Sign In Box

3. Click Unlock account?

An Unlock account box will be displayed.

	ForwardHealth	
	Unlock account?	
Usernam	e	
	Email	Select
<	Phone	Select
Back to si	<u>gn In</u>	

Figure 26 Unlock Account Box

- 4. Enter the user's username.
- 5. Click **Select** to receive a verification via email or phone.

• If the user clicks **Selec**t for email:

a. A Get a verification email box will be displayed.

ForwardHealth	
Get a verification email (2) physicianprovider	
Send a verification email by clicking on "Send me an email".	
Send me an email	
<u>Verify with something else</u> Back to sign in	

Figure 27 Get A Verification Email

b. Click **Send me an email**. Note: The user also has the option to select **Verify with something else** which will take them back to the Unlock account box or **Back to sign in** which will take them back to the sign in page.

A Verify with your email box will be displayed and an email will be sent.

ForwardHealth
Verify with your email
(8) physicianprovider
We sent you a verification email. Click the verification link in your email to continue or enter the code below.
Enter a verification code instead
Verify with something else
Back to sign in

Figure 28 Verify with your email box

c. Proceed to <u>Step 6</u>.

• If the user clicks **Select** for phone:

a. A verify with your phone box will be displayed.

ForwardHealth
Verify with your phone (8) physicianprovider
Send a code via SMS to your phone. Carrier messaging charges may apply
Receive a code via SMS
Receive a voice call instead
Verify with something else Back to sign in

**Figure 29** Verify With Your Phone Box

b. Click **Receive a code via SMS** (text) or **Receive a voice call instead**. Note: The user also has the option to select **Verify with something else**, which will take them back to the Unlock account box, or **Back to sign in**, which will take them back to the sign in page.
A Verify with your phone box will be displayed.

ForwardHealth	
Verify with your phone	
A code was sent to your phone . Enter the code below to verify.	
Carrier messaging charges may apply Enter Code	٦
l Verify	

Figure 30 Verify With Your Phone Box

- c. Enter the code that was sent.
- d. Click Verify.

A Get a verification email	box will	be displayed.
----------------------------	----------	---------------

ForwardHealth
Get a verification email
() physicianprovider
Send a verification email to g***1@gainwelltechnolo gies.com by clicking on "Send me an email".
Send me an email
Back to sign in

Figure 31 Get a Verification Email Box

e. Click Send me an email.

A Verify with your email box will be displayed and an email will be sent.

ForwardHealth
Verify with your email
(8) physicianprovider
We sent an email to g***1@gainwelltechnologies.co m. Click the verification link in your email to continue or enter the code below.
Enter a verification code instead
Back to sign In

Figure 32 Verify With Your Email Box

6. The email sent to the user's email address includes an **Unlock Account** link (Option 1) and a verification code (Option 2).

Unlock Account						
Okta <noreply@okta.com></noreply@okta.com>	٢		« Reply All	$\rightarrow$ Forward	ij	
To Provider, Ima				Tue 2/6/	2024 11	:28 AM
If there are problems with how this message is displayed, click h Click here to download pictures. To help protect your privacy, C	utlook	view it in a web prevented auto	browser. matic download o	f some pictures in	this me	sage.
MO-WIMMIS - Okta Account Unloc	k Red	quested				
Hi Ima,						
An account unlock request was made, by you, for you make this request, please contact your system admin	ur Okta iistrato	user accoun or immediatel	t. If you did not y.			
Click this link to unlock the account for your username, PHYSICIANPROVIDER:						
Unlock Account This link expires in 10 m Can't use the link? Enter a code i	inutes.	Option 1	Option	2		

Figure 33 One-Time Verification Code Email

7. The user can choose to either click the **Unlock Account** link (Option 1) or enter the verification code from the email (Option 2) instead.

• Clicking the **Unlock Account** link from the email will display a verification code box.



Figure 34 Verification Code Box

- 8. Copy the verification code from the verification code box or from the unlock account email, return to the verify with your email box, and click **Enter a verification code instead**.
- 9. Enter the code from the verification code box or from the unlock account email and click **Verify**.

A Verify with your password box will be displayed with a message stating the account has been successfully unlocked.

	****
Ver	ify with your password
	Ø physicianprovider
Account succes with a s Password	ssfully unlocked! Verify your accoun security method to continue.
I	۲
	Verify

Figure 35 Verification Code Box

10. Click **Back to sign in** to log in.

# **4** Maintenance

Users may change account information such as contact name, telephone number, or email address through the Maintenance link on the Account Home page.

## **4.1 Change Account Information**

- 1. Access the Portal at <u>forwardhealth.wi.gov/</u>.
- 2. Click Login. A sign In box will be displayed.

	Sign In	
Username		
🗌 Keep me	signed in	
	Next	

#### Figure 36 Sign In Box

- 3. Enter the user's username.
- 4. Click Next.

A Verify with your password box will be displayed.

Password

Figure 37 Verify With Your Password Box

- 5. Enter the user's password. The password is case sensitive, make certain to enter it exactly.
- 6. Click Verify.

The secure Manufacturer Drug Rebate page will be displayed.

Wisconsin.gov home state agencies subject directory department of health services	
ForwardHealth Whisconsus isoroung you	Welcome Dxc Tester » May 8, 2019 3:46 PM Logout
Home Search Manufacturer Account Site Map	
You are logged in with manufacturer labeler: 44178-PHARMAXIS, INC.	Search
Notifications *** No rows found ***	Quick Links         Download Invoices         Previous Quarter Invoice Search         Claim Level Detail (CLD) Requests         Electronic Funds Transfer (EFT)         Payment Activity Search         Submit ROSI/PQAS         Labeler Notification/Letters         Contact a Drug Rebate Analyst         Drug Rebate Portal Training         Online Handbooks         ForwardHealth Updates         Wisconsin State Rebate Agreements
About   Contact   Disclaimer   Privacy Notice Wisconsin Department of Health Services	

Figure 38 Secure Manufacturer Drug Rebate Page

7. Click **Account** on the main menu at the top of the page. The Account Home page will be displayed.

#### Account Home

From this page, authorized users can manage their user account(s) for the ForwardHealth Portal. Users may setup, update, and maintain account login credentials, change/reset passwords, assign roles for authorized employees, and read and manage messages pertaining to their account. Click on the link from those provided below to select the action you wish to perform. Consult the Account User Guide for specific instructions on each task.

#### What would you like to do?

- Maintenance
- Messages
- <u>Change Password</u>
- <u>Clerk Maintenance</u>
- <u>Switch Manufacturer</u>
- Add Child Labeler
- <u>Remove Child Labeler</u>
- Update Company ID

Figure 39 Account Home Page

Various account management functions can be performed using the links on the Account Home page. Detailed instructions for each of these functions can be found in the corresponding sections below. 8. Click Maintenance. The Account Maintenance panel will be displayed.

Account Maintenan	ce			6	
Required fields are indi	cated with an asterisk (*).				
User Profile					
User Name	TPMFAJEFFCLERK				
Contact First Name*	jeff				
Contact Last Name*	doe				
Telephone Number*	(234)123-4567				
E-Mail*	jeff.doe2@gainwelltechnologies.com				
Confirm E-Mail*	jeff.doe2@gainwelltechnologies.com				
s.,					
		Submit	Cancel	Change Password	

Figure 40 Account Maintenance Panel

- 9. Make applicable changes.
- 10. Click **Submit**. An Account Maintenance verification panel will be displayed if the phone number or email address were changed.

Account Maintenance				3
Required fields are indicated with an asterisk (	*).			
Verify User Account				
Please verify your account with one of the fe	ollowing meth	ods.		
Email j***2@gainwelltechnologies.com	Select			
Text Message +1 XXX-XXX-3877	Select			
		Submit	Cancel	Change Password

Figure 41 Account Maintenance Panel—Verify User Account

11. Select the email or text message to verify the account by clicking **Select** after the appropriate method. An Account Maintenance verification panel will be displayed.

Account Maintenance			3
Required fields are indicated with an asterisk (*).			
⊂ Verify with your email			
Verify with code sent to j***2@gainwelltechnologies.com			
Send me an email			
Verify with something else			
	Submit	Cancel	Change Password

Figure 42 Account Maintenance Panel—Email or Text Message Verification

- 12. Click **Send me an email** for an email or **Receive a code via SMS** for a text. Note: Clicking **Verify with something else** will direct the user back to the verify user account screen allowing verification by either email or text message.
- 13. Enter the code in the Account Maintenance verification panel.

Account Maintenance			3
Required fields are indicated with an asterisk (*).			
Verify with your email			
Verify with code sent to j***2@gainwelltechnologies.com			
Enter Code			
Verify			
Verify with something else			
· / /			
	Submit	Cancel	Change Password

Figure 43 Account Maintenance Panel—Enter Code

### 14. Click Verify. A confirmation message will be displayed.

The following messages were generated: Save was Successful

Figure 44 Confirmation Message

# **5 Change Password**

Users will be required to change their Portal account passwords every 60 days; however, through the Change Password function, users can change their password at any time.

Note: The Change Password link on the Account Home page serves the same purpose as the Change Password button on the Account Maintenance page.

1. On the Account Home page, click **Change Password**. The Change Password page will be displayed.

Change Password		3
Required fields are indica	ted with an asterisk (*).	
User Name	JJDOE534	
Current Password*		
New Password*		
Confirm New Password*		
s		
с.	Submit	Cancel

Figure 45 Change Password Page

- 2. Enter the user's current password.
- 3. Enter the user's new password (twice for confirmation). The password must be nine–15 characters and must contain three different types of characters such as uppercase letters, lowercase letters, special characters (that is, !@#\$%^&\*), or numbers. The password must be unique and cannot contain information from the user name, contact first name, or contact last name.

Note: The new password cannot match any of the last 24 passwords.

4. Click **Submit**. A Change Password verification panel will be displayed.

Change Password		0
Verify User Account		
Please verify your account with one of the	e following methods.	
Email g***l@wisconsin.gov	Select	
Text Message +1 XXX-XXX-8758	Select	
		Submit Cancel

Figure 46 Change Password Panel—Verify User Account

5. Select the email or text message to verify the account by clicking **Select** after the appropriate method. A Change Password verification panel will be displayed.

Change Password	?
Verify with a text message	
Send a code via SMS to +1 XXX-XXX-8758	
Carrier messaging charges may apply	
Receive a code via SMS	
Verify with something else	
Submit	Cancel

Figure 47 Change Password Panel—Email or Text Message Verification

- 6. Click **Receive a code via SMS** for a text or **Send me an email** for an email. Note: Clicking **Verify with something else** will direct the user back to the verify user account screen allowing verification by either email or text message.
- 7. Enter the code in the Change Password verification panel.

Change Password	?
Verify with a text message	
Send a code via SMS to +1 XXX-XXX-8758	
Carrier messaging charges may apply	
Enter Code	
Verify	
Verify with something else	
Submit	Cancel

Figure 48 Change Password Panel—Enter Code

8. Click Verify. A confirmation message will be displayed.

The following messages were generated:
Change Password - Save was Successful

Figure 49 Confirmation Message

# **6 Clerk Maintenance**

If more than one person will be working on the account, the account administrator must initially establish clerk accounts and assign roles for the various functions the clerks will be performing.

On the Account Home page, click **Clerk Maintenance**. The Clerk Maintenance Search panel will be displayed.

erk Maintenance Search			3
Search Criteria			
Username			
First Name			
Last Name			
Email Address			]
			Search
			Clear
C. Coareb Bogulta			
Search Results			
*** No rows fou	ind ***		
Selected Clerk			
Username			
Contact First Name			
Contact Last Name			
Telephone Number	Ext.		
E-Mail			
		Remove Clerk Res	et Password
		Add Clark	Cancel
		Add Clerk	Cancer

Figure 50 Clerk Maintenance Search Panel

Through the Clerk Maintenance panels, users with administrative and clerk administrative accounts can search for, add, or remove clerks; assign clerk roles; and reset a clerk's password.

Note: Users with clerk administrative accounts may not administer their own accounts or other administrative or clerk administrative accounts.

### 6.1 Add Clerks and their Roles

The Add Clerk function allows the user to add new clerks to a manufacturer organization and to assign specific roles. The user can choose to add new clerks without assigned roles or add new clerks and assign their roles at the same time.

1. Click **Add Clerk** located at the bottom of the Clerk Maintenance Search panel. The Clerk Account - Manufacturer panel will be displayed.

Clerk Account - Manufacturer Ø				
Required fields are indicated	d with an asterisk (*).			
<ul> <li>Password must contain</li> </ul>	one uppercase letter, one number, an	d at least 8 characters.		
Clerk Details				
User Name*		[Search ]		
Contact First Name*		[ ocaren ]		
Contact Last Name*				
Telephone Number*				
Email*				
Confirm Email*				
Password*				
Confirm Password*				
*** No rows found ** Assign Clerk Roles	**			
Labeler Code*		~		
Available Roles		Assigned Roles		
Invoicing Claim Level Detail Pay Now Access ROSI PQAS Legal Contact Communications HDAP Invoicing HDAP CLD HDAP ROSI PQAS				*
<ul> <li>Clerk Administrato</li> </ul>	r			Add
		Previous		Submit Cancel

Figure 51 Clerk Account - Manufacturer Panel

Complete the following steps to add a new clerk account:

- Enter a user name. The user name must be six–20 characters and can only contain letters and numbers. The user name is not case-sensitive.
- Enter the new clerk's contact first name and last name.
- Enter the new clerk's 10-digit phone number (and extension, if applicable).
- Enter the new clerk's email (twice for confirmation).
- Enter an initial password for the new clerk (twice for confirmation).

The password must be nine–15 characters and must contain three different types of characters such as uppercase letters, lowercase letters, special characters (that is,

!@#\$%^&\*), or numbers. The password must be unique and cannot contain information from the user name, contact first name, or contact last name.

Note: Clerks must change the password entered by the account administrator the first time they log in.

The user can now add a role(s) to a new or existing clerk using the Assign Clerk Roles function.

The following roles are available and are identified as follows:

- Invoicing—Allows the user to download current invoices and view previous invoices for Medicaid programs only.
- Claim Level Detail—Allows the user to request Claim Level Detail (CLD) and download CLD requests for Medicaid programs only.
- Pay Now Access—Allows the user to use the Pay Now functionality and view Automated Clearing House (ACH) payment information.
- ROSI PQAS—Allows the user to create Reconciliation of State Invoices (ROSI) and Prior Quarter Adjustment Statements (PQAS) files in the required CMS format and allows access to upload ROSI and/or PQAS files in the CMS format for Medicaid programs only.
- Legal Contact—Allows the user to view and sign the Wisconsin State Pharmacy Assistance Program (SPAP) Rebate Agreements.
- Communications—Allows the user to contact and respond with a drug rebate analyst.
- HDAP Invoicing—Allows the user to download current invoices and view previous invoices for HDAP.
- HDAP CLD—Allows the user to request HDAP CLD and download HDAP CLD requests for HDAP.
- HDAP ROSI PQAS—Allows the user to create HDAP ROSI and PQAS files in the CMS format and allows access to upload HDAP ROSI and/or PQAS files in the CMS format for HDAP.

2. On the Clerk Account - Manufacturer panel, select the labeler code to which the clerk roles will be assigned from the drop-down menu.

rk Account - Manufa	cturer		
quired fields are indicat	ed with an asterisk (*).		
Password must conta	in one uppercase letter, one numbe	r, and at least 8 characters.	
Clerk Details			
User News*			
User Name*	JOHNYDOE	[ Search ]	
Contact First Name*	VNHOL		
Contact Last Name*	DOE		
Telephone Number*	(555)555-5555		
Email*	john.doe@sample.com		
Confirm Email*	john.doe@sample.com		
Password*			
Confirm Password*	•••••		
Labeler Code* 0000	0-XYZ COMPANY	~	
Available Role	00-XYZ COMPANY	Assigned Roles	
Claim Level Detail			<b>A</b>
Pay Now Access		<	
Legal Contact		<<	
Communications		>	
HDAP Invoicing HDAP CLD		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
HDAP ROSI PQAS		_ <u></u>	
<ul> <li>Clerk Administration</li> </ul>	tor		
			Add

Figure 52 Clerk Account - Manufacturer Panel

3. Select a role from the Available Roles box. To select more than one row, hold down the Ctrl key and click all applicable roles.

*** No rows found ***		
ssign Clerk Roles		
Labeler Code" 00000-XYZ COMPANY	~	
Available Roles	Assigned Roles	
Invoicing Claim Level Detail Pay Now Access ROSI PQAS	* <	*
Legal Contact Communications HDAP Invoicing	<< >>	
HDAP CLD HDAP ROSI PQAS	× >>	-
Clerk Administrator		
		Add

Figure 53 Clerk Roles Section With Available Roles

4. Click >. The selected role(s) will be added to the Assigned Roles box.

Note: To add all available roles to the clerk, click >>.

*** No rows found ***		
Assign Clerk Roles Labeler Code <sup>®</sup> 00000-XYZ COMPANY	~	
Available Roles Claim Level Detail Pay Now Access ROSI PQAS HDAP Invoicing HDAP CLD HDAP ROSI PQAS	Assigned Roles Communications Invoicing Legal Contact	•
<ul> <li>Clerk Administrator</li> </ul>		Add

Figure 54 Clerk Roles Section With Assigned Roles

5. Click **Submit**. A confirmation message will be displayed at the top of the page.



Figure 55 User Successfully Updated Message

If an error message is received, it will be displayed at the top of the page. Scroll up to view the message, correct the error(s) and click **Submit** again.

- 6. Click **Return to Search** to add or search for another clerk.
- 7. To add roles to a clerk for a different labeler, click **Add**. Select the new labeler from the dropdown menu and assign the role(s). Repeat for any additional roles and click **Submit**.
- 8. If adding a clerk account that has already been created but needs to be added to a new organization, complete the following steps. Otherwise proceed to Step 13.
- 9. Click **Search** to the right of the User Name field. The User Name Search box will be displayed.

User Name			[ Close ]
r Search			9
Username	First Name	Last Name	
5.,			search <u>*</u>

Figure 56 User Name Search Box

- 10. Enter the clerk account's username, first name, or last name.
- 11. Click **Search**. The clerk's information will be displayed in the "Clerk Details" section.

User Name						[Close]
Search						3
Username		First Name	Last Name	SMITH	search <u>*</u>	clea <u>r</u>
Search Res	ults					
User Name A SHAWN99	<u>First Name</u> Shawn	<u>Last Name</u> Smith				

Figure 57 Search Results Section

12. Click the row of the applicable clerk account. The User Name Search box will close and the clerk account information will be auto-populated in the "Clerk Details" section of the Clerk Account panel.

ired fields are indica	ted with an asterisk (*).		
Password must cont	ain one uppercase letter, one	number and at least 8 characters.	
Clerk Details			
User Name	JANEUSER1	[ Search ]	
Contact First Name	Jane		
Contact Last Name	User		
Telephone Number	(777)777-7777 Ext.		
E-Mail	ml@ml.com		

Figure 58 Populated Clerk Account Panel

13. Proceed to Step 1 of <u>Section 6.4 Assign a Clerk Administrator</u> once clerk details have been entered or populated.

# 6.2 Search for a Clerk

The Clerk Maintenance Search panel allows a user to select an existing clerk within the manufacturer organization.

1. Enter information for the clerk in any combination in the "Search Criteria" section. Alternatively, leave the fields blank to bring up a list of all clerks associated with the manufacturer organization.

Search Criteria	
Username	
First Name	
Last Name	
Email Address	Search
	Clear

Figure 59 Search Criteria Section

2. Click Search.

3. Click the row containing the clerk's name in the "Search Results" section.

  Search Results	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	,	<del>, mar an an an an an an a</del> n an		and the second sec
Username	First Name	Last Name	Last Login Date	Email Address	
PROVIDERIM	IM	Provider	05/12/2016	ml@ml.com	
CLERK123	Craig	Clerk	04/27/2010	ml@ml.com	
SAMPLEJQ	Jen	Sample	0	samplejq@email.com	m
TESTERMA	mary	tester	08/12/2008	marytester@claims.	.com

Figure 60 Search Results Section

The clerk's information will populate in the "Selected Clerk" section.

Search Results				and the many of the second sec	and the second s	
<u>Username</u>	First Name	Last Name	Last Login Date	Email Address		
PROVIDERIM	IM	Provider	05/12/2016	ml@ml.com		
CLERK123	Craig	Clerk	04/27/2010	ml@ml.com		
SAMPLEJQ	Jen	Sample	0	samplejq@email.com		
TESTERMA	mary	tester	08/12/2008	marytester@claims.com		
Contact First Name Contact Last Name Telephone Number	IM Provider (999)999-9	999 Ext.				
E-Mail	ml@ml.com					
					Remove Clerk	Reset Password
				Next	Add Clerk	Cancel

Figure 61 Search Results and Selected Clerk Sections

- 4. Click Next. The Clerk Account Manufacturer panel will be displayed.
- 5. Proceed to the one of the following sections once a clerk has been selected:
  - <u>6.3 Remove a Role from Clerk</u>
  - <u>6.4 Assign a Clerk Administrator</u>
  - <u>6.5 Reset a Clerk's Password</u>
  - <u>6.6 Delete a Clerk Account</u>

# 6.3 Remove a Role from a Clerk

1. Click the appropriate labeler code in the "Current Roles" section of the Clerk Account - Manufacturer panel.

Labeler 00590-BRISTOL MYERS SQUIBB HC	Roles LDINGS PHARMA LT HDAP CLD; HDAP Invoicing	
reign Clork Poles		
ssign Clerk Roles		
abeler Code* 00590-BRISTOL MYE	RS SQUIBB HOLDINGS PHARMA LT 🗸	
Available Roles	Assigned Roles	
HDAP CLD		<b>^</b>
HDAP Invoicing	< Legal Contact	
HDAP ROSI PQAS		
Pay Now Access		
KUSI PQAS	>	
	>>	
		<b>_</b>
Clerk Administrator		

Figure 62 Clerk Account - Manufacturer Panel

2. In the "Assign Clerk Roles" section, select a role(s) from the Assigned Roles box. To select more than one row, hold down the Ctrl key and click all applicable roles.

Current Roles		
Labeler	Roles	
00590-BRISTOL MYERS SQUIBB HOLD	NGS PHARMA LT HDAP CLD; HDAP Invoicing	
Assign Clerk Roles		
Labeler Code* 00590-BRISTOL MYERS	SQUIBB HOLDINGS PHARMA LT 🗸	
Available Roles	Assigned Roles	
Claim Level Detail	Communications	A
HDAP CLD HDAP Invoicing	Invoicing	
HDAP ROSI PQAS		
Pay Now Access ROSI POAS		
	~	
	>>	
	<b>v</b>	
Clerk Administrator		
		delate
		delete Save

Figure 63 Clerk Roles Section With Assigned Roles

3. Click <. The selected role(s) will be transferred to the Available Roles box.

Note: To remove all of a clerk's assigned roles, click <<.

Labeler	Roles	
00590-BRISTOL MYERS SQUIBB	HOLDINGS PHARMA LT Communications; Invoicing	
assign Clerk Roles		
Labeler Code* 00590-BRISTOL M	YERS SQUIBB HOLDINGS PHARMA LT 🗸	
Available Roles	Assigned Roles	
Claim Level Detail HDAP CLD HDAP Invoicing HDAP ROSI PQAS	Communications Invoicing	•
Pay Now Access ROSI PQAS	>>>	
	×	Ŧ
Clerk Administrator		
		delete Save

Figure 64 Clerk Roles Section With Role Removed

4. Click **Submit**. A confirmation message will be displayed at the top of the page.

The following messages were generated: User was successfully updated.

Figure 65 Confirmation Message

If an error message is received, correct the error(s) and click **Submit** again.

# 6.4 Assign a Clerk Administrator

The Clerk Administrator checkbox allows a user to assign administrative rights to a clerk. A clerk with administrative rights can create accounts for and manage role assignments for clerks in the same manner as the Account Administrator.

- 1. Search for the clerk the user wishes to assign Clerk Administrator rights. Refer to <u>Section 6.2</u> <u>Search for a Clerk</u> for steps.
- 2. Click the appropriate labeler code in the "Current Roles" section of the Clerk Account Manufacturer panel.

Labeler	Roles	
00000-XYZ COMPANY	Communications; Invoicing; Legal Contact	
ssign Clerk Roles		
Labeler Code* 00000-XYZ COMPANY	×	
Available Roles	Assigned Roles	
Claim Level Detail Pay Now Access ROSI PQAS HDAP Invoicing HDAP CLD HDAP ROSI PQAS	<pre>Invoicing Communications Legal Contact</pre>	*
Clerk Administrator		
		delete Save

Figure 66 Clerk Account – Manufacturer Panel

3. Check the Clerk Administrator box in the "Assign Clerk Roles" section.

Labeler	<u>Roles</u>	
00000-XYZ COMPANY	Clerk Admin; Communications; Invoicing; Legal Co	ontact
ssign Clerk Roles		
abeler Code* 00000-XYZ COMPANY	v	
Available Roles	Assigned Roles	
Claim Level Detail Pay Now Access	Invoicing     Communications	A
ROSI PQAS HDAP Invoicing	< Legal Contact	
HDAP CLD	<<	
IDAF KOSI FQAS	>	
	>>	
	¥	*
Clark Administration	_	
		delete Save

Figure 67 Clerk Roles Section With Clerk Administrator Checked

4. Click **Submit**. The clerk administrator role will be added under the "Current Roles" section.



Figure 68 Clerk Roles Section With Clerk Administrator Role Added

A confirmation message will be displayed at the top of the page.



Figure 69 Confirmation Message

### 6.5 Reset a Clerk's Password

1. On the Clerk Maintenance Search panel, search for and select a clerk. Click **Reset Password**. The Reset Password page will be displayed.

Reset Password		3
User Name	ABC001	
New Password*		Password must contain one uppercase letter and one number.
Confirm Password*		
		<u>C</u> ancel Reset Password <u>N</u>

Figure 70 Reset Password Page

- 2. Enter the new password (twice for confirmation). The password must be between nine–15 characters and must contain three different types of characters such as uppercase letters, lowercase letters, special characters (that is, !@#\$%^&\*), or numbers. The password must be unique and cannot contain information from the user name, contact first name, or contact last name.
- 3. Click **Reset Password**. A confirmation message will be displayed at the top of the page.



```
Figure 71 Confirmation Message
```

Note: Clerks must change the password set up by the administrative account the first time they log in.

If an error message is received, correct the error(s) and click **Reset Password** again.

## 6.6 Delete a Clerk Account

1. On the Clerk Maintenance Search panel, search for and select a clerk. Click **Remove Clerk** to initiate the record deletion. A dialog box confirming the deletion will be displayed.



Figure 72 Dialog Box

2. Click **OK**. A confirmation message will be displayed at the top of the Clerk Maintenance Search page.



Figure 73 Confirmation Message

# 6.7 Clerk Account Log

Clerk account users will be required to complete the steps for multi-factor authentication (MFA) when logging in for the first time and every 60 days thereafter.

With MFA, users are asked to provide two authentication methods to verify their identity when logging in to the Portal. MFA will protect Portal accounts against unauthorized access in case user login credentials are compromised.

MFA will be required to log in when a user changes any of the following account information:

- Account password
- Email address

When using MFA, a user will be sent a one-time code through their choice of email, text message (SMS), or phone call.

1. Access the Portal at forwardhealth.wi.gov/.



Figure 74 ForwardHealth Portal Homepage

2. Click Login. A Sign In box will be displayed.

ForwardHealth	
Sign In	
Username	
I	
Keep me signed in	
Next	
Unlock account?	
Help	
Logging in for the first time?	

Figure 75 Sign In Box

- 3. Enter the user's username.
- 4. Click Next.

A Verify with your password box will be displayed.

Verify with your password				
Password				
*******	©			
Verify				
Verify Forgot password?				

Figure 76 Verify With Your Password Box

- 5. Enter the user's password.
- 6. Click Verify.

A Get a verification email box will be displayed. Note: If the user's password expires when setting up MFA, a change password box will be displayed, and the user will be prompted to enter and re-enter their new password.

ForwardHealth		
Get a verification email		
(2) PORTALUSER1		
Send a verification email to <b>g***I@wisconsin.gov</b> by clicking on "Send me an email".		
Send me an email		
Back to sign in		

Figure 77 Get a Verification Email Box

7. Click Send me an email.

A box will be displayed indicating the email has been sent with a link to enter the code from the email.



Figure 78 Verify With Your Email Box

8. The email sent to the user's email address includes a **Sign In** link (Option 1) and a verification code (Option 2).

One-time verification code					
Okta <noreply@okta.com> To OProvider, Ima</noreply@okta.com>		Keply All	→ Forward		
	Tue 9/6/2022 1:11 PM				
(i) If there are problems with how this message is displayed, click here to view it in a web browser. Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.					
CAUTION: This email originated from outside the organization. Do not click links or open attachments unless you recognize the sender and	know the co	ontent is safe.			
Hi Ima,					
You have requested an email link to sign in to WIPortal. To finish signing in, click the button below or enter the provided code. If you did not request this email, please					
contact an administrator at <u>VEDSWIEDT@wisconsin.gov</u> .	,				
Option 1					
Sign In	ption 2				
Can't use the link? Enter a code instead: 880762					

Figure 79 One-Time Verification Code Email
- 9. The user can choose to either:
  - Click the **Sign In** link (Option 1) from the email.
  - Copy the verification code in the email (Option 2), return to the Verify with your email box, and click **Enter a verification code instead.** Enter the code from the email and click **Verify.**

ForwardHealth
Verify with your email
() PORTALUSERI
We sent an email to g***1@wisconsin.gov. Click the verification link in your email to continue or enter the code below.
Enter Code
Verify
Back to sign in

Figure 80 Verify With Your Email Box

A Set up security methods box will be displayed.

ForwardHealth
Set up security methods (® PORTALUSER)
Security methods help protect your Okta account by ensuring only you have access.
Set up required
Phone Verify with a code sent to your phone Used for access or recovery Set up
Back to sign in

Figure 81 Set Up Security Methods Box

10. Click Set up.

A Set up phone authentication box will be displayed.

ForwardHealth
Set up phone authentication
(8) PORTALUSERI
Enter your phone number to receive a verification code via SMS.
SMS
O Voice call
Country
United States 🔻
Phone number
+]
Receive a code via SMS
Return to authenticator list
Back to sign in

Figure 82 Set Up Phone Authentication Box

- 11. Select SMS (text) or Voice call for the phone authentication method.
- 12. Enter the phone number.
- 13. Click **Receive a code via SMS** or **Receive a code via voice call** depending on which option is selected.

A Set up phone authentication box will be displayed.

ForwardHealth						
Set up phot	ne authentication					
A code was sent t code b Carrier messagi	o your phone. Enter the elow to verify. ng charges may apply					
Enter Code						
	Verify					
Return to authentical Back to sign in	tor list					

Figure 83 Set Up Phone Authentication Box

- 14. Enter the code that was sent via text or voice call in the Enter Code box.
- 15. Click **Verify**. MFA will be set up and the user will be signed in to the Portal.

16. Click **Manufacturer** on the main menu at the top of the page. The secure Manufacturer Drug Rebate page will be displayed. Links displayed on the right of the page will correspond to the roles that have been assigned to the user by the Account Administrator.

In the services wisconsin.gov home state agencies subject directory department of health services	
ForwardHealth Wisconsin serving you Wisconsin serving you	Welcome Dxc Tester » May 8, 2019 3:46 PM Logout
Home Search Manufacturer Account Site Map	
You are logged in with manufacturer labeler: 44178-PHARMAXIS, INC.	Search
Notifications  *** No rows found ***	Quick Links         • Download Invoices         • Previous Quarter Invoice Search         • Claim Level Detail (CLD) Requests         • Electronic Funds Transfer (EFT)         • Payment Activity Search         • Submit ROSI/PQAS         • Labeler Notification/Letters         • Contact a Drug Rebate Analyst         • Drug Rebate Portal Training         • Online Handbooks         • ForwardHealth Updates         • Wisconsin State Rebate Agreements
About   Contact   Disclaimer   Privacy Hotice Wisconsin Department of Health Services	

Figure 84 Secure Manufacturer Drug Rebate Page

## 7 Clerk Last Logon

This function allows users with administrative accounts to search, identify, and remove inactive clerk accounts.

On the Account page, click **Clerk Last Logon**. The Clerk Last Logon panel will be displayed.

Cl	erk Last Logon	?
	Search Criteria	
	Number of Days since Logon*	
	List of clerks	
	Remove selected Clerks Can	cel

Figure 85 Clerk Maintenance Search Panel

Through the Clerk Last Logon panel, users with administrative accounts can search for users with inactive accounts and can also identify and remove clerks from a list of their organization's clerk accounts.

Note: Users with clerk administrative accounts may not administer their own accounts or other administrative or clerk administrative accounts.

### 7.1 Search and Remove a Clerk Account

The Clerk Last Logon panel allows a user to select an existing clerk within the provider organization based on the number of days since their last logon.

1. In the Search Criteria section, click the button indicating the number of days since the clerk's last logon. Options include periods of at least 60 days, 90 days, or 120 days from the clerk's last logon.

2. Enter any information for the clerk in any combination in the Search Criteria section. Alternatively, leave the First Name, Last Name, and User Name fields blank to bring up a list of all clerks associated with the provider organization based on the number of days since their last logon.

Clerk Last Logon	9
Search Criteria	
Number of Days since Logon* $ullet$ 60 Days $\bigcirc$ 90 Days $\bigcirc$ 120 Days	
First Name	
Last Name	
User Name	
	Search Cancel

Figure 86 Search Criteria Section

3. Click Search. The clerk(s) will be listed under the "List of clerks" section.

Cle	rk Last Logon								0
	Search Criteria —								
1	lumber of Days sinc	e Logon* 🖲 60 Da	ays 0 90 Days 0	120 Days					
	Fi	rst Name							
	L	ast Name							
	U	ser Name							
							Search	Cancel	
	List of clerks								
	Clerk First Name	Clerk Last Name	Clerk User Name	<u>E-Mail</u>	Date Last Logon	Number of days sir	ce last logon Remo	ve From O	rg
	mary	tester	SUPERCLAIM	marytester@claims.com	20080812	4608			
	test	teststst	DEREKTEST9	ml@ml.com	20100427	3985			
						F	temove selected Cler	ks C	ancel

Figure 87 List of Clerks Section

- 4. Check the box under the Remove From Org column.
- 5. Click Remove selected Clerks. The selected clerks will be removed from the Portal.

Note: The user can click **Cancel** to return to their secure account page.

## 8 Switch Manufacturer

The Switch Manufacturer function allows:

- Users with administrative and clerk administrative accounts to assign roles to a clerk for a different labeler code within the same Portal account without logging off.
- Clerks to perform tasks on behalf of multiple labeler codes within the same account without logging off.
- Users to change their default login manufacturer.

### 8.1 Switch Manufacturer

1. On the Account Home page, click **Switch Manufacturer**. The Switch Manufacturer page will be displayed.

Accura + Switch Haunfacture     Sector A source     Sector A	u are logged in with ma	anufacturer labeler: 0	0185-DRUGS INC						
witch Hannfacturer         Seich Asselfs         Seich Results <ul> <li></li></ul>	Account » Switch	Manufacturer	N.						
with Manufacture     Section Results <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>									
Seich Results Se	witch Manufacturou								
Switch Handiscturer         Required fields are indicated with an asterisk (*).         Search Results         Default         Jabeler Code       Jabeler Code         00005       00121       ABC MANUFACTURER       123 ANYWHERE AVE ANYWHERE       W1 00001-0000         00021       00121       XXX COMPANY       123 ANYWHERE AVE ANYWHERE       W1 00001-0000         00121       00121       DRIACTURER       123 ANYWHERE AVE ANYWHERE       W1 00001-0000         00121       DRIACTURER       123 ANYWHERE AVE ANYWHERE       W1 00001-0000       Image: Colspan="2">Image: Colspan="2"         Image: Colspan="2"         Image: Colspan="2"         Image: Colspan="2"         Image: Colspan="2"         Image: Colspan= 2         Image: Colspan= 2         Image: Colspan= 2         Image: Colspan= 2	witch Manufacturer	Ľ							
Required fields are indicated with an asterisk (*).  Search Results  Default Labeler Code Farmet Labeler Code ABC MANUFACTURER 123 ANYWHERE AVE ANYWHERE N 00000-0000 00021 00121 X72 COMPANY 123 ANYWHERE AVE ANYWHERE N 00000-0000 00121 00121 PHARMACY COMPANY 123 ANYWHERE AVE ANYWHERE N 00000-0000 00121 00121 GRAPE MANUFACTURER 123 ANYWHERE AVE ANYWHERE N 00000-0000 0000 0000 0000 0000 0000	Switch Manufactur	rer							
Search Results       Default Labeler Code       Default Labeler Code         00002       00121       ABC MANUFACTURER       123 ANYWHERE AVE ANYWHERE TN       00000-0000         00023       00121       XIZ COMPANY       123 ANYWHERE AVE ANYWHERE N       00000-0000         00121       0121       DELOCAL       123 ANYWHERE AVE ANYWHERE N       00000-0000         0121       0121       DELOCAL       123 ANYWHERE AVE ANYWHERE N       00000-0000         0121       0121       DRUGS INC       123 ANYWHERE AVE ANYWHERE N       00000-0000         0121       DRUGS INC       123 ANYWHERE AVE ANYWHERE NO       00000-0000         13596       0121       DRUGS INC       123 ANYWHERE AVE ANYWHERE OH       00000-0000         14178       00121       DRUGS INC       123 ANYWHERE AVE ANYWHERE OH       00000-0000         89141       0121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE OH       00000-0000         JSBECted Labeler       Labeler Code	Required fields are in	ndicated with an aster	isk (*).		_		_		
Labeler Code       Labeler Name       Address       City       Sate 712       Labeler Code         00005       00121       ABC MANUFACTURER       123 ANYWHERE AVE ANYWHERE TN       00000-0000       00001-0000         00023       00121       XiZ COMPANY       123 ANYWHERE AVE ANYWHERE NO       00002-0000       00001-0000         00121       DILA       MEDICAL       123 ANYWHERE AVE ANYWHERE NO       00002-0000       00001-0000         00121       DILA       DILA       123 ANYWHERE AVE ANYWHERE NO       00002-0000       00001-0000         00121       DRUGS INC       123 ANYWHERE AVE ANYWHERE NO       00000-0000       00001-0000         13389       00121       GRAPE MAURACTURER       123 ANYWHERE AVE ANYWHERE NO       00007-0000       00001-0000         13389       00121       GRAPE MAURACTURER       123 ANYWHERE AVE ANYWHERE AVE ANYWHERE GA       00007-0000       00001-0000         13389       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GA       00007-0000       00001-0000         B9141       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GA       00007-0000       0000-0000       0000-0000         Labeler       Cate       Currently Selected Labeler       State       State       State       State </td <td>Search Result</td> <td>S</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Search Result	S							
Labeler Code       Parent Labeler Code       Labeler Code         00005       00121       ABC MANUFACTURER       123 ANYWHERE AVE ANYWHERE WI 00000-0000         00023       00121       DIX COMPANY       123 ANYWHERE AVE ANYWHERE NI       00002-0000         00121       D0121       DIX COMPANY       123 ANYWHERE AVE ANYWHERE NI       00002-0000         00121       D0121       DIX COMPANY       123 ANYWHERE AVE ANYWHERE NI       00002-0000         00121       D0121       DRUGS INC       123 ANYWHERE AVE ANYWHERE NI       00000-0000         13598       0121       GRAPE MANUFACTURER       123 ANYWHERE AVE ANYWHERE NI       00000-0000         13598       0121       GRAPE MANUFACTURER       123 ANYWHERE AVE ANYWHERE ON       000005-0000         14176       0121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE ON       00005-0000         13598       0121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE ON       00005-0000         14176       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE AVE ANYWHERE CO       000005-0000         B9141       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE								Default	
00005       00121       ABC MANUFACTURER       123 ANYWHERE AVE       ANYWHERE TN       00000-0000         00021       00121       XYZ COMPANY       123 ANYWHERE AVE       ANYWHERE NJ       00003-0000         00121       DILI       PHARMACY COMPANY       123 ANYWHERE AVE       ANYWHERE NJ       00003-0000         00121       DILI       DHARMACY COMPANY       123 ANYWHERE AVE       ANYWHERE NJ       00003-0000         00125       00121       DRUGS INC       123 ANYWHERE AVE       ANYWHERE NJ       00003-0000         0185       00121       DRUGS INC       123 ANYWHERE AVE       ANYWHERE NJ       00003-0000         44178       0121       APPLE MANUFACTURER       123 ANYWHERE AVE       ANYWHERE AVE       00007-0000         89141       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE       ANYWHERE GA       00007-0000         Select row above to set as your default manufacturer.         Current Labeler         Labeler Code	Labeler Code	Parent Labeler Code	Labeler Name	Address	City	State	ZIP	Labeler Code	
00021       0121       XYZ COMPANY       123 ANYWHERE AVE ANYWHERE NJ       00001-0000         00121       0121       JKL MEDICAL       123 ANYWHERE AVE ANYWHERE NJ       00003-0000         00185       00121       DRUGS INC       123 ANYWHERE AVE ANYWHERE NJ       00003-0000         0185       0121       DRUGS INC       123 ANYWHERE AVE ANYWHERE NJ       00003-0000         15398       0121       GRAMACY COMPANY       123 ANYWHERE AVE ANYWHERE NJ       00005-0000         44176       0121       APPLE MANUFACTURER       123 ANYWHERE AVE ANYWHERE NJ       00005-0000         9141       0121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GA       00007-0000         Select row above to set as your default manufacturer.         Currently Selected Labeler         Currently Selected Labeler	00005	00121	ABC MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	TN	0000-0000		
00023       0121       JKL MEDICAL       123 ANYWHERE AVE       ANYWHERE NJ       00002-0000         00121       00121       DRUGS INC       123 ANYWHERE AVE       ANYWHERE NJ       00002-0000         15398       00121       GRAPE MANUFACTURER       123 ANYWHERE AVE       ANYWHERE NJ       00002-0000         44178       00121       GRAPE MANUFACTURER       123 ANYWHERE AVE       ANYWHERE AVE       ANYWHERE AVE         89141       0121       ORANGE MANUFACTURER       123 ANYWHERE AVE       ANYWHERE GA       00007-0000         Selected Labeler         Currently Selected Labeler	00021	00121	XYZ COMPANY	123 ANYWHERE AVE	ANYWHERE	WI	00001-0000		
00121       00121       PHARMACY COMPANY       123 ANYWHERE AVE ANYWHERE NJ       00003-0000         00185       00121       DRUGS INC       123 ANYWHERE AVE ANYWHERE NJ       00004-0000         15398       0121       GRAPE MANUFACTURER       123 ANYWHERE AVE ANYWHERE NJ       00005-0000         44178       00121       APPLE MANUFACTURER       123 ANYWHERE AVE ANYWHERE AVE ANYWHERE CO       00005-0000         89141       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GA       00007-0000         Select row above to set as your default manufacturer.         Currently Selected Labeler         Labeler Code	00023	00121	JKL MEDICAL	123 ANYWHERE AVE	ANYWHERE	U	00002-0000		
00185       00121       DRUGS INC       123 ANYWHERE AVE ANYWHERE NJ       00004-0000         15398       00121       GRAPE MANUFACTURER       123 ANYWHERE AVE ANYWHERE CO       00005-0000         44178       01121       APPLE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GA       00007-0000         89141       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GA       00007-0000         Select row above to set as your default manufacturer.         Currently Selected Labeler         Current Labeler	00121	00121	PHARMACY COMPANY	123 ANYWHERE AVE	ANYWHERE	NJ	00003-0000		
15398       00121       GRAPE MANUFACTURER       123 ANYWHERE AVE ANYWHERE OH       00005-0000         44178       00121       APPLE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GO       000007-0000         89141       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GA       00007-0000         Select on wabove to set as your default manufacturer.         Currently Selected Labeler         Current Labeler	00185	00121	DRUGS INC	123 ANYWHERE AVE	ANYWHERE	NJ	00004-0000	✓	
44178       00121       APPLE MANUFACTURER       123 ANYWHERE AVE ANYWHERE CO       00006-0000         89141       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE GA       00007-0000         Select row above to set as your default manufacturer.         Currently Selected Labeler         Current Labeler	15398	00121	GRAPE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	OH	00005-0000		
89141       00121       ORANGE MANUFACTURER       123 ANYWHERE AVE ANYWHERE AVE ANYWHERE GA       00007-0000         Select row above to set as your default manufacturer.         Currently Selected Labeler         Current Labeler	44178	00121	APPLE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	CO	00006-0000		
Select row above to set as your default manufacturer.	89141	00121	ORANGE MANUFACTURER	123 ANTWHERE AVE	ANTWHERE	GA	00007-0000		
Newly Selected Labeler         Labeler Code         Labeler Name         Address         City         State         ZIP Code         Parent Labeler Code         Default Labeler Code         Switch To       Set As Default	Current Labeler								
Newly Selected Labeler         Labeler Code         Labeler Name         Address         City         State         ZIP Code         Parent Labeler Code         Default Labeler Code         Switch To       Set As Default									
Labeler Code Labeler Name Address City State ZIP Code Default Labeler Code Switch To Set As Default	Newly Selected	d Labeler							
Labeler Name Address City State ZIP Code Default Labeler Code Switch To Set As Default	Labeler (	Code							
Address City State ZIP Code Default Labeler Code Switch To Set As Default	Labeler N	lame							
City	Ada	drass							
State	Add	City							
ZIP Code Parent Labeler Code Default Labeler Code Switch To Set As Default		State							
Parent Labeler Code  Default Labeler Code  Switch To Set As Default									
Parent Labeler Code Default Labeler Code Switch To Set As Default Cance	ZIP	Code							
Default Labeler Code Switch To Set As Default	Parent Labeler (	Code							
Switch To Set As Default	Default Labeler	Code 🔲							
Canc								Switch To	Set As Default
Canc								United 10	our no outure
Canc									
									Cance

Figure 88 Switch Organization Page

The Labeler Code under which the user is currently logged will be displayed at the top of the page, and a list of available manufacturers for that account will be displayed below.

2. To switch manufacturers, click on the row containing the applicable manufacturer. The manufacturer's information will auto-populate in the "Currently Selected Labeler" and "Newly Selected Labeler" sections.

Search Results							
Labeler Code	Parent Labeler Code	Labeler Name	Address	City	State	ZIP	Default Labeler Code
00005	00121	ABC MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	TN	00000-0000	
00021	00121	XYZ COMPANY	123 ANYWHERE AVE	ANYWHERE	WI	00001-0000	
00023	00121	JKL MEDICAL	123 ANYWHERE AVE	ANYWHERE	NJ	00002-0000	
00121	00121	PHARMACY COMPANY	123 ANYWHERE AVE	ANYWHERE	NJ	00003-0000	
00185	00121	DRUGS INC	123 ANYWHERE AVE	ANYWHERE	ŊJ	00004-0000	4
15398	00121	GRAPE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	OH	00005-0000	
44178	00121	APPLE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	со	00006-0000	
89141	00121	ORANGE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	GA	00007-0000	
Currently Selec Current Labeler Newly Selected	ted Labeler 00185 Labeler	Select row above to	set as your default ma	anufacturer.			
Currently Selec Current Labeler Newly Selected Labeler (	ted Labeler 00185 Labeler ode 00121	Select row above to	set as your default ma	anufacturer.			
Currently Selec Current Labeler Newly Selected Labeler O Labeler N	ted Labeler 00185 Labeler ode 00121 ame PHARMACY CO	Select row above to	set as your default ma	anufacturer.			
Currently Select Current Labeler Newly Selected Labeler N Labeler N Add	ted Labeler 00185 Labeler ode 00121 ame PHARMACY CO ress 123 ANYWHER	Select row above to MPANY E AVE	set as your default ma	anufacturer.			
Currently Select Current Labeler Newly Selected Labeler O Labeler N Add	ted Labeler 00185 Labeler code 00121 ame PHARMACY CO ress 123 ANYWHER City ANYWHERE	Select row above to MPANY E AVE	set as your default ma	anufacturer.			
Currently Select Current Labeler Newly Selected Labeler N Labeler N Add	ted Labeler 00185 Labeler code 00121 ame PHARMACY CO ress 123 ANYWHER City ANYWHERE tate NJ	Select row above to MPANY E AVE	set as your default ma	anufacturer.			
Currently Select Current Labeler Newly Selected Labeler N Labeler N Add S ZIP (	ted Labeler 00185 Labeler code 00121 ame PHARMACY CO ress 123 ANYWHERE City ANYWHERE tate NJ code 00003-0000	Select row above to MPANY E AVE	set as your default ma	anufacturer.			
Currently Select Current Labeler Newly Selected Labeler N Add S ZIP ( Parent Labeler (	ted Labeler 00185 Labeler code 00121 ame PHARMACY CO ress 123 ANYWHERE City ANYWHERE tate NJ code 00003-0000 code 00121	Select row above to MPANY E AVE	set as your default ma	anufacturer.			
Currently Select Current Labeler Newly Selected Labeler N Add S ZIP ( Parent Labeler ( Default Labeler (	ted Labeler 00185 Labeler code 00121 ame PHARMACY CO ress 123 ANYWHERE tate NJ code 00003-0000 code 00121 code 00121	Select row above to MPANY E AVE	set as your default ma	anufacturer.			
Currently Select Current Labeler Newly Selected Labeler N Add S ZIP ( Parent Labeler ( Default Labeler (	ted Labeler 00185 Labeler code 00121 ame PHARMACY CO ress 123 ANYWHERE tate NJ code 00003-0000 code 00121 code 00121	Select row above to MPANY E AVE	set as your default ma	anufacturer.			
Currently Select Current Labeler Newly Selected Labeler N Add S ZIP ( Parent Labeler ( Default Labeler (	ted Labeler 00185 Labeler code 00121 ame PHARMACY CO ress 123 ANYWHERE tate NJ code 00003-0000 code 00121 code 00121	Select row above to MPANY E AVE	set as your default ma	anufacturer.	Swi	tch To	Set As Default

Figure 89 Switch Organization Page With Populated Information

3. If the user wishes to switch to the selected organization's account, they can click **Switch To**. A dialog box will appear to confirm their selection.

Message fro	om webpage	23
?	Would you like to switch to the Newly Selected Labeler?	•
	OK Cance	:

Figure 90 Dialog Box

4. Click **OK**. The secure Manufacturer Drug Rebate page will be displayed. The newly selected labeler login will be displayed at the top of the page.

Figure 91 Log In Information

### 8.2 Set As Default Login Labeler

The manufacturer labeler code that is used to request the PIN is the manufacturer code that is initially set as the Default Manufacturer Labeler. If a manufacturer adds additional labeler codes, they can opt to make another labeler code their Default Login Labeler.

1. To make a manufacturer the default login user, on the Switch Manufacturer page, click the checkbox behind the row of the desired manufacturer. The organization's information will auto-populate in the "Currently Selected Labeler" and "Newly Selected Labeler" sections.

witch Manufacture	r						
equired fields are inc	licated with an aste	risk (*).					
Search Results							
							Default
Labeler Code	arent Labeler Code	Labeler Name	Address	City	State	ZIP	Labeler Code
00005	0121	ABC MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	TN	00000-0000	
00021 0	0121	XYZ COMPANY	123 ANYWHERE AVE	ANYWHERE	WI	00001-0000	
00023 0	0121	JKL MEDICAL	123 ANYWHERE AVE	ANYWHERE	NJ	00002-0000	
00121 0	0121	PHARMACY COMPANY	123 ANYWHERE AVE	ANYWHERE	NJ	00003-0000	
00185	0121	DRUGS INC	123 ANYWHERE AVE	ANYWHERE	NJ	00004-0000	~
15398 0	0121	GRAPE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	ОН	00005-0000	
44178 (	0121	APPLE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	со	00006-0000	
89141 0	0121	ORANGE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	GA	00007-0000	
Newly Selected	Labeler						
Labeler Na		CTURER					
Addr	ess 122 ANYWHER	EAVE					
SI	ate CO						
ZIP C	ode 00006-0000						
Parent Labeler C	ode 00121						
Default Labeler C	ode 🗆						
				S	witch T	o s	et As Default
							Cancel

Figure 92 Switch Organization Panel With Auto-Populated Information

2. Click **Set As Default**. The Switch Organization page will refresh and a check mark will be displayed in the Default Labeler ID boxes for the selected organization.

Switch Manufacture	r						6
Required fields are in	dicated with an aster	risk (*).					
Search Results							
							Default
Labeler Code	Parent Labeler Code	Labeler Name	Address	City	State	ZIP	Labeler Code
00005	00121	ABC MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	TN	00000-0000	
00021	00121	XYZ COMPANY	123 ANYWHERE AVE	ANYWHERE	WI	00001-0000	
00023	00121	JKL MEDICAL	123 ANYWHERE AVE	ANYWHERE	<b>L</b>	00002-0000	
00121	00121	PHARMACY COMPANY	123 ANYWHERE AVE	ANYWHERE	NJ	00003-0000	
00185	00121	DRUGS INC	123 ANYWHERE AVE	ANYWHERE	IJ	00004-0000	
15398	00121	GRAPE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	он	00005-0000	
44178	00121	APPLE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	со	00006-0000	<b>V</b>
89141	00121	ORANGE MANUFACTURER	123 ANYWHERE AVE	ANYWHERE	GA	00007-0000	
Newly Selected	Labeler						
Labeler N		CTURER					
Add	ress 123 ANYWHER	E AVE					
	City ANYWHERE						
s	tate CO						
ZIP C	ode 00006-0000						
Parent Labeler C	ode 00121						
Default Labeler C	ode 🔽						
				S	witch 1	ro S	et As Default

Figure 93 Switch Organization Page

## 9 Add Child Labeler

The Add Child Labeler panel allows the user to add any additional labeler codes to their existing account.

1. On the Account Home page, click **Add Child Labeler**. The Add Child Labeler panel will be displayed.

Ideal Labeler Codes     Likeler Code   Project Anges below.   beler Code Detail   Description		
Labeler Code Description   Type changes below.   abeler Code Detail   abeler Code Detail   abeler Code Detail   abeler Code Detail   abeler Code Total   Centry and Confidentiality   This Portal Access User Account Agreement (hereinafter Agreement) is made by and between the State of Wisconsin Department of Health Services (DHS) and the Manufacture (hereinafter Agreement) is made by and between the State of Wisconsin Department of Health Services (DHS) and the Manufacture (hereinafter Agreement) is made by and between the State of Wisconsin Department of Health Services (DHS) and the Manufacture (hereinafter Agreement) is made by and between the State of Wisconsin Department of Health Services (DHS) and the Manufacture (hereinafter Agreement) with become the State of Wisconsin Department of Health Services (DHS) and the Manufacture (hereinafter Agreement and DHIng information through electronic communications and through the intermet (hereinafter the System); WHEREAS, OHS, while utilizing the System, the User may be exposed to, certain confidential or Protected Health Information (PHI) as defined currently in the agreements, and DHS desires to provide the System and related services and support to the User, as defined and according to the terms contained hereinafter; WHEREAS, Is a condition of the User's engagement by DHS, the User agrees to take certain precations, comply with certain practices, and implement certain procedures with the centers for Medicare and manufacture (hereinafter, consent to be legally bound by the Agreement form, 1 agree that my electronic signature is the legal equivalent of my manual signature on this Agreement. By executing this Agreement by electronic lignature, i consent to be legally bound by the Agreement form, 1 agree that my electronic signature is the legal equivalent of my manual signature on this Agreement. B		
Type changes below. abeler Code Detail abeler Code Detail abeler Code Detail abeler Code: Description Add cance ceurity and Confidentiality This Portal Access User Account Agreement (hereinafter Agreement) is made by and between the State of Wisconsin Department of Health Services (DHS) and the Manufacturer (hereinafter User) applying for an account on this website. DHS and the User may be collectively referred to herein as the Parties. The Agreement will become the Wisconsin, provides a system of operational and informational support to respond to the User's sensitive user). WHEREAS, DHS, in Its implementation of the ForwardHealth program in Wisconsin, provides a system of operational and information (PHII) as defined currently in fact and the dams, and billing information through electronic communications and through the intervent (Hereinafter (Hereinafter User) applying for an account on this website. DHS and the User may be collectively referred to herein as the Parties. The Agreement will become for its reamande under the test is security and caccuntability Act of 1996 (HIPAN), 45 C.F.R. Parts 10-164; WHEREAS, but utilizing the System, the User may be given access to or may be exposed to, certain confidential or Protected Health. Information (PHII) as defined currently or later amended under the Health Insurance Portability and Accountability Act of 1996 (HIPAN), 45 C.F.R. Parts 10-164; WHEREAS, but utilize the System provided by DHS to transmit information pursuant to the User, as defined and according to the terms or intransmit or pursuant in provided by CHS to transmit information pursuant to the User, as defined and according to the terms or intransmitter (HEREAS, es a condition of the User's engagement by DHS, the User agrees to take certain precautions, comply with certain practices, and implement certain procedures WHEREAS, but to the lealth badin advice terms and conditions. Heatonic Signature I toos head		
Type changes below.		
abeler Code Detail	Type changes below.	
abeler Code*		
Description  Ad Carc		
ecurity and Confidentiality This Portal Access User Account Agreement (hereinafter Agreement) is made by and between the State of Wisconsin Department of Health Services (DHS) and the Manufacturer (hereinafter User) applying for an account on this website. DHS and the User may be collectively referred to herein as the Parties. The Agreement will become ffective upon the User's exclose. WHEREAS, DHS, in its implementation of the ForwardHealth program in Wisconsin, provides a system of operational and informational support to respond to the User's system, the User may be given access to or may be exposed to, certain confidential or Protected Health Information (PHI) as defined currently. WHEREAS, while utilizing the System, the User may be given access to or may be exposed to, certain confidential or Protected Health Information (PHI) as defined currently. WHEREAS, the User desires to utilize the System provided by DHS to transmit information pursuant to the User's Drug Rebate Agreement with the Centers for Medicare and Medical Services (CMS) and this Agreement, and DHS desires to provide the System and related services and support to the User, as defined and according to the terms contained hereinafter; WHEREAS, as a condition of the User's engagement by DHS, the User agrees to take certain precautions, comply with certain practices, and implement certain procedures. WHEREAS, as a condition of the User's engagement by DHS, the User agrees to take certain precautions, comply with certain practices, and implement by electronic ignature Acknowledgement Form, I agree that my electronic signature is the legal equivalent of my manual signature on this Agreement. By executing this Agreement by electronic ignature, I consent to be legally bound by the Agreement's terms and conditions. Neare the bandfacturer Name I certify that by checking this box, and upon my electronic signature, that: 1 have the authority to act on behalf of the Manufacturer. 1	Add	al
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	Jrity Agreement. 1 secure Manufacturer Area of the ForwardHealth Portal.	
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Figure 94 Add Child Labeler Panel

- 2. In the "Labeler Code Detail" section, enter any additional labeler codes in the Labeler Code field and click **Add** after each addition. The Description field will auto-populate the manufacturer name associated with the labeler code entered.
- 3. Read the Security and Confidentiality agreement.
- 4. To agree with the Security and Confidentiality agreement's terms and conditions, complete the Electronic Signature section by entering the user's first and last name, today's date, and the manufacturer's name.

- 5. Review the bullets and, if applicable, check the checkbox.
- 6. View or print the agreement and then click **Submit**. If the user receives an error message, they can correct the error(s) and click **Submit** again. A confirmation message will be displayed at the top of the page.

The following messages were generated: Labeler information was successfully added.

Figure 95 Labeler Information Added Confirmation Message

## **10 Remove Child Labeler**

The Remove Child Labeler panel allows the user to remove any labeler codes from their existing account.

1. On the Account Home page, click **Remove Child Labeler**. The Remove Child Labeler panel will be displayed.

Labeler Code	Description	
58657	METHOD PHARMACEUTICALS	
00021	ABC MANUFACTURER	
00005	XYZ COMPANY	
00023	DRUGS INC	
00185	PHARMA CO.	
15398	PACKAGING INC.	
44178	SHAKES CO.	
89141	CUPCAKES INC.	
abeler Code D	Jetail	
Labeler Code		
Labeler Code	de	ete
Labeler Code Description	des that will be deleted	ete

Figure 96 Remove Child Labeler Panel

2. In the "Child Labeler Codes" section, select the child labeler code that the user wants to remove and click **delete**. A dialog box will appear to confirm their selection.

Message from webpage
Are you sure this is the row you want marked for deletion?
OK Cancel

Figure 97 Dialog Box

- 3. Click **OK**. The labeler code to be removed will be displayed at the bottom of the page under the "Child labeler codes that will be deleted" section.
- 4. Click **Submit**. A confirmation message will be displayed at the top of the page.

The following messages were generated: Labeler information was successfully removed.

Figure 98 Labeler Information Removed Confirmation Message

## **11 Update Company ID**

The Update Company ID panel allows the account administrator to update the company ID after the account has been setup.

1. On the Account Home page, click **Update Company ID**. The Update Company ID panel will be displayed. The company ID that is currently assigned to the labeler code will be displayed in the Company ID - Current field.

Update Company ID	
Update Company ID	3
Required fields are indicated with an asterisk (*).	
<ul> <li>To assist us with associating ACH payments to your Portal account, please provide the Company ID you would income on the Batch Header Record field number 5. This field is usually formatted with a "1" preceding your company identification Number (1XXXXXXXX). This field is optional and can be updated as needed.</li> </ul>	lude on your ACH payment bany's unique 9 digit Federal
Company ID - Current 1234567890 Company ID - New	
	Submit Exit

Figure 99 Update Company ID Panel

- 2. Enter the new company ID.
- 3. Click **Submit**. A confirmation page with the new company ID will be displayed.

Update Company ID		
The following messages were generated:		
The company ID was successfully updated.		
Update Company ID		?
Required fields are indicated with an asterisk (*).		
<ul> <li>To assist us with associating ACH payments to your Portal account, please provide the Company ID you would inclu located on the Batch Header Record field number 5. This field is usually formatted with a "1" preceding your compa Tax identification Number (1XXXXXXX). This field is optional and can be updated as needed.</li> </ul>	ide on your ACH ny's unique 9 di	payment git Federal
Company ID - Current		
Company ID - New 1222222222		
	Submit	Exit

Figure 100 Update Company ID Confirmation Page

## **12 Notifications**

Notifications and alerts are displayed on the user's secure Manufacturer Drug Rebate page. They are a one-way communication tool for receiving electronic notifications from ForwardHealth and are defined as follows:

- Alert: A message to notify users of changes to the website.
- Notification: A message to notify users of account activity that may require their attention.

Notifications and alerts are available for viewing from the date sent through the expiration date.

1. The "Notifications" section is displayed on both the secure Manufacturer Drug Rebate home page and under the Messages page accessed through the Account Home page. The secure Manufacturer Drug Rebate page lists the most recent 25 notifications and alerts while the Messages page includes a complete listing of all messages and alerts.

Note: If there is a notification or alert, the "Notifications" section will be displayed.

Notifications					?
Category	Subject	Date Sent	Expiration Date	<u>Remove</u>	
Notification	Drug Rebate Invoice Cover Letter, RBT-INV	10/18/2017	11/17/2017		
Notification	Drug Rebate Invoice Cover Letter, RBT-INV	10/18/2017	11/17/2017		
Notification	Drug Rebate Invoice Cover Letter, RBT-INV	10/18/2017	11/17/2017		
Notification	Drug Rebate Invoice Cover Letter, RBT-INV	10/18/2017	11/17/2017		
			_	Remov	e

Figure 101 Notifications Section

2. Click a notification. The notification text will be displayed at the bottom of the page.

Notifications								?
Category	<u>Subjec</u>	<u>:t</u>			Date Sent	Expiration Date	<u>Remove</u>	
Notification	Drug R	ebate Invoid	e Cover Lette	r, RBT-INV	10/18/2017	11/17/2017		
Notification	Drug R	ebate Invoi	e Cover Lette	r, RBT-INV	10/18/2017	11/17/2017		
Notification	Drug R	ebate Invoid	e Cover Lette	r, RBT-INV	10/18/2017	11/17/2017		
Notification	Drug R	ebate Invoid	e Cover Lette	r, RBT-INV	10/18/2017	11/17/2017		
						_	Remove	9
Notificati	ion							
Ca	tegory	Notification						
s	ubject	Drug Reba	te Invoice C	over Lette	r, RBT-INV		$\hat{}$	
Sen	t Date	10/18/2017						
Expiration	n Date	11/17/2017						
Me	essage	Drug Rebate using the La	a Invoice Cove abeler Notificat	r Letter, is tions/Letter	now available s quick link.	. All letters can b	oe viewed	

Figure 102 Notifications Section With Open Notification

### **12.1** Deleting a Notification

Notifications may be deleted manually using the following procedures. If they are not removed manually, notifications will be automatically deleted on the expiration date.

1. Check the Remove box next to the notification.

Notifications					?
Category	Subject	Date Sent	Expiration Date	<u>Remove</u>	
Notification	Drug Rebate Invoice Cover Letter, RBT-INV	10/18/2017	11/17/2017	<ul><li>✓</li></ul>	
Notification	Drug Rebate Invoice Cover Letter, RBT-INV	10/18/2017	11/17/2017		
Notification	Drug Rebate Invoice Cover Letter, RBT-INV	10/18/2017	11/17/2017		
Notification	Drug Rebate Invoice Cover Letter, RBT-INV	10/18/2017	11/17/2017		
				Remove	e

Figure 103 Notifications Section

2. Click **Remove**. The notification will be deleted from the "Notifications" section.

## **13 Downloading Invoices**

Described below are the drug rebate programs and invoice types that the Wisconsin Department of Health Services (DHS) has implemented and made available for download on the Manufacturer Drug Rebate area of the Portal.

#### SeniorCare Drug Rebate Program

The SeniorCare program began on September 1, 2002, for residents who are 65 years of age or older. This program helps seniors with their prescription drug costs. Participants are subject to annual out-of-pocket expense requirements depending on their annual income amounts based on the Federal Poverty Level (FPL). Currently, there are four levels of participation:

- Level 1—0 to 160% of the FPL
- Level 2a—greater than 160% of the FPL
- Level 2b—greater than 200% of the FPL
- Level 3—greater than 240% of the FPL

DHS received approval from CMS to operate this statewide SeniorCare demonstration project under the authority of section 1115 of the Social Security Act for participants with incomes at or below 200 percent of the FPL, which incorporates levels 1 and 2a. Because this is a federally funded program, a manufacturer who participates in the existing national Medicaid Drug Rebate Program is required to pay rebates for prescription drugs for SeniorCare participants in levels 1 and 2a.

Existing national Medicaid Rebate Agreements, however, do not cover prescription drugs for SeniorCare participants with incomes over 200 percent of the FPL, levels 2b and 3. In accordance with Wis. Stat. § 49.688(6), these income levels fall under the state-funded-only pharmacy assistance program that qualifies as a SPAP. To participate in this SeniorCare drug rebate SPAP, users are required to sign a separate SeniorCare Drug Rebate Agreement, F-13182, with DHS for DHS to provide coverage of their prescription drugs for these members.

#### Supplemental Drug Rebate Program

The Supplemental Drug Rebate Program began on October 1, 2004, as part of the implementation of a Preferred Drug List (PDL) Program in accordance with Wis. Stat. § 49.45(49m). Manufacturers who elected to participate agreed to provide an additional supplemental rebate payment in relationship to each of their products included in the PDL. To participate in the Supplemental Drug Rebate Program, users were required to sign a separate Supplemental Drug Rebate Agreement.

#### Chronic Disease Drug Rebate Program

The Chronic Disease Drug Rebate Program began on January 1, 2002, in accordance with Wis. Stat. § 49.68. This program offers assistance to low-income residents who have chronic renal disease, hemophilia, or adult cystic fibrosis. The program is a state-funded health care benefits

assistance program that qualifies as an SPAP. To participate, users are required to sign a separate Wisconsin Chronic Disease Program Drug Rebate Agreement, F-13185.

#### BadgerCare Plus Basic Drug Rebate Program

The BadgerCare Plus Basic Plan began on July 1, 2010, and offered assistance to individuals who were on Wisconsin's BadgerCare Plus Core Plan waitlist. This program was a self-funded plan that provided very limited health care benefits. The BadgerCare Plus Basic Program ended on March 31, 2014. Invoicing will continue to occur for claim adjustments and for drugs dispensed and paid for by the state for dates of service prior to April 1, 2014.

#### Managed Care Organizations

The Affordable Care Act, signed into law March 23, 2010, extends Medicaid prescription drug rebates to covered outpatient drugs (CODs) dispensed to enrollees of and reimbursed by Medicaid managed care organizations (MCOs). Under this provision of federal law, Wisconsin Medicaid will invoice for rebates for CODs dispensed to enrollees of and reimbursed by Medicaid MCOs responsible for eligible drug coverage.

#### State Children's Health Insurance Program (SCHIP)

Wisconsin operates a combination Children's Health Insurance Program (CHIP), which allows for a Separate CHIP (SCHIP) and a Medicaid expansion CHIP (MCHIP) to cover different groups of eligible children based on their income level. As a manufacturer who participates in the national MDRP, your existing Medicaid rebate agreement applies for those members who are covered under MCHIP. For members covered under SCHIP for needed prescription drugs that are produced by your company, a separate signed state rebate agreement is needed. The agreement is modeled after the national Medicaid rebate agreement and will be used for rebates on drugs purchased for members of SCHIP.

#### Wisconsin HIV Drug Assistance Program

The Wisconsin HDAP is a federally funded, state-administered program providing needed drugs to underserved, uninsured, and underinsured individuals living with HIV. Because this is a federally funded program, a manufacturer who participates in the existing national Medicaid Drug Rebate Program is required to also participate in the 340B Drug Pricing Program (340B). This federal drug discount program allows specific Public Health Service grantees, including HDAPs, to access the same discounts as Medicaid programs. HDAPs that purchase drugs through a retail pharmacy network at a price higher than the 340B price are authorized to submit claims to manufacturers for rebates. In addition, HDAPs may receive additional drug discounts through supplemental rebates negotiated through the ADAP Crisis Task Force.

#### Invoices

To ensure a user can monitor each individual program, DHS created separate invoices for each. If the user participates in all Wisconsin Drug Rebate Programs, they may receive multiple invoices for downloading.

The Download Invoices function allows users to download text or PDF versions of invoices that were produced in the last 30 days. The invoice file names include the following two-character invoice type codes, which indicate the rebate program:

- **AD:** HDAP—Indicates HDAP utilization eligible for HDAP to receive the 340B discount price.
- **AS:** HDAP Supplemental—Indicates HDAP utilization eligible for HDAP to receive the additional drug discount negotiated through the ADAP Crisis Task Force.
- **BC:** BadgerCare Plus Basic—Indicates BadgerCare Plus Basic Plan utilization data. The BadgerCare Plus Basic Plan ended on March 31, 2014. Invoicing will continue to occur for adjustments and for drugs dispensed and paid for by the state for dates of service (DOS) prior to January 1, 2014.
- **CC:** CC-PACE—Indicates MCO utilization data for each participating Medicaid MCO. Effective for DOS on and after January 1, 2020, DHS carved out coverage of CODs from any remaining Medicaid MCOs that had previously been responsible for drug coverage. Invoicing for Medicaid MCO invoice types will only continue to occur for claim adjustments and for drugs dispensed and paid for by DHS for DOS prior to January 1, 2020.
- **CN:** CC-Partnership—Indicates MCO utilization data for each participating Medicaid MCO. Effective for DOS on and after January 1, 2020, DHS carved out coverage of CODs from any remaining Medicaid MCOs that had previously been responsible for drug coverage. Invoicing for Medicaid MCO invoice types will only continue to occur for claim adjustments and for drugs dispensed and paid for by DHS for DOS prior to January 1, 2020.
- **CW:** Care Wisconsin—Indicates MCO utilization data for each participating Medicaid MCO. Effective for DOS on and after January 1, 2020, DHS carved out coverage of CODs from any remaining Medicaid MCOs that had previously been responsible for drug coverage. Invoicing for Medicaid MCO invoice types will only continue to occur for claim adjustments and for drugs dispensed and paid for by DHS for DOS prior to January 1, 2020.
- IC: *i*Care—Indicates MCO utilization data for each participating Medicaid MCO. Effective for DOS on and after January 1, 2020, DHS carved out coverage of CODs from any remaining Medicaid MCOs that had previously been responsible for drug coverage. Invoicing for Medicaid MCO invoice types will only continue to occur for claim adjustments and for drugs dispensed and paid for by DHS for DOS prior to January 1, 2020.
- **OO:** Medicaid—Indicates utilization data under the National Medicaid Drug Rebate Program.
- **OS:** Medicaid Supplemental—Indicates supplemental program utilization data under the National Medicaid Drug Rebate Program.
- **SM:** SeniorCare Medicaid—Indicates SeniorCare utilization data approved under the 1115demonstration project, which includes levels 1 and 2a.
- **SS:** SeniorCare Medicaid Supplemental—Indicates supplemental program SeniorCare utilization data, which includes levels 1 and 2a.
- **CM:** SeniorCare—Indicates SeniorCare utilization data under the state-funded-only program, which includes levels 2b and 3.
- **CH:** State Children's Health Insurance Program—Indicates utilization data for SCHIP members eligible under the State CHIP.

• WC: Wisconsin Chronic Disease Program—Indicates chronic renal disease, adult cystic fibrosis, and hemophilia home care utilization data.

Note: Available invoice types under the <u>invoice drop-down menu</u> will contain different invoice type values based on which role a user has. For example, an HDAP invoicing role would only see the AD: HDAP and AS: HDAP Supplemental invoice types in the drop-down menu. A regular invoice role would see the other 11 invoice types (BC, CC, CN, CW, IC, OO, OS, SM, SS, CM, and WC). If the user has both the HDAP and standard invoicing roles, they would see all of the invoice types.

To ensure that ForwardHealth can accurately match a user's returned rebate payment, they must complete and submit a separate ROSI for each individual invoice type in the required electronic CMS format; however, one electronic payment may be issued to cover all remittance.

1. On the secure Manufacturer page, click **Download Invoices**. The Download Invoices page will be displayed.

ownload Invoices				?
equired fields are indicated with an as	terisk (*).			
<ul> <li>The Download Invoices function allo</li> <li>To review original invoices postmark version.</li> <li>To review real-time invoices for pre- information available.</li> </ul>	ows users to download in ked more than 30 days a vious invoice quarters, k	nvoice files up to 30 d ago, click the Labelers click the Previous Qua	lays from the postm : Notification/Letters Inter Invoice Search	ark date. s link to download the PDF link to view the most up to dat
Note: The electronic downloads con Available Invoices for Download	ntain a single program, b	out PDF downloads wil	l contain all program	as for the reporting period.
File Name	File Type	Date Available	Date Downloaded	Status
I0003220172CW.txt	Invoices	01/25/2018	N/A	Available
I0003220172IC.txt	Invoices	01/25/2018	N/A	Available
F0003220164CW.txt	Invoices	10/19/2017	N/A	Available
F0003220164IC.txt	Invoices	10/19/2017	N/A	Available
F0003220171CW.txt	Invoices	12/07/2017	N/A	Available
F0003220171IC.txt	Invoices	12/07/2017	N/A	Available
Download Selected Invoice				
Labeler Code 00032				
Invoice Period 4/2016				
		Download Electror	nic Format	Download PDF Format
				Exit

Figure 104 Download Invoices Panel

2. Click a row to select an invoice. The labeler code and invoice period will be displayed under the "Download Selected Invoice" section.

- 3. If an electronic format is desired:
  - Click **Download Electronic Format**. The file download window will be displayed.

Do you want to open or save I0012120172CC.txt (242 bytes) from 172.30.9.61? Open Save 💌 Cancel 🗙

Figure 105 File Download Window

- Click **Open**. The text file will open in the user's default text editing program.
- 4. If a PDF format is desired:
  - Click **Download PDF Format**. The OnBase document viewer will be displayed. All rebate programs for that quarter will display in a single PDF document.

Document ID	Description	
1337587	RBT Invoice Cover Letter, Labeler: 00000,CTN: 2152, Date: 10/18/2017	
1336958	RBT Invoice Cover Letter, Labeler: 00000,CTN: 1903, Date: 10/18/2017	
		_
Immon	many and a many many and	للري

Figure 106 OnBase Document Viewer Page

• Click a row to select one of the invoices. The selected invoice will be displayed in the viewer.

Document ID	Description				
1337578	RBT Invoice Cover Letter, Labeler: (	00005, CTN: 2128, Da	ate: 10/18/2017		
1336948	RBT Invoice Cover Letter, Labeler: (	00005, CTN: 1876, Da	ate: 10/18/2017		
	:	Sodi Walkar Governor		ARE ACCESS AND ACCOUNTABILITY DRUG REBARE PROGRAM 313 BLETTHER BLVD MADISON IN 53704 Telephone: 800-947-9627	Î
	1	Linda Seemeyer Secretary	Department of Health Services	Pex: 606-221-4567 TTY: 711	Ξ
		<text><text><text><text><text><text><text><list-item><list-item></list-item></list-item></text></text></text></text></text></text></text>	ACTUREES ACT	where it of Nuells Storvings d and paid for by NESS institutions Common paid is paid company and is paid company and is paid company and the store is no shale amount and the store is no shale amount of the store is no shale amount and the store amount of the store amount is about methods the mount is the particular in a day or an amount of the manufacture of the shale paid is preventioned by We below magnetic and the full shale for the particular and the shale for a store of the store of the shale paid is preventioned by We below magnetic paid of the shale for a store of the store of the shale paid of the store of the store of the shale paid of the store of th	
			Wisconsin.gov		
8.50 x 11.00 in	)				-

Figure 107 OnBase View Document Page Showing Invoice Cover Letter

• Hover the cursor over the top or bottom of the document. A section will be displayed allowing the user to save, print, or zoom in/out.

### 14 Searching for Previous Quarter Invoices

The Previous Quarter Invoice Search function allows users to download any invoice within the past five years.

1. On the secure Manufacturer page, click **Previous Quarter Invoice Search**. The Previous Quarter Invoice Search page will be displayed.

Previous Quarter Inv	oice Search	?
Required fields are ind This search is for re Search results will Searches are limite Original invoices wil Notification/Letters Refer to the Manuf	cated with an asterisk (*). eal-time invoices for previous quarters. bull any adjustments made since the original invoices were sent out. d to 5 years. If you require an older invoice, contact a Drug Rebate Analyst through the messaging link. I be available in the Download Invoices location for a limited time or a PDF version may be viewed in the Labeler area. acturer Drug Rebate Portal User Guide for more information.	
Labeler Code* Invoice Period* Invoice Type*	(Format quarter/year ex. 1/2017)	
	Export Results Ex	it

Figure 108 Download Invoices Panel

- 2. Select a labeler code from the drop-down menu.
- 3. Enter the quarterly invoice period using the quarter/year format in the Invoice Period field (for example, 2/2017 is the second quarter of 2017).

Note: HDAP and HDAP supplemental invoices from the fourth quarter of 2021 and onward are available to search.

4. Select the rebate program from the Invoice Type drop-down menu.

5. Click **Search**. Invoice information matching the search parameters will be displayed at the bottom of the panel.

Previous Quar	ter Invoice S	earch								?
Required fields	are indicated	with an asteris	k (*).							
• This search	is for real-time	e invoices for p	reviou	s quarters.						
<ul> <li>Search result</li> </ul>	Its will pull any	/ adjustments r	nade s	ince the origina	al invoices were	sent out.				
Searches an	e limited to 5	years. If you re	equire a	an older invoice	e, contact a Dru	g Rebate Analy	st through the r	nessaging link.		
Original invo     Notification/	ices will be av	ailable in the D	ownloa	ad Invoices loca	ation for a limite	d time or a PDF	version may be	viewed in the l	abeler	
Refer to the	Manufacturer	Drug Rebate P	ortal U	Jser Guide for n	nore information					
C Search Cri	teria									
Labeler Co	ode*				$\checkmark$					
Invoice Per	iod* 2/2016	(Format	quarte	er/year ex. 1/20	017)					
Invoice Ty	/pe* ICare			$\checkmark$						
								Search	Clear	
										1
								Export Resu	ilts I	Exit
		Rebate Amt	CMS	Total Units	Total Rebate	Total Rebate	Total	Rebate Amt	Number of	Total P
NDC	Drug Name	Per Unit	Unit	Reimbursed	Amt Claimed	Amt Paid	Writeoff Amt	<b>Balance Due</b>	Scripts	Reimb
00121067516	VALPROIC A	0.0000	ML	840	\$0.00	\$0.00	\$0.00	\$0.00	1	
00121057716	LACTULOSE	0.0000	ML	1,892	\$0.00	\$0.00	\$0.00	\$0.00	2	
00121077504	GUAIFENESI	0.0000	ML	118	\$0.00	\$0.00	\$0.00	\$0.00	1	
<										>

Figure 109 Populated Previous Quarter Invoice Search Panel

The following information will be included in the search results:

- The *NDC* column indicates the national drug code (NDC) of the drug.
- The *Drug Name* column indicates the drug name as approved by and/or listed with the Food and Drug Administration (FDA) and found on the CMS database.
- The *Rebate Amt Per Unit* column indicates the CMS calculated amount (per reported unit type).
- The *CMS Unit* column indicates the basic measurement that represents the smallest unit by which the drug is measured. The rebate amount is calculated per unit.
- The *Total Units Reimbursed* column indicates the number of units (based on the unit type) of the drug either reimbursed (fee-for-service units) or dispensed (MCO units) during the period covered.
- The *Total Rebate Amt Claimed* column indicates the rebate amount that the state claims it is owed by the labeler for the period covered for the specified drug. It is the calculated rebate amount per unit multiplied by the number of CMS units.
- The *Total Rebate Amt Paid* column indicates the total dollars paid by a labeler for the specified NDC.

- The *Total Writeoff Amt* column indicates the total write-off dollars for the specified NDC.
- The *Rebate Amt Balance Due* column indicates the amount currently due from the labeler for the specified NDC.
- The *Number of Scripts* column indicates the number of prescriptions reimbursed (for feefor-service units) or dispensed (for MCO units) as eligible COD claims during the period covered. Includes prescriptions for which Medicaid paid either part or all of the claim.
- The *Total Prov Reimbursement* column indicates the total dollars reimbursed to providers for the specified NDC for the given quarter/year.
- The *Non-Medicaid Amount* column indicates any reimbursement amount for which the state is not eligible for Federal Matching Funds.
- The Invoice Status column indicates the status of an NDC invoice detail.
- The *Invoice Dtl Information* column indicates if a status change has been made to the NDC's rebate information for a given quarter. Status changes are: In-Dispute, Written-Off, or Outstanding (either in-dispute or written-off).
- The Write-Off Date column indicates the date the total write-off amount was written off.
- The *Write-Off Reason* column indicates the reason the write-off took place. Common reason codes include the following: Rounding Adjustment, Manufacturer/State Reconciliation, and State Approved.
- 6. To export the search results to an Excel file, click **Export Results**.
- 7. Click **Open**. A dialog box will open prompting the user to open or save the document.



Figure 110 Dialog Box

8. The file may be saved or printed.

## **15 Requesting Claim-Level Detail**

The ForwardHealth Manufacturer Drug Rebate Portal offers multiple options for researching the claim level detail of invoiced NDCs. The option the user chooses will, in most cases, determine whether they receive search results back immediately or whether the search results with be received the next day.

### **15.1 Requesting Claim-Level Detail for a Single National Drug** Code

The claim-level detail request for a single NDC allows users to submit an NDC and receive realtime claim information if the data being returned is 1,000 lines or less.

1. On the secure Manufacturer page, click **Claim Level Detail (CLD) Requests**. The CLD Requests page will be displayed.

#### Claim Level Detail (CLD) Requests

- <u>Request a Single NDC</u>
- <u>Request multiple NDC's</u>
- <u>Request CLD for an Entire Invoice</u>
- <u>View NDC Favorite's List(s)</u>
- Download CLD Requests

Figure 111 Claim Level Detail Requests Page

2. Click **Request a Single NDC**. The Claim Level Detail - Single NDC Request panel will be displayed.

Claim Level Detail - Single	e NDC Request	9
Required fields are indicated	d with an asterisk (*).	
Search Criteria		
NDC*	[ Search ]	
Invoice Period*	(Format quarter/year ex. 1/2017)	
Invoice Type*		
		Search Clear
		Export Results Exit

Figure 112 Claim Level Detail - Single NDC Request Panel

- 3. Enter the 11-digit NDC in the *NDC* field. Searches are limited to NDCs associated with the user account's labeler code(s).
- 4. Enter the quarterly invoice period using the quarter/year format in the *Invoice Period* field (for example, 2/2017 is the second quarter of 2017).
- 5. Select the rebate program using the *Invoice Type* drop-down menu.
- 6. Click **Search**. NDC information matching the search parameters will be displayed at the bottom of the panel.

CLD	) - Single ND	C Reques	st								3
Req	uired fields a	e indicate	ed with an asterisk	: (*).							
_ s	Search Crite	ria									
	ND	C* 0012:	1057716 [ Sea	arch ]							
	Invoice Perio	d* 2/201	l6 (Forr	nat quarter/ye	ear ex. 1/2017)						
	Invoice Typ	e* ICare	1	$\checkmark$							
								Sear	rch C	lear	
s								E	Export Results		Exit
		Original									
Inv	voice Type	Qtr Paid	Provider ID	Claim Type	ICN	NDC	Label Name	HCPCS Code	Claim Units	Invoice	d Units
IC		2/2016	NPI 9999999999	Р	000000000000000000000000000000000000000	00121057716	LACTULOSE 10 GM/15 ML SOLUTION		946	946	
IC		2/2016	NPI 9999999999	Р	11111111111111	00121057716	LACTULOSE 10 GM/15 ML SOLUTION		946	946	
<											>

Figure 113 Populated CLD - Single NDC Request Panel

The following information may be included in the search results:

- The *Invoice Type* column indicates the rebate program description. Refer to <u>13</u> <u>Downloading Invoices</u> for a description of invoice types.
- The Original Qtr Paid column indicates the quarter in which the original claim was paid.

- The *Provider ID* column indicates the NPI or Medicaid Provider ID of the prescribing provider.
- The *Claim Type* column indicates the type of claim submitted. Claim types are identified as follows:
  - a. B-Professional Medicare Crossover
  - b. C-Institutional Outpatient Medicare Crossover
  - c. M—Professional (physician administered)
  - d. O-Outpatient
  - e. P—Pharmacy
  - f. Q—Compound
- The *ICN* column indicates the internal control number (ICN) of the claim.
- The *NDC* column indicates the unique NDC that identifies the drug.
- The *Label Name* column contains a combination of the drug name appearing on the package label, the strength description, and the dosage form description for a specified product.
- The *HCPCS Code* column indicates the Healthcare Common Procedure Coding System (HCPCS) code submitted on the claim.
- The *Claim Units* column indicates the number of HCPCS billing or NDC units of a drug dispensed, as submitted on the claim.
- The *Invoiced Units* column indicates the number of drug units invoiced for the NDC.
- The *Days Supply* column indicates the number of days' supply of the drug as submitted on the claim. Physician administered drug claims and MCO claims do not have a days' supply.
- The *RX Number* column indicates the unique number assigned by the pharmacy to identify a dispensed prescription.
- The *Refill Number* column indicates the number designating the subsequent dispensing of a drug allowed under the original prescription.
- The *Date of Service* column indicates the date that the prescription was dispensed, as submitted on the claim.
- The *Paid Date* column indicates the date the claim was finalized and was reported to a provider's Remittance and Status Report for fee-for-service claims or the date of acceptance to the encounter system for Medicaid managed care organization claims.
- The *Billed Amount* column indicates the amount submitted by the provider for the drug dispensed for a specific ICN.

- The *Reimbursed Amount* column indicates the dollar amount paid to a provider for a drug on a claim.
- The *Copay Amount* column indicates the amount of copayment for which the member was liable.
- The *TPL Amount* column indicates the third-party liability amount.
- The *Patient Liability Amount* column indicates the dollar amount the member is responsible to pay for a service on a claim.

Note: HDAP CLD requests may include additional data points that are approved by HDAP.

- 7. To export the search results to an Excel file, click **Export Results**.
- 8. Click **Open**. A dialog box will open prompting the user to open or save the document.

Internet Explorer	8
What do you want to do with ClaimLevelDetailResults_20180703.csv? Size: 600 bytes From: 172.30.9.61	
Open The file won't be saved automatically.	
→ Save	
→ Save as	
	Cancel

Figure 114 Dialog Box

9. The file may be saved or printed.

# **15.2 Requesting Claim-Level Detail for Multiple National Drug Codes**

The claim-level detail request for multiple NDCs allows users to request claim information for more than one NDC. The claim-level detail request can be saved so it can be accessed in future quarters without re-entering data. Once submitted, the request processes overnight, and the download is available by the next business day on the Download Claim Level Detail panel.

1. On the secure Manufacturer page, click **Claim Level Detail (CLD) Requests**. The CLD Requests page will be displayed.



Figure 115 Claim Level Detail (CLD) Requests Page

2. Click **Request multiple NDCs**. The Claim Level Detail - Multiple NDC Request panel will be displayed.

Claim Level Detail -	Multiple NDC Request					2
Required fields are ind	licated with an asterisk (*	).				
Available NDC R	equests					
NDC	Description	Invoice Period	Invoice Type			
NDC Setup NDC* Description Invoice Period* Invoice Type*	[ Sear	ch ] quarter/year ex. 1/2017)		Add	Cancel	
Save NDC List fo	r Future Requests					
Request Name						
					E	xit

Figure 116 Claim Level Detail - Multiple NDC Request Panel

- 3. Enter the NDC associated with the user account's labeler code(s) in the NDC field.
- 4. Enter the quarterly invoice period using the quarter/year format in the *Invoice Period* field (for example, 2/2017 is the second quarter of 2017).
- 5. Select the rebate program using the *Invoice Type* drop-down menu.

- 6. Click **Add**. The NDC request information will be displayed in the top section of the panel under "Available NDC Requests."
- 7. Repeat steps three-six to add NDCs to the request.
- 8. If the user wishes to save this request as a Favorite to be re-run in the future, they can enter an identifying name for the request in the *Request Name* field.

Claim Level Detail - N	Aultiple NDC Request				3
Required fields are indi	cated with an asterisk (*).				
Available NDC Re	quests				
NDC	Description	Invoice Period	Invoice Type		
00121077504	GUAIFENESIN-CODEINE	2/2016	ICare		
00121057716	LACTULOSE	2/2016	ICare		
NDC Setup NDC*	[ Search ]				
Invoice Period*	(Format qua	rter/year ex. 1/2017) ]			
				Add	Cancel
Save NDC List for	Future Requests				
Rednest Manie Ket					
					Submit Exit

Figure 117 Populated Claim Level Detail - Multiple NDC Request Panel

9. Click **Submit** or save the list as an NDC Favorite and click **Submit**. A confirmation page will be displayed.



Figure 118 Request for CLD Report Confirmation Page

Note: Requests for claim-level detail on multiple NDCs and entire invoices process overnight and will be available on the Download Claim Level Detail panel for download one business day following the request. The requested information will be available for download for 14 days. For instructions on downloading request results, refer to <u>Section 15.5 Downloading</u> <u>Claim-Level Detail Requests</u>.

### **15.3 Requesting Claim-Level Detail for an Entire Invoice**

The claim-level detail request for an entire invoice allows users to view all claims for a single quarterly invoice.

1. On the secure Manufacturer page, click **Claim Level Detail (CLD) Requests**. The CLD Requests page will be displayed.



Figure 119 Claim Level Detail Requests Page

2. Click **Request CLD for an Entire Invoice**. The Claim Level Detail - Entire Invoice Request panel will be displayed.

nvoice Request	
with an asterisk (*).	
ail Request	
(Format quarter/year ex. 1/2017)	
✓	
	invoice Request with an asterisk (*). ail Request (Format quarter/year ex. 1/2017)

Figure 120 Claim Level Detail - Entire Invoice Request Panel

- 3. Select a labeler code from the drop-down menu.
- 4. Enter the quarterly invoice period using the quarter/year format in the *Invoice Period* field (for example, 2/2017 is the second quarter of 2017).

5. Select the rebate program from the Invoice Type drop-down menu.

Required fields are i	ndicated with an asterisk (*).	
Tinvoice Claim L	evel Detail Request	
Labeler Code*	00000-XYZ Company	
Invoice Period*	2/2016 (Format quarter/year ex. 1/2017)	
Invoice Type*	ICare 🗸	

Figure 121 Populated Claim Level Detail - Entire Invoice Request Panel

6. Click **Submit**. A confirmation page will be displayed.



Figure 122 Request for CLD Report Confirmation Page

Note: Requests for claim-level detail on multiple NDCs and entire invoices process overnight and will be available for download on the Download Claim Level Detail panel one business day following the request. The requested information will be available for download for 14 days. For instructions on downloading request results, refer to <u>15.5 Downloading Claim-Level Detail Requests</u>.
## **15.4 Viewing NDC Favorites**

The View NDC Favorites function allows users to view saved request detail for CLD reports. It also allows users to look up past requests and submit a new request for the same NDC(s) for a different quarter.

1. On the secure Manufacturer page, click **Claim Level Detail (CLD) Requests**. The CLD Requests page will be displayed.

Claim Level Detail (CLD) Requests
<u>Request a Single NDC</u>
<u>Request multiple NDC's</u>
<u>Request CLD for an Entire Invoice</u>
<u>View NDC Favorite's List(s)</u>
Download CLD Requests

Figure 123 Claim Level Detail (CLD) Requests Page

2. Click View NDC Favorite's List(s). The View NDC Favorite's List(s) panel will be displayed.

View NDC Favorite's List(s)	?
Required fields are indicated with an asterisk (*).	
Search Criteria	
Request Name	
Add Date	
Search Cle	ar
	Exit

Figure 124 View NDC Favorite's List(s) Panel

- 3. Enter one or both of the following:
  - The name of the saved request in the Request Name field
  - The date the request was submitted in the Add Date field

Note: Clicking **Search** without entering any data will bring up all saved requests for the account's labeler code(s).

4. Click **Search**. The "Previously Saved Requests" section will be displayed on the panel.

View NDC Favorite's Lis	st(s)			9
Required fields are indica	ted with an asterisk (*).			
Search Criteria				
Request Name				
Add Date				
		Search	Clear	
Previously Saved R	equests			
Request Name	Add Date			
NDC RPT_3RD QTR	10/12/2017			
REPORT 5	10/11/2017			
REQUEST_1	09/05/2017			
			E	xit

Figure 125 View NDC Favorite's List(s) Panel With Previously Saved Requests Section

- 5. To receive an updated report based on the NDCs in the saved request:
  - Click the name of a saved request. The NDC list from the selected request will be displayed, along with the "CLD Request" section.

View NDC Favorite's List(s)		3
Required fields are indicated with an asterisk (*).		
Search Criteria		
Request Name		
Add Date		
Searc	h Clea	r
Previously Saved Requests		
Request Name Add Date		
NDC RPT_3RD QTR 10/12/2017		
REPORT 5 10/11/2017		
REQUEST_1 09/05/2017		
NDC List from Saved Request		
NDC Description		
00121057716 LACTULOSE		
00121077504 GUAIFENESIN-CODEINE		
CLD Request <ul> <li>Complete this section to receive an updated report based on the NDCs in the saved required</li> <li>Invoice Period* (Format quarter/year ex. 1/2017)</li> <li>Invoice Type* </li> </ul>	Jest.	
	Submit	Exit

Figure 126 View NDC Favorite's List(s) Panel With CLD Request Section

• Enter the quarterly invoice period using the quarter/year format in the Invoice Period field (for example, 2/2017 is the second quarter of 2017).

Select the rebate program from the Invoice Type drop-down menu.

• Click **Submit**. A confirmation page will be displayed.



Figure 127 Request for CLD Report Confirmation Page

Note: Requests for claim-level detail on multiple NDCs and entire invoices process overnight and will be available for download on the Download Claim Level Detail panel one business day following the request. The requested information will be available for download for 14 days. For instructions on downloading request results, refer to <u>15.5 Downloading Claim-Level Detail Requests</u>.

## **15.5 Downloading Claim-Level Detail Requests**

### **15.5.1 Downloading the Comma-Separated Values File**

Claim-level detail requests for multiple NDCs and entire invoices process overnight and are typically available for download by the next business day. Downloads are available in a comma-separated values (CSV) format.

1. On the secure Manufacturer page, click **Claim Level Detail (CLD) Requests**. The CLD Requests page will be displayed.

### Claim Level Detail (CLD) Requests

- <u>Request a Single NDC</u>
- <u>Request multiple NDC's</u>
- <u>Request CLD for an Entire Invoice</u>
- <u>View NDC Favorite's List(s)</u>
- Download CLD Requests

Figure 128 Claim Level Detail Requests Page

2. Click **Download CLD Requests**. The Download Claim Level Detail panel will be displayed.

When you select a file below, it will automatically download t	the file.				
, , ,					
ailable CLD Requests					
File Name	File Type	Date Available	Date Downloaded	Status	
rbt5009r.00121057716_20162_IC_09062017_123240.csv	Claim Level Detail	09/07/2017	N/A	Available	
rbt5009r.00121077504_20162_IC_09062017_123241.csv	Claim Level Detail	09/07/2017	N/A	Available	
rbt5009r.00121_20162_IC_09062017_123249.csv	Claim Level Detail	09/07/2017	N/A	Available	
rbt5009r.00121057716_20162_IC_10062017_230208.csv	Claim Level Detail	10/07/2017	N/A	Available	
rbt5009r.00121077504_20162_IC_10062017_230211.csv	Claim Level Detail	10/07/2017	N/A	Available	
rbt5009r.00121057716_20162_IC_10112017_230253.csv	Claim Level Detail	10/12/2017	N/A	Available	
rbt5009r.00121077504_20162_IC_10112017_230255.csv	Claim Level Detail	10/12/2017	10/17/2017	Available	
rbt5009r.00121_20162_IC_10112017_230311.csv	Claim Level Detail	10/12/2017	N/A	Available	
rbt5009r.00121057716_20163_IC_10122017_230309.csv	Claim Level Detail	10/13/2017	N/A	Available	
rbt5009r.00121077504_20163_IC_10122017_230308.csv	Claim Level Detail	10/13/2017	10/16/2017	Available	
rbt5009r.00121_20163_IC_10122017_230306.csv	Claim Level Detail	10/13/2017	10/17/2017	Available	
rbt5009r.00121_20162_IC_11142017_230418.csv	Claim Level Detail	11/15/2017	N/A	Available	
rbt5009r.00121057716_20162_IC_11202017_230427.csv	Claim Level Detail	11/21/2017	N/A	Available	
rbt5009r.00121077504_20162_IC_11202017_230425.csv	Claim Level Detail	11/21/2017	N/A	Available	
rbt5009r.00121_20162_IC_11202017_230430.csv	Claim Level Detail	11/21/2017	N/A	Available	
rbt5009r.00121077504_20162_IC_11202017_230425.csv rbt5009r.00121_20162_IC_11202017_230425.csv rbt5009r.00121_20162_IC_11202017_230430.csv	Claim Level Detail Claim Level Detail	11/21/2017 11/21/2017 11/21/2017	N/A N/A	Available Available	

Figure 129 Download Claim Level Detail Panel

3. Click the row of the desired report. The file download window will be displayed.

Do you want to open or save rbt5009r.00121057716\_20162\_IC\_10062017\_230208.csv (683 bytes) from 172.30.9.61? Open Save 🔻 Cancel 🗙

Figure 130 File Download Window

4. Click **Open**. The CSV file will open in the computer's default spreadsheet program.

🕅 🔒 🐬 🔿 - =	rbt5009r.001	121057716_20162_IC_10062017_2302	08.csv [Read-Only] - Excel	?	▲ - ■ ×
FILE HOME INSERT PAGE LAYOU	T FORMULAS DA	TA REVIEW VIEW AD	D-INS ACROBAT	Grego	ry Hammill 👻 🚨
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Clipboard 🔂 Font	Alignment	🖓 Number 🖓	Styles 0	Cells Editing	^
A1 $\cdot$ : $\times \checkmark f_x$ Inv	voice Type				¥
A B C D	E F	G H I	J K L	M N O	P ( 🔺
1 Invoice Ty Invoice Qt Provider I Claim Typ	ICN NDC La	abel Nan HCPCS Co Claim Qty	Invoiced C Days Supp Rx Numbe Re	fill Nun Date Of Se Paid Date I	Billed Am Reim
2 IC 20162 NPI 18311 P	7.52E+12 00121-057 L	ACTULOS 946	946 0 1111111	0 4/9/2016 ########	81.99
3 IC 20162 NPI 18311 P	7.52E+12 00121-057 L	ACTULOS 946	946 0 2222222	0 6/1/2016 6/3/2016	81.99
4					
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10					
11					
12					
13					<b>•</b>
rbt5009r.00121057716_2016	2_IC_1 +				
READY				▦ ▣ ▣	+ 100%

Figure 131 CSV File

5. Click File and then click Save As.

Note: The user *must* first save the CSV text file to properly download and format the data content as a spreadsheet document.

X Save As						×
🕒 🗢 👘 🕨 Computer 🕨 PC COE (	(C:)			<b>4</b> 9	Search PC COE (C:)	٩
Organize 🔻 New folder					:== •	0
	-	Na	ame		Date modified	Туре 🔺
▲ ☐ Libraries			adobeTemp		7/16/2014 8:40 AM	File fo
Documents			HP		6/28/2016 10:13 AM	File fo
Music	I		HPExperience		6/19/2013 6:05 PM	File fo
Pictures			Intel		7/13/2014 3:50 PM	File fo
			oracle		6/12/2015 8:14 AM	File fo
A D Computer			PerfLogs		7/13/2009 10:20 PM	File fo
			Program Files		9/28/2017 5:06 PM	File fo
			Program Files (x86)		9/8/2017 11:03 AM	File fo
			Quarantine		7/20/2017 7:42 AM	File fo 🔻
		• 📖				•
File name:						-
Save as type: CSV (Comma delimi	ited) (	*.csv)		uessayos		
Authors:			Tags: Add a tag			
Alide Folders			Tools	• [	Save Can	<b>cel</b>

Figure 132 Save As Window

6. Choose a location on the user's computer or network and save the file in Excel or CSV format.

For instructions on how to format a CSV file, refer to <u>Attachment A: Formatting the Comma-</u> <u>Separated Values File</u>.

# **16 Transferring Funds Electronically**

ForwardHealth offers manufacturers two options for making electronic payments. Manufacturers may utilize **Pay Now** through U.S. Bank's E-Payment Service, or they may initiate an **Automated Clearing House (ACH)** payment via their bank.

## **16.1 Automated Clearing House Payments**

Drug manufacturers with secure Portal accounts may only submit ACH payments for invoice records associated with their secure Portal account for the following drug rebate programs:

- Medicaid
- SeniorCare
- Supplemental
- Chronic Disease
- BadgerCare Plus Basic
- MCOs
- SCHIP
- HDAP

Note: Rebate payments associated with claim utilization under the PDL for blood glucose meters and blood glucose testing strips may not be submitted via ACH payment; manufacturers should continue to use existing rebate processes for these items.

On the secure Manufacturer page, click **EFT (Electronic Funds Transfer)**. The Electronic Funds Transfer page will be displayed.

R Manufacturer » Electronic Funds Transfer
ForwardHealth offers two electronic payment options: <b>Pay Now</b> through U.S. Bank's E-Payment Service and <b>manufacturer-initiated automated clearing house</b> (ACH) payment from your bank to our bank. Manufacturers with a Portal account are required to use one of these electronic payment options in place of paper
checks. Paying rebate payments electronically is more efficient and secure than other payment methods.
Manufacturers may initiate a one-time drug rebate payment transaction through the U.S. Bank E-Payment Service using the manufacturer's bank account information.
Pay Now
Manufacturer-Initiated ACH Payment
Manufacturers may make an ACH payment through their bank. This option allows manufacturers to work directly with their bank to have drug rebate payments sent electronically to the Wisconsin Department of Health Services (DHS) drug rebate program. Whenever funds are transferred through an ACH payment, the individual sending the funds should review the receipt carefully to be certain that spelling and all numbers are correct. An error of just one of these could delay processing of your payment or divert the transfer of funds to the wrong account. The sender should confirm their sending bank's ACH payment number and the date of the money transfer.
Send payments originating from the manufacturer's bank electronically via ACH credit only using the banking information and instructions listed below:
ACH Payment Instructions

Figure 133 Electronic Funds Transfer Page

## **16.2 Pay Now**

This function allows users to initiate a one-time drug rebate payment transaction through the U.S. Bank E-Payment System.

1. Click Pay Now.



Figure 134 Electronic Funds Transfer Page

The Pay Now page will be displayed.

e-Payment S	ervices
Make a Payment	
My Payment	
Rebate Payment	
Labeler ID	
Dournant Information	
Frequency	/ One Time
Payment Amount	
Payment Date	Pay Now
Contact Information	
Eirct Name	
FII SE NAIM	
Company	
Address	
Address 2	(Uptional)
City/Town	
State/Province/Region	
Zip/Postal Code	
Country	
Phone Number	
Email Addres	
	Become a Registered User
Payment Method	
Γ	Sample Check 1215
	INTYCOM, MU 12349 DATE AVT TO THE S
	DOLLARS
L	Bank Routing u Bank Account Check
	Number Number (not required)
	Personal Check   <u>Business Check</u>
Bank Routing Number	
Bank Account Numbe	
Bank Account Type	J ●Checking USavings
Continue Cancel	
	Customer Service Help Drivacy Dolicy

Figure 135 Pay Now Page

- 2. Enter labeler ID, payment information, contact information, and payment method in the form provided. Please note that *all* fields on this page are required.
- 3. Click **Continue**. The Review Payment page will be displayed; review the payment information and the Terms and Conditions at the bottom of the page.
- 4. Check the "I accept the Terms and Conditions" box.
- 5. Click **Confirm**. A Confirmation page will be displayed. If desired, note the confirmation number listed at the top of the screen or print the page using the link provided.
- 6. An email confirmation will be sent to the email address provided.
- The payment may be viewed on the Portal using the Payment Activity link within 24–48 hours depending on when the transaction occurred. For more information, refer to <u>15</u> <u>Searching for Payment Activity</u>.

## **16.3 Manufacturer-Initiated ACH Payment**

Only manufacturers with an account for the secure Manufacturer Drug Rebate area of the Portal may make an ACH payment through their bank. The ACH payment option allows manufacturers to work directly with their bank to have drug rebate payments sent electronically to the DHS' drug rebate program. Electronic payments ensure timely and automated posting of payments to the manufacturer's account, streamlining and simplifying the drug rebate payment process.

The following instructions should be shared with the manufacturer's financial institution (bank) or staff within the manufacturer's organization who are responsible for initiating electronic payments. These instructions include detailed ACH payment requirements that **must** be followed to ensure the proper crediting of drug rebate payments to the manufacturer's secure Portal account.

Manufacturers may send payments originating from their bank electronically via **ACH credit only** using the banking information and required payment Remittance Advice instructions provided below.

DHS accepts ACH credit payments in the following transaction formats, also referred to as Standard Entry Class (SEC) codes. The following are acceptable SEC codes for the purpose of making a drug rebate payment to DHS:

- CCD (+)—Cash Concentration and Disbursement (Corporate)
- CTX—Corporate Trade Exchange (Corporate)

These transactions allow for the use of addenda records. An addenda record contains additional remittance information for the preceding ACH payment record. In order to facilitate the application of ACH drug rebate payments to the manufacturer's Portal account, DHS requires an addenda record with a unique identifier format to appear in a pre-determined placement.

#### DHS Drug Rebate Bank Account Information

Bank	Account Name	Bank Routing Number (ABA)	UPIC Account Number
U.S. Bank 777 E Wisconsin Ave Milwaukee WI 53202	DHS WS2 HPE Drug Rebates	021052053	28988784

- 1. Provide the DHS Drug Rebate Bank Account (U.S. Bank) information to the manufacturer's bank or those persons within the manufacturer's organization who are responsible for initiating electronic ACH payments.
- 2. Determine the specific data fields the manufacturer must have coded in their ACH addenda record(s). This must include the requirements described above for including the manufacturer's five-digit Labeler ID (that is, Labeler Code) in the addenda record utilizing the required unique identifier format:

#### RBTPGM99999WI (99999=Labeler ID)

- 3. Provide the DHS ACH Credit CCD+ or CTX addenda record format requirements to the manufacturer's software provider or bank for customization, if needed.
- 4. Once the manufacturer is enrolled in the Manufacturer Drug Rebate area of the Portal and ready to make an ACH credit payment (with an addenda record containing the required unique identifier), arrange for the creation and transmission of the manufacturer's ACH credit files to U.S. Bank.

### 16.3.1 Setting Up an Addenda Record

When submitting the manufacturer's ACH drug rebate payment, an addenda record must be included, along with the unique identifier format in order to associate the manufacturer's ACH drug rebate payment to their Portal account.

## CCD (+) and CTX Addenda Format Examples

When utilizing CCD (+) and free form text in the addenda record, provide the manufacturer's labeler code in the following unique identifier format.

### Freeform Text CCD (+) Example



Figure 136 Freeform Text CCD (+) Example

When utilizing CCD (+) or CTX and a formatted addenda record, provide the manufacturer's Labeler Code in the unique identifier format as shown in one of the following examples or provide the Labeler Code in the unique identifier format in any subsequent REF02 segment.

#### Formatted CCD (+), RMR02 Segment Example



Figure 137 Formatted CCD (+), RMR02 Segment Example

#### Formatted CTX, RMR02 Segment Example



Figure 138 Formatted CTX, RMR02 Segment Example

### Formatted CTX, REF02 Segment Example



Figure 139 Formatted CTX, REF02 Segment Example

Note: To further assist DHS with associating ACH payments to the manufacturer's Portal account, the Company ID included on the manufacturer's ACH payment (located in the Batch Header Record field number 5) should match the Company ID submitted during the manufacturer's Portal enrollment. This field is usually formatted with a "1" preceding the manufacturer's unique nine-digit Federal Tax identification Number (1XXXXXXXX). This field is optional and can be updated as needed.

# **17 Searching for Payment Activity**

The Payment Activity Search function allows users to view payments made under the selected labeler. Notification of these payments will appear in the Notifications Box on the secure Manufacturer page and include the Payment Control Number.

1. On the secure Manufacturer page, click **Payment Activity Search**. The Payment Activity Search page will be displayed.

Payment Activity Search	3
Required fields are indicated with an asterisk (*).	
Search Criteria	
Payment Control Number	
Received From Date Received To Date	
Status	
	Search Clear
Search Results	
*** No rows found ***	
	Exit

Figure 140 Payment Activity Search Panel

- 2. Enter the payment control number in the appropriate field, if known. Alternately, this field may be left blank to view all payments made under the selected labeler.
- 3. Enter the received from and received to dates in the respective fields. Alternately, these fields may be left blank to view payments for all dates.
- 4. Select a status from the drop-down menu to narrow the search. Alternately, this field may be left blank to view payments with any status. The drop-down menu has the following status options:
  - Closed Successfully—Payment and associated reconciliation files have processed successfully.
  - In Progress—Payment and/or associated reconciliation files are still processing.
  - Open—Payment has processed and is available for association to reconciliation files.
  - Payment Returned—Payment returned.
  - ROSI/PQAS Rejected—ROSI or PQAS file was rejected for errors.

5. Click Search. Payment information will be displayed in the "Search Results" section.

Payment Activity Search							?
Required fields are indicated with a	n asterisk (*).						
Search Criteria Payment Control Number Received From Date Status Search Results		Received To Da	te		Search	Clear	
Payment Control Number	Labeler Code	Payment Amount	Transaction Number	Receipt Date	Date Submitted	Status	
003270435	00000	\$150.00	222	09/05/2017	0	In Progress	
003270434	00000	\$100.00	111	09/05/2017	0	Open	
003270450	00000	\$32.30	88888	10/23/2017	0	Closed successfully	
							Exit

Figure 141 Populated Payment Activity Search Panel

6. Click **Exit** to return to the Manufacturer home page.

# 18 Submitting Reconciliation of State Invoices (ROSI) and Prior Quarter Adjustment Statements (PQAS)

The ForwardHealth Manufacturer Drug Rebate Portal is utilizing the following CMS versions of the electronic form CMS-304 ROSI and the electronic form CMS-304a PQAS from the CMS website, which were developed for use in the drug rebate program:

- CMS Labeler Data Definitions for CMS-304 ROSI
- CMS Electronic Record Format for CMS-304 ROSI (CMS Appendix A for CMS 304)—Provides the electronic field size listing which must be used if manufacturers submit these forms to States electronically.
- CMS Labeler Data Definitions for CMS 304a PQAS
- CMS Electronic Record Format for CMS-304a PQAS (CMS Appendix A for CMS 304a)— Provides the electronic field size listing which must be used if manufacturers submit these forms to States electronically.
- CMS Adjustment and/or Dispute codes (CMS Appendix C for both CMS 304/304a)—Provides the available adjustment and /or dispute codes for the ROSI and /or PQAS.

For information on the proper utilization of the above referenced CMS ROSI and PQAS information in the ForwardHealth Manufacturer Drug Rebate Portal, refer to Attachments B, C, and D of this user guide. Refer to <u>Attachment B: Adjustment and/or Dispute Codes for</u> <u>Reconciliation of State Invoices (ROSI) and/or Prior Quarter Adjustment Statements (PQAS)</u> for the proper utilization of CMS adjustment and dispute codes. For electronic record formats and labeler data definitions for ROSI and PQAS, <u>Attachment C: Reconciliation of State Invoices (CMS-304) Electronic Record Format and Labeler Data Definitions</u> and <u>Attachment D: Prior Quarter</u> <u>Adjustment Statements (CMS-304a) Electronic Record Format and Labeler Data Definitions</u>.

Manufacturers with the capability to create reconciliation files using the file formats contained in Attachments B and C of this user guide may proceed to <u>18.3 Uploading Manufacturer</u> <u>Reconciliation Files</u> and upload their files directly. Manufacturers who do not have this capability may download templates to create a ROSI or a PQAS. On the secure Manufacturer page, click **Submit ROSI/PQAS**. The Submit ROSI/PQAS page will be displayed.

R Manufacturer » Reconciliation Home
Submit ROSI/PQAS
Manufacturers that are able to create the Wisconsin Department of Health Services (DHS)-approved file format can upload reconciliation file(s) directly. Refer to the <u>Manufacturer Drug Rebate Portal User Guide</u> for the approved file format layout.
Create a Reconciliation File
Manufacturers that cannot create DHS-approved files can download templates which may be used to submit their reconciliation file(s). <ul> <li><u>Create a ROSI</u></li> <li><u>Create a PQAS</u></li> </ul>
Submit a File
Once a completed file(s) is available, manufacturers can utilize the Portal to <u>Upload the file</u> and submit. <i>Note:</i> It may take up to 24 hours for DHS to process the reconciliation files.
About   Contact   Disclaimer   Privacy Notice
Wisconsin Department of Health Services UAT UAT_WIPortal2_M625

Figure 142 Submit ROSI/PQAS Page

Note: An associated payment must have been submitted and available with an Open status on the Payment Activity Search Panel prior to uploading corresponding reconciliation files.

## 18.1 Creating a ROSI File

1. Click Create a ROSI. The ROSI Format Request panel will be displayed.

ROSI Format Reque	est	?
Required fields are in	ndicated with an asterisk (*).	
<ul> <li>Using the Creat Original Invoice.</li> </ul>	e ROSI process will access the most current data available. The result may not reflect how the data appeared on the .	e
Search Criteria		
Labeler Code*	✓	
Invoice Period*	(Format quarter/year ex. 1/2017)	
Invoice Type*		
	Remove record headings and only export the data.	
	Search	
	Export Results Exit	t

Figure 143 ROSI Format Request Panel

2. Select a labeler code associated with the user's Portal account from the drop-down menu.

- 3. Enter the quarterly invoice period using the quarter/year format in the Invoice Period field (for example, 2/2017 is the second quarter of 2017).
- 4. Select the rebate program from the Invoice Type drop-down menu.

Note: Check the **Remove record headings and only export the data** box to show export results without column headings.

5. Click **Search**. Rebate information pulled from the invoice detail will be displayed at the bottom of the panel.

ROSI Format Request	?
Required fields are indicated with an asterisk (*).	
• Using the Create ROSI process will access the most current data available. The result may not reflect how the data appeared on the Origina Invoice.	đ
Search Criteria	
Labeler Code* 00000 - XYZ Company	
Invoice Period* 2/2016 (Format quarter/year ex. 1/2017)	
Invoice Type* ICare	
Remove record headings and only export the data.	
Export Results Exit	
Labeler Code Product Package Code Product Name FSS/MCO Record ID Rebate Per Unit Units Invoiced Rebate Amount Invoice	d
00000 057716 LACTULOSE MCOU 0.0000 1,892 \$0.0	0
00001 067516 VALPROIC A MCOU 0.0000 840 \$0.0	)0
00002 077504 GUAIFENESI MCOU 0.0000 118 \$0.0	10
(	>

Figure 144 Populated ROSI Format Request Panel

- 6. Click **Export Results**. A file download window will be displayed.
- 7. Click **Open**. The rebate information will be displayed in an Excel spreadsheet. The document opens pre-filled for the manufacturer to pay the invoice amount in full.
- 8. Save as a Microsoft Excel file to the user's computer.

Note: If the user is not paying the invoice amount in full, they will need to make adjustments to the Excel spreadsheet, including the appropriate adjustment and dispute codes and recalculating the rebate payment amounts and unit totals.

9. Re-save the updated document in Excel.

# 18.2 Creating a PQAS File

1. From the Submit ROSI/PQAS page, click **Create a PQAS**. The PQAS Format Request panel will be displayed.

PQAS Format Request	0
Required fields are indicated with an asterisk (*).	
Search Criteria	
Labeler Code*	
Invoice Period* (Format quarter/year ex. 1/2017)	
Invoice Type*	
Remove record headings and only export the data.	
	Search Clear
	Export Results Exit

Figure 145 PQAS Format Request Panel

- 2. Select a labeler code associated with the user's Portal account from the drop-down menu.
- 3. Enter the quarterly invoice period using the quarter/year format in the Invoice Period field (for example, 2/2017 is the second quarter of 2017).
- 4. Select the rebate program from the Invoice Type drop-down menu.

Note: Check the **Remove record headings and only export the data** box to show export results without column headings.

5. Click **Search**. Rebate information pulled from the invoice detail will be displayed at the bottom of the panel.

PQAS Format Requ	est							?
Required fields are in	dicated with an asteri	sk (*).						
Search Criteria Labeler Code* Invoice Period* Invoice Type*	00000 - XYZ Compan 2/2016 (Forma ICare Remove record hea	y t quarter/year ex v dings and only ex	v . 1/2017) port the data.			Search	Clear	
L								
						Export Re	esults E	xit
				Original Rebate	Current Rebate	Original Units	Current Units	Origin
Labeler Code Pro	duct Package Code	Product Name	FSS/MCO Record ID	Per Unit	Per Unit	Invoiced	to Date	Invoid
00000 057	716	LACTULOSE	MCOU	0.0000	0.0000	1,892	1,892	
00000 067	516	VALPROIC A	MCOU	0.0000	0.0000	840	840	
00002 077	504	GUAIFENESI	MCOU	0.0000	0.0000	118	118	
<								>

Figure 146 Populated PQAS Format Request Panel

- 6. Click **Export Results**. The rebate information will be formatted into an Excel spreadsheet.
- 7. Save as a Microsoft Excel file to the user's computer. For instructions on creating a PQAS file to submit an interest only payment, refer to <u>18.2.1 Creating a PQAS File to Submit an Interest</u> <u>Only Payment</u>.

Note: The user must populate the blank columns in the PQAS with the appropriate unit and dollar information, as well at the applicable adjustment and dispute codes. If the user is only submitting certain adjusted NDCs, the remaining NDC rows can be deleted from the spreadsheet. If rows are deleted, the user must update all the Total fields in Record 3.

8. Re-save the document in Excel once all updates are complete.

## **18.2.1 Creating a PQAS File to Submit an Interest Only Payment**

To create a PQAS file that will be used to submit an interest only payment, follow these steps after saving the Microsoft Excel file.

- In the saved Microsoft Excel PQAS file, select all the rows for Record 2. This will include the row that contains the column headings and the blank row separating Record 2 from Record 3.
- 2. Delete the rows from Record 2 from the spreadsheet so only Record 1 and Record 3 remain.
- 3. In Record 3, populate the Total fields with zeroes except for the Interest field and the Total Remittance field. The interest payment and total will be the same.

- 4. In the Interest and Total Remittance fields, populate the amount of interest the user is paying on that quarter.
- 5. Re-save the document in Excel once all updates are complete.

## **18.3 Uploading Manufacturer Reconciliation Files Individually**

1. From the Submit ROSI/PQAS page, click **Upload the File**. The Find Your Payment panel will be displayed.

Find Your Payment		3
Required fields are indicated with an asterisk ( $^{*}$ ).		
Search Criteria Payment Control Number Received From Date	Received To Date	
		Search Clear
Search Results		
*** No rows found ***		
		Exit

Figure 147 Find Your Payment Panel

- 2. Enter the payment control number in the appropriate field. Alternately, this field may be left blank to view all payment control numbers associated with the manufacturer.
- 3. Enter the received from and received to dates in the respective fields. Alternately, these fields may be left blank to view payments for all dates.
- 4. Click **Search**. Payment information will be displayed in the "Search Results" section.

Note: Only payments with a status of Open, indicating that they are available to be matched to ROSI and/or PQAS reconciliation files, will display here. If the user needs to view payments with a different status (for example, in progress), they may search on the Payment Activity Search panel. If the user cannot find record of their payment in either location, they may contact a drug rebate analyst through the Contact a Drug Rebate Analyst link.

5. Click the desired payment under the "Search Results" section and select Upload file(s) individually under the "Upload Method" section. If a file(s) has already been uploaded, it will be listed under the "Previously Uploaded Files" section. Users can choose to include a previously uploaded file(s) by clicking the Yes or No radio buttons under the "Upload Method" section.

Find Your Payment							?
Required fields are indicated v	with an asterisk (*).						
Search Criteria Payment Control Number Received From Date	F	leceived To Date					
					Search	Clear	
Search Results							
Payment Control Num	iber Labeler Code Pav	ment Amount T	Transaction Number	Receipt Date	Date Submitted	Status	
00000001	00002	\$200.00 0	000065	09/05/2018	0	Open	
00000002	00002	\$400.00 0	000067	10/23/2018	0	Open	
00000003	00002	\$500.00 0	000068	10/23/2018	0	Open	
Selected Payment Payment Control Number Payment Amount Upload Method	00000002 \$400.00						
Select how you wish to up Do you want to include pr	lload your ROSI and/or PQ evioulsy uploaded file(s)?*	AS file(s)* ○Up ○Yes	load multiple files at or s ○No	ice OUpload fil	e(s) individually		
C Previously Uploaded File	s						
File Name		File Type	Invoice Type Inv	oice Period			
2007-4_Medicaid.xlsx		ROSI	OO-Medicaid 420	07			
2011-4_PQAS_Medicaid	.xlsx	PQAS	00-Medicaid 420	11			
		N	ext				Exit

Figure 148 Find Your Payment Panel With Selected Payment

6. Click **Next**. The Upload ROSI/PQAS Files panel will be displayed.

Upload ROSI / PQAS Files				3
Required fields are indicated • The total amount paid fron • Files that don't pass the va • To activate the "save and o select it from the list and s	with an asterisk (*). n all your uploaded files must match Ilidation will not count towards the to complete later" button, all files must elect the "delete" button.	the receipt amount before tal amount. have a "passed validation'	you can submit the request. " upload status. To remove a "failed validation" stat	us file,
File to Upload				
Payment Control Number	00000002			
Receipt Amount Invoice Type*	\$400.00	1		
File Type*	OROSI OPQAS	L		
File To Upload*			Brows Upload File	e
Uploaded Files				
*** No rows found ***				
		Previous	Save and Complete Later Submit	Exit

Figure 149 Upload ROSI/PQAS Files Panel

- 7. To begin associating the user's documents to a payment, they can select an Invoice Type from the drop-down menu.
- 8. Click either the ROSI or the PQAS radio button to select the file type.
- 9. Click Browse and navigate to the appropriate upload file. Click Open.
- 10. Click **Upload File**. The file(s) will be validated. Error messages will display at the top of the page.

Note: To review the errors, click on the file identified in the error message. The issue in need of correction will display at the bottom of the page. Correct the file and re-upload the document. Click **Submit**. The original erroneous file will need to be deleted from the upload.

Jpload ROSI / PQAS Files									3
<ul> <li>Required fields are indicated v</li> <li>The total amount paid from</li> <li>Files that don't pass the val</li> <li>To activate the "save and c select it from the list and select it for the select it for</li></ul>	vith an asterisk (*). all your uploaded file idation will not count omplete later" button elect the "delete" butt	es must mat towards the , all files mu con.	ch the receipt ar total amount. st have a "passe	nount before yo ed validation" up	u can submit the pload status. To re	request. emove a "faile	d validatio	n" status f	ïle,
File to Upload									
Payment Control Number Receipt Amount Invoice Type* File Type*	000000002 \$400.00 O ROSI O PQAS		V						
File To Upload*							Upload Fi	Browse	
Uploaded Files									
File Name		<u>File Type</u>	Invoice Type	Invoice Period	Invoice Amount	Error Count	Upload St	tatus	
2007-4_Medicaid.xlsx		ROSI	00-MEDICAID	42007 Total	\$4.67 <b>\$4.67</b>	0	Passed Va	alidation	
			Previous		Save	and Complete	Later	Submit	Exi

Figure 150 Upload ROSI/PQAS Files Panel

11. Repeat steps 7–10 until all files the user wishes to associate to the payment have been uploaded.

Note: Text files with a .txt file extension or Microsoft Excel files with either Excel 97-2003 Workbook (\*.xls) or Excel Workbook (\*.xlsx) file extensions may be uploaded. The file types Microsoft Excel 5.0/95 Workbook (\*.xls) and Strict Open XML Spreadsheet (\*.xlsx) are not accepted. The amount indicated on the uploaded files must match the receipt amount shown on the panel.

- 12. Click Submit.
- 13. Click Exit to return to the Manufacturer homepage.

## **18.4 Uploading Multiple Manufacturer Reconciliation Files**

1. From the Submit ROSI/PQAS page, click **Upload the File**. The Find Your Payment panel will be displayed.

Find Your Payment			3
Required fields are indicated with an asterisk (*).			
Search Criteria			
Payment Control Number			
Received From Date	Received To Date		
		Search	Clear
Search Results			
*** No rows found ***			
			Exit

Figure 151 Find Your Payment Panel

- 2. Enter the payment control number in the appropriate field. Alternately, this field may be left blank to view all payment control numbers associated with the manufacturer.
- 3. Enter the received from and received to dates in the respective fields. Alternately, these fields may be left blank to view payments for all dates.
- 4. Click **Search**. Payment information will be displayed in the "Search Results" section.

Note: Only payments with a status of Open, indicating that they are available to be matched to ROSI and/or PQAS reconciliation files, will display here. If the user needs to view payments with a different status (for example, in progress), they may search on the Payment Activity Search panel. If the user cannot find record of their payment in either location, they may contact a drug rebate analyst through the Contact a Drug Rebate Analyst link.

5. Click the desired payment under the "Search Results" section and select Upload multiple files at once under the "Upload Method" section. If a file(s) has already been uploaded, it will be listed under the "Previously Uploaded Files" section. Users can choose to include a previously uploaded file(s) by clicking the Yes or No radio buttons under the "Upload Method" section.

Find Your Payment	٥ آ
Required fields are indicated with an asterisk (*).	
Search Criteria	
Payment Control Number	
Received From Date Received To Date	
	Search Clear
C Search Results	
Designed Control Number Labeles Code, Designed Amount, Transaction Number, Designed	and Data Culorithad Status
00000000 0000000 0000000 0000000 000000	18 0 Open
000000003 00001 \$500.00 000068 10/23/20	18 0 Open
Selected Payment	
Payment Control Number 000000001	
Payment Amount \$200.00	
Upload Method	
Select how you wish to upload your ROSI and/or PQAS file(s)* Oupload multiple files at once Oupl	ad file(s) individually
Do you want to include previoulsy uploaded file(s)?* OYes ONo	
Previously Uploaded Files	
File Name File Type Invoice Type Invoice Period	
2007-4_Medicaid.xlsx ROSI 00-Medicaid 42007	
2011-4_PQAS_Medicaid.xlsx PQAS OO-Medicaid 42011	
Next	Exit

Figure 152 Find Your Payment Panel With Selected Payment

6. Click **Next**. The Upload Multiple ROSI/PQAS Files panel will be displayed.

Upload Multiple ROSI / PQ/	AS Files	?
Required fields are indicated v	with an asterisk (*).	
File to Upload		
Payment Control Number	00000001	
Receipt Amount	\$200.00	
File(s)*	Browse	
	Upload File(s)	
Uploaded Files		
*** No rows found ***		
	Previous Next	Exit

Figure 153 Upload Multiple ROSI/PQAS Files Panel

- 7. Click **Browse** and navigate to the appropriate files. Hold down the shift or ctrl key to select additional files. Click **Open**.
- 8. Click **Upload File(s)**.

Note: Text files with a .txt file extension or Microsoft Excel files with either Excel 97-2003 Workbook (\*.xls) or Excel Workbook (\*.xlsx) file extensions may be uploaded. The file types Microsoft Excel 5.0/95 Workbook (\*.xls) and Strict Open XML Spreadsheet (\*.xlsx) are not accepted. The amount indicated on the uploaded files must match the receipt amount shown on the panel.

9. Select an Invoice Type from the drop-down menu for each file under the "Uploaded Files" section.

Upload Multiple ROSI / PQ/	AS Files						3
Required fields are indicated v	with an asteri	sk (*).					
File to Upload							
Payment Control Number	000000001						
Receipt Amount	\$200.00						
File(s)*					Browse.	]	
	,						_
						Upload File(s)	
Uploaded Files							
Invoice Type*		File Name		File Type	Invoice Period	Invoice Amount	
Invoice Type	~	2007-4 Medicaid x	lev	ROSI	42007	\$4.67	
				0000	12007	\$1.07	
		2011-4_PQAS_Med	icaid.xisx	PQAS	42011	\$24.90	
BC-BadgerCare Plus Ba	SIC						
CC-CC-PACE CN-CC-PARTNERSHIP		Previous	Next				Exit
CW-Care Wisconsin						-	
AD-HDAP							
AS-HDAP Supplemental							
IC-ICare							
OO-Medicaid							
OS-Medicaid Suppl.							
SM-SeniorCare Medicaio	d						
SS-SeniorCare Medicaid	Suppl.						
CM-Seniorcare		Wisconsin D	epartmen	t of Health	Services		
WC-WI Chronic Disease	Program		-parenen	neutu			

Figure 154 Upload Multiple ROSI/PQAS Files Panel

10. Click Next. The uploaded files will be listed under the "Uploaded Files" section.

Upload ROSI / PQAS Files									\$
<ul> <li>Required fields are indicated with an asterisk (*).</li> <li>The total amount paid from all your uploaded files must match the receipt amount before you can submit the request.</li> <li>Files that don't pass the validation will not count towards the total amount.</li> <li>To activate the "save and complete later" button, all files must have a "passed validation" upload status. To remove a "failed validation" status file, select it from the list and select the "delete" button.</li> </ul>									
File to Upload									
Payment Control Number	00000001								
Receipt Amount	\$200.00								
Invoice Type*			•						
File Type*	Orosi Opqas		_						
File To Upload*								Browse	
							Upload I	File	
Uploaded Files									
File Name		File Type	Invoice Type	Invoice Period	Invoice Amou	nt Error Count	Upload	<u>Status</u>	
2007-4_Medicaid.xlsx		ROSI	OO-Medicaid	42007	\$4.6	7 0	Passed	Validation	
2011-4_PQAS_Medicaid	.xlsx	PQAS	00-Medicaid	42011	\$24.9	0 0	Passed	Validation	
				Tota	: \$29.5	7			
			Previous		Sav	e and Complete	Later	Submit	Exit

Figure 155 Upload ROSI/PQAS Files Panel

Note: To review any errors associated with a file that has failed validation, click the file under the "Uploaded Files" section. The issue in need of correction will display at the bottom of the page. Correct the file and re-upload the document. The original erroneous file will need to be deleted from the upload.

11. Click Submit.

12. Click **Exit** to return to the Manufacturer home page.

## 18.5 Save and Complete Later Option for ROSI/PQAS Files

Prior to submitting the ROSI/PQAS files needed for supporting a single payment, users are able to utilize the Save and Complete Later button to store a partial list of validated ROSI or PQAS files (for example, if 10 ROSI and PQAS files are needed to support a single payment, the user can upload five files and save the files for later use before going back in and adding the remaining five files).

Users may save a validated file any time after it has been uploaded.

Users are able to retrieve the saved files for up to seven days.

The Save and Complete Later button will become available for use at the bottom of the Upload ROSI/PQAS Files panel after any file(s) have been uploaded and passed validation.

1. Click **Save and Complete Later** at the bottom of the Upload ROSI/PQAS Files panel.

~~~~	Uploaded Files	Marine Marin	· · · · · · · · · · · · · · · · · · ·		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	********	
	File Name			File Type	Invoice Type	Invoice Period	Invoice Amount	Error Count	Upload Status	
	2007-4_Medicaid	l.xlsx		ROSI	00-MEDICAID	42007	\$4.67	0	Passed Validation	
						Total:	\$4.67			
					Previous		Save	e and Comple	te Later Submit	Exit

Figure 156 Save and Complete Later Button

The Save Confirmation page will be displayed.

Complete Later Summary	?
<ul> <li>The files you uploaded have been temporarily saved so you can return and complete the process later</li> <li>You have 7 days to return or the data will be removed and you will have to start over.</li> </ul>	
	Exit

Figure 157 Save Confirmation Page

2. Click **Exit** to be redirected to the Submit ROSI/PQAS page.

# **19 Retrieving Notifications and Letters**

An additional advantage to manufacturers when signing up for the ForwardHealth Manufacturer Drug Rebate Portal is the receipt of notifications and letters in an electronic format. ForwardHealth allows users to download various letters and notifications related to the drug rebate program. Rebate agreements, informational letters, invoice cover letters, reminder letters, dispute letters, and more may be downloaded using this function.

Note: Invoice Cover letters also contain a PDF of the original invoice information sent to a manufacturer.

1. On the secure Manufacturer page, click Labeler Notification/Letters. The Letter Request panel will be displayed.

Letter Request		3
Required fields are indicated wit	a an asterisk (*).	
Letter Criteria		
Letter Type*	V	
Labeler Code*	×	
Begin Date*		
End Date*		
		View Letters Exit

Figure 158 Letter Request Panel

- 2. Select a letter type from the drop-down menu.
- 3. Select a labeler code associated with the user's Portal account from the drop-down menu.

4. Enter begin and end dates in the respective fields for letters that are greater than 60 days from the current date. The system will automatically retrieve letters that were created in the last 60 days.

Letter Request		?
Required fields are	indicated with an asterisk (*).	
Letter Criteria		
Letter Type*		
Begin Date	10/18/2017	
End Date	10/18/2017	
	View Letters	Exit

Figure 159 Letter Request Panel

5. Click View Letters. The OnBase document viewer will be displayed.

D	ocument ID	Description
13	337587	RBT Invoice Cover Letter, Labeler: 00000,CTN: 2152, Date: 10/18/2017
13	336958	RBT Invoice Cover Letter, Labeler: 00000,CTN: 1903, Date: 10/18/2017
have	man	and the second and th

Figure 160 OnBase Document Viewer Page

6. Click a row to select one of the notifications. The selected notification will be displayed in the viewer.

Document ID	Description								
1337578	RBT Invoice Cover Letter, Labeler: 00005, CTN: 2128, Date: 10/18/2017								
1336948	RBT Invoice Cover Letter, Labeler: 00005, CTN: 1876, Date: 10/18/2017								
[		_							
	Suit Water Division of Hist, thi care Access and Account adulty Suit Water Division of Hist, thi care Access and Account adulty Division of History and Access and Ac								
	Secretary Department of Health Services TTP: 711	=							
	Other 19.07         Description         The property interpret of								
	Wisconsin.gov	Wisconsin gov							
8.50 x 11.00 in		Ŧ							

Figure 161 OnBase Viewer Document Page Showing Invoice Cover Letter

- 7. To save the document, the user can do either of the following:
  - Click **File** and then click **Save As** from the browser window. Name the document and save it to the user's computer.
  - Hover the cursor over the top or bottom of the document. A section will be displayed allowing the user to save, print or zoom in/out. Select **Save**.

# **20 Contacting a Drug Rebate Analyst**

The message center function allows users to have a dialogue with a drug rebate analyst without the necessity of having to leave the Portal. Messages can be exchanged on a variety of drug rebate related topics along with the ability to attach documentation that needs to be included in the conversation.

On the secure Manufacturer page, click **Message Center** or **Contact a Drug Rebate Analyst** from the Quick Links box on the right of the page. The Message Center page will be displayed. Each view includes the same functionality (for example, read, reply, print) described below.

Inbox	Message Center			3
All Messages	Message Options —			
<u>New Messages</u> <u>Read Messages</u>	New Message			
Sent	All Messages			
Sent Messages	Search Filter	Search	Clear Filter	
Related Links				
<u>Notification Preferences</u>	Date From	<u>Subject</u>	Message	
<u>Validation Code</u>	05/26/2021 M. Webster	Question Concerning a Payment That Was Submitted	We have no record of a CCN being submitted to the Portal. T	
	05/26/2021 M. Webster	Question About Portal Setup	Please refer to the Request Portal Access section of the Por	

Figure 162 Message Center Panel

# 20.1 Send a New Message

1. Click **New Message**. The "Message," "Upload Attachment," and "Attachments" sections will be displayed on the Message Center panel.

Message   Date   05/26/2021   To   Subject   Labeler Code     Vpload Attachment   Attachments   *** No rows found ***	Message Center			9
New Massage         Date       05/26/2021         To       Image: Code         Subject       Image: Code         Labeler Code       Image: Code         Upload Attachment       Image: Choose File         Attachments       Image: Upload Attachment         *** No rows found ***       Image: Code	Message Options			]
Message         Date       05/26/2021         To       Image: Colorian and the second	New Message			
Message     Date   05/26/2021   To     Subject     Labeler Code     Upload Attachment     Upload Attachment   Upload Attachment   Upload Attachment   Upload Attachment   Upload Attachment   Upload Attachment   Upload Attachment				
Date 05/26/2021   To Image: Subject   Labeler Code Image: Subject     Upload Attachment     Mttachments     #*** No rows found ***	Message			
To Subject June 2014	Date 05/26/2021			
Subject	То	~		
Labeler Code	Subject		~	
Upload Attachment         Attachment Choose File No file chosen         Upload Attachment         Upload Attachment         Image: State Stat	Labeler Code 🗸			
Upload Attachment         Attachment Choose File No file chosen         Upload Attachment         Lupload Attachment				
Upload Attachment         Attachment Choose File No file chosen         Upload Attachment         Upload Attachment         ### No rows found ***				
Upload Attachment         Attachment Choose File No file chosen         Upload Attachment         Lupload Attachment         ###* No rows found ****				
Upload Attachment          Upload Attachment         Attachment Choose File No file chosen         Upload Attachment         Lupload Attachment         ### No rows found ****				
Upload Attachment Attachment Upload Attachment Upload Attachment				
Upload Attachment Attachment Upload Attachment Upload Attachment  Ivpload Attachment				
Upload Attachment Attachment Upload Attachment Upload Attachment  Ivpload Attachment				
Upload Attachment         Attachment Choose File No file chosen         Upload Attachment         Upload Attachment         Attachments         **** No rows found ***				
Upload Attachment Attachment Choose File No file chosen Upload Attachment  Attachments  *** No rows found ***				
Upload Attachment Attachment Choose File No file chosen Upload Attachment Upload Attachment  Attachments *** No rows found ***				
Attachment Upload Attachment Upload Attachment  Attachments  *** No rows found ***	C Upload Attachment			
Attachment Choose File No file chosen Upload Attachment  Attachments  *** No rows found ***				
Upload Attachment         Attachments         *** No rows found ***	Attachment Choose File No file chosen			
Attachments *** No rows found ***				Upload Attachment
Attachments *** No rows found ***				
Attachments *** No rows found ***				
*** No rows found ***	Attachments			
	*** No rows found ***			
Send Message Cancel			Send Message	Cancel

Figure 163 Message Center Panel for New Message

- 2. Select the message recipient from the drop-down menu.
- 3. Select a message subject from the drop-down menu.

- 4. Select the labeler code the message pertains to from the drop-down menu.
- 5. Enter a message in the free text space. Messages are limited to 4,000 characters.
- 6. Click **Choose File** under the "Upload Attachment" section to upload an attachment for the message.
- 7. Select the desired file and double-click. The file name will appear after the **Choose File** box.
- 8. Click **Upload Attachment**. A confirmation message will be displayed at the top of the page and the file name will appear under the Attachments section.

The following messages were generated: File was uploaded successfully.

Figure 164 File Upload Confirmation Message

The following file extensions are allowed for uploading: .jpg, .png, .csv, .pdf, .jpeg, and .xlsx.

9. Click Send Message. A confirmation message will be displayed at the top of the page.

The following messages were generated: Message was successfully sent.

Figure 165 Message Sent Confirmation Message
# 20.2 Read a Message

1. Click the row of the desired message at the bottom of the All Messages, New Messages, Read Messages, or Sent Messages views. The Message Center panel will be displayed with message details and options.

Message Center		?
Message Options		
New Message	Reply To Message Move To New Message Delete	
C Read Messages		
Search Filter	Search Clear Filter	
Date From	Subject Message	
05/26/2021 M. Webster	Question Concerning a Payment That Was Submitted T	
Message		
Date: 05/26/2021		*
From: M. Webster		
To: Drug Rebate Analyst Subject: Question Conce	: Group erning a Payment That Was Submitted	
we have no record of a	CCN being submitted to the Portal. Thank you, Drug Rebate Analyst Group	
Date: 05/26/2021		
From: G. Hammil		
To: Drug Rebate Analyst Subject: Question Conce	: Group erning a Payment That Was Submitted	
Labeler Code: 00096		
Can you please provide	the CCN if this has been created in the Portal? Thank you, Portal User	
The information containe	ed in this message is confidential and is intended solely for the use of the	<b>.</b>
Print Message	This according a contraction in divide a No. I dealifichts information that	
C Attachments		
*** No rows found ***	¢	

Figure 166 Message Center Panel for Reading Messages

- 2. If desired, click **Print Message** to open a printable view of the message. Select the print icon at the bottom of the page to choose the appropriate printer and properties.
- 3. The user can choose to move messages from the "all messages" or "read messages" sections to the new messages section by clicking **Move to New Message**. A confirmation message will be displayed at the top of the page.

The following messages were generated: Message was moved to the new messages section.

Figure 167 Message Moved Confirmation Message

### 20.2.1 Respond to an Open Message

1. Click **Reply to Message** to respond to an Inbox message. A message reply panel will be displayed.

lessage Center		3
Message Opt	ions	)
New Messag	e Reply To Message	
Message		
Date	05/26/2021	
То	Drug Rebate Analyst Group 🗸	
Subject	Question Concerning a Payment That Was Submitted 🗸	
Labeler Code	×	
0		
Previous Me	ssage Text	
		<u>^</u>
Date: 05/26/2	2021	
To: Drug Reba	ister ate Analyst Group	
Subject: Que	stion Concerning a Payment That Was Submitted	
We have n	o record of a CCN being submitted to the Portal.	•
		11
Upload Attach	iment	
Attachment	Choose File No file chosen	
		Upload Attachment
Attachments		
*** No rows	found ***	
	Cand Masses	Cancol
	Send Message	Cancer

Figure 168 Message Center Panel for Replying to Messages

- 2. Enter a message in the free text space. Messages are limited to 4,000 characters.
- 3. Click **Choose File** under the "Upload Attachment" section to upload an attachment for the message.
- 4. Select the desired file and double-click. The file name will appear after the **Choose File** box.
- 5. Click **Upload Attachment**. A confirmation message will be displayed at the top of the page and the file name will appear under the Attachments section.

The following messages were generated: File was uploaded successfully.

Figure 169 File Upload Confirmation Message

The following file extensions are allowed for uploading: .jpg, .png, .csv, .pdf, .jpeg, and .xlsx.

6. Click Send Message. A confirmation message will be displayed at the top of the page.

The following messages were generated: Message was successfully sent.

Figure 170 Message Sent Confirmation Message

## 20.3 Search for a Message

- 1. Enter a keyword in the Search Filter field on the All Messages, New Messages, Read Messages, or Sent Messages views.
- 2. Click **Search**. Messages containing the keyword will be displayed.

If the desired message is not found, click Clear Filter, enter a new keyword, and click Search.

New Messa	tions ge			
Sent Messag Search Filter pa	es /	Search	Clear Filter	
Date	To	Subject	Labeler Code	Message
	D DEDATE: 1	Question Concerning a		Concerning a payment in

Figure 171 Message Center Search Filter

3. Click the row in the search results to open the message.

### **20.4 Notification Preferences and Validation Code**

Users can sign up to receive notifications of Portal messages through email, text, or both. After signing up, a verification email will be sent to the user to register their device.

1. On the Message Center page, click **Notification Preferences** under Related Links. The Notification Preferences panel will be displayed. The "Notification Preferences," "Register Email," "Register Mobile Number," and "Mobile Notifications – Terms and Conditions" sections will be displayed on the Notification Preferences panel.

Notification Preferences				?
Notification Preferences	s			
Active Method(s): Neith	her 🗸			
Register Email				
Email on File	Nono			
Last Validated	05/21/2020			
Resend Validation Code	Resend			
New Email				
Confirm New Email				
L				
Register Mobile Numbe	r			
Number on File	None			
Last Validated	05/21/2020			
Resend Validation Code	Resend			
New Mobile Number				
Confirm Mobile Number				
Mobile Notifications - To	erms and Conditions			
ForwardHealth Portal Mobi	ile Notifications			
This service will send a Or	ne-Time-Pin for use on	the Validation page to register your p	hone number.	
After validation this servic	e will send SMS messa	ges when you have new messages av		
By checking the boxes bel	ow you agree to:			
Receive an SMS mess     Receive recurring SMS	sage containing a One- S messages relating to	this service.		
Text STOP to opt out or H	ELP for help.			
Message frequency will va	ry based on account ac	ctivity.		
Terms and Conditions				
			Submit Cancel	

Figure 172 Notification Preferences Panel

2. Select the type of method in the *Active Method(s)* field using the drop-down menu.

- 3. If the user is registering to receive notifications via email, enter the user's email address in the *New Email* and *Confirm New Email* fields in the "Register Email" section.
- 4. If the user is registering to receive notifications via mobile phone, enter the user's mobile phone number in the *New Mobile Number* and *Confirm Mobile Number* fields in the "Register Mobile Number" section.
- 5. Check the appropriate agreement boxes to receive notifications via mobile phone.
- 6. Click **Submit**. A Notification Method Validation panel will be displayed and a validation code will be sent to the email and/or mobile number that has been registered.

Notification Method Validation		3
Validation Code*		
Confirm Validation Code*		
	Message and Data rates may apply.	
	Text STOP to opt out or HELP for help.	
	Message frequency will vary based on account activity.	
	Privacy Policy	
	Terms and Conditions	
		Submit Cancel

Figure 173 Notification Method Validation Panel

Note: The user can also access the Notification Method Validation panel by clicking **Validation Code** under Related Links.

7. Enter the validation code and click **Submit**. A confirmation message will be generated.



Figure 174 Confirmation Message

# 21 Wisconsin State Rebate Agreements

The State of Wisconsin offers three drug rebate programs that manufacturers can participate in voluntarily. Information on the programs and the opportunity to review the Rebate Agreements associated with these programs can be found under the Wisconsin State Rebate Agreements link. The ability to participate and electronically sign an agreement is also available through this link.

1. On the secure Manufacturer page, click Wisconsin State Rebate Agreements.

_	
ĺ	Manufacturer > State Agreements
l	SeniorCare
	Section 49.688, Wis. Stats., enacted August 30, 2001, requires that in order for the state to provide coverage of the drugs manufacturers produce that are prescribed for participants who meet the criteria of this program, manufacturers must enter into a rebate agreement and agree to make quarterly rebate payments for each prescription drug dispensed and for which the program has made a payment under the SeniorCare Prescription Drug Assistance Program.
l	To read more about the SeniorCare rebate program, please click <u>here</u> .
l	For more information on this agreement, you can read more by clicking here.
l	To review and submit an electronic signature, please navigate to the <u>SeniorCare Agreement</u> .
l	Wisconsin Chronic Disease Program (WCDP)
	The WCDP is a state-funded program that offers assistance to Wisconsin residents who have chronic renal disease, hemophilia, or adult cystic fibrosis. The WCDP pays health care providers for disease-related services and supplies provided to certified WCDP participants after all other sources of outside payment coverage have been exhausted.
	This program has a drug formulary for each of the following programs: Chronic Renal Disease, Hemophilia Home Care, and the Adult Cystic Fibrosis. Participation on these program formularies requires that your product is accepted and there is a signed Wisconsin Chronic Disease Drug Rebate Agreement on file.
l	To read more about the WCDP rebate program, please click <u>here</u> .
l	For more information on this agreement, you can read more by clicking here.
l	To review and submit an electronic signature, please navigate to the <u>WCDP Agreement</u> .
l	Wisconsin Separate CHIP (SCHIP)
	Wisconsin operates a combination CHIP program. For members covered under SCHIP for needed prescription drugs that are produced by your company, a separate signed state rebate agreement is needed.
l	To read more about the SCHIP rebate program, please click <u>here</u> .
l	For more information on this agreement, you can read more by clicking here.
	To review and submit an electronic signature, please navigate to the <u>SCHIP Agreement</u> .
L	*Please allow 10 business days for the state of Wisconsin to review and sign the returned agreement.

Figure 175 Wisconsin State Rebate Agreements Page

2. Click the first or second links under the desired program (SeniorCare, Wisconsin Chronic Disease Program [WCDP], or Wisconsin Separate Children's Health Insurance Program) to view rebate agreement cover letters or informational website pages.

# 21.1 SeniorCare Agreement

1. Click **SeniorCare Agreement** under the applicable heading to review the agreement and submit an electronic signature. The SeniorCare Agreement panel will be displayed.

SeniorCare Agreement				3
Required fields are indicated with an as	terisk (*).			
SeniorCare Agreement				
In order to participate in the SeniorC SeniorCare Rebate Agreement.	are Prescription Drug Assistance Prog	gram, you must accep	ot the terms of th	ie
Review SeniorCare Agreement				
Associated Labeler Codes				
*Please indicate all labeler codes th	at are to be covered by this Agreeme	ent.		
00005 - ABC MANUFACTURER	00121 - PHARMACY COMPANY	44178 - APPLE	MANUFACTURER	
00021 - XYZ COMPANY	00185 - DRUGS INC	🗌 89141 - ORANG	E MANUFACTUR	ER
00023 - JKL MEDICAL	15398 - GRAPE MANUFACTURER			
By signing this Electronic Signature equivalent of my manual signature consent to be legally bound by the <i>i</i>	Acknowledgement Form, I agree tha on this Agreement. By executing this Agreement's terms and conditions.	t my electronic signa Agreement by electr	ture is the legal onic signature, I	
Please type your First and Last Nam	ie*			
Dat	te*			
Tit	le*			
I certify that by checking this b	ox, and upon my electronic signature	e, that:		
I have the authority to act on b      L have read and agree to the to	ehalf of the Manufacturer.	asta Agraamant		
<ul> <li>Thave lead and agree to the te <ul> <li>The manufacturer holds legal ti</li> </ul> </li> </ul>	tle to or possession of the Labeler Co	ode(s) to be included	in this agreemer	ıt.
			Submit	Exit

Figure 176 SeniorCare Agreement Panel

- 2. Click SeniorCare Agreement to view the agreement.
- 3. Select all labeler codes that will be subject to the agreement by checking the boxes next to the applicable codes.
- 4. Enter the user's first and last name, the current date, and the user's title in the appropriate fields.

- 5. Check the certification box.
- 6. Click **Submit**. An acceptance confirmation message will be displayed.



Figure 177 SeniorCare Rebate Agreement Submitted Message

7. Click **Print** in the message to open a printable copy of the signed agreement to retain for the user's records.

## 21.2 WCDP Agreement

1. Click **WCDP Agreement** under the applicable heading to review the agreement and submit an electronic signature. The WCDP Agreement panel will be displayed.

quired fields are indicated with an as	terisk (*).		
WCDP Agreement			
n order to participate in WCDP, you	must accept the terms of the WCDP F	Rebate Agreement.	
Review WCDP Agreement			
Associated Labeler Codes			
*Please indicate all labeler codes th	at are to be covered by this Agreeme	ent.	
00005 - ABC MANUFACTURER	00121 - PHARMACY COMPANY	44178 - APPLE MANUR	FACTURER
00021 - XYZ COMPANY	00185 - DRUGS INC	B9141 - ORANGE MAN	IUFACTURER
00023 - JKL MEDICAL	15398 - GRAPE MANUFACTURER		
Request NDC Coverage			
NDC NDC Desc	cription		
Note: Inclusion of NDCs on this forr shall determine the specific NDCs th formulary.	n does not guarantee WCDP coverag nat the program will include in the Wo	e. WCDP CDP	
Note: Inclusion of NDCs on this forr shall determine the specific NDCs th formulary. NDC [ S Description ]	n does not guarantee WCDP coverage nat the program will include in the Wo Search ]	e. WCDP CDP	
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Note: Inclusion of NDCs on this forr shall determine the specific NDCs the formulary.	n does not guarantee WCDP coverag nat the program will include in the Wo Search ]	e. WCDP CDP Add	Cancel
Note: Inclusion of NDCs on this forr shall determine the specific NDCs th formulary. NDC [ s Description ] Electronic Signature By signing this Electronic Signature cquivalent of my manual signature to be legally bound by the Agreeme	n does not guarantee WCDP coverage hat the program will include in the Wo Search ] Acknowledgement Form, I agree tha on this Agreement. By executing this int's terms and conditions.	e. WCDP CDP Add t my electronic signature is Agreement by electronic si	Cancel
Note: Inclusion of NDCs on this forr shall determine the specific NDCs th formulary. NDC [ s Description [ s Electronic Signature By signing this Electronic Signature equivalent of my manual signature to be legally bound by the Agreeme Please type your First and Last Nam	n does not guarantee WCDP coverag nat the program will include in the Wo Search ] Acknowledgement Form, I agree tha on this Agreement. By executing this nt's terms and conditions.	e. WCDP CDP Add t my electronic signature is Agreement by electronic si	Cancel
Note: Inclusion of NDCs on this forr shall determine the specific NDCs th formulary. NDC [ s Description ] Electronic Signature By signing this Electronic Signature equivalent of my manual signature to be legally bound by the Agreeme Please type your First and Last Nam Dat	n does not guarantee WCDP coverage hat the program will include in the Wo Search ] Acknowledgement Form, I agree tha on this Agreement. By executing this int's terms and conditions.	e. WCDP CDP Add t my electronic signature is agreement by electronic si	Cancel
Note: Inclusion of NDCs on this forr shall determine the specific NDCs th formulary. NDC [ s Description ] Electronic Signature By signing this Electronic Signature equivalent of my manual signature to be legally bound by the Agreeme Please type your First and Last Nam Dat Tit	n does not guarantee WCDP coverage hat the program will include in the Wo Search ] Acknowledgement Form, I agree tha on this Agroement. By executing this int's terms and conditions.	e. WCDP CDP Add t my electronic signature is . Agreement by electronic si	Cancel
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Note: Inclusion of NDCs on this forr shall determine the specific NDCs th formulary. NDC [ s Description [ s By signing this Electronic Signature equivalent of my manual signature to be legally bound by the Agreeme Please type your First and Last Nam Dat Tit I certify that by checking this b I have the authority to act on b	n does not guarantee WCDP coverage hat the program will include in the Wo Search ] Acknowledgement Form, I agree tha on this Agreement. By executing this int's terms and conditions.	e. WCDP CDP Add t my electronic signature is Agreement by electronic si	Cancel
Note: Inclusion of NDCs on this forr shall determine the specific NDCs th formulary. NDC [ s Description [ s Electronic Signature By signing this Electronic Signature equivalent of my manual signature to be legally bound by the Agreeme Please type your First and Last Nam Dat Tit ] I certify that by checking this b I have the authority to act on b I have read and agree to the te The manufacturer holds legal ti	n does not guarantee WCDP coverage hat the program will include in the Wo Search ] Acknowledgement Form, I agree tha on this Agreement. By executing this int's terms and conditions.	e. WCDP CDP Add t my electronic signature is Agreement by electronic si a, that: e Program Drug Rebate Agr ode (s) to be included in this	Cancel

Figure 178 WCDP Agreement Panel

2. Click WCDP Agreement to view the agreement.

- 3. Select all labeler codes that will be subject to the agreement by checking the boxes next to the applicable codes.
- 4. Enter the NDCs associated with the user's labeler code(s) that they are requesting for inclusion in the WCDP formulary:

Note: NDCs should directly relate to treating one of the chronic conditions included in the WCDP program.

• Click **Search**. The NDC search box will be displayed.

NDC				
			Help	Close
Search				?
NDC	Label Name			
CMS Unit	CMS Package Size			
CMS Approval Date	CMS Market Entry Date			
OBC3				
		search	Cle	ar
Search Results				
*** No rows	found ***			
<				>
				.4

Figure 179 NDC Search Box

- Enter the NDC number and/or other requested identifying information in the NDC window.
- Click Search.
- Click the row containing the desired NDC under the "Search Results" section. The NDC and description will populate the fields in the "NDC Detail" section of the panel.
- Click Add. The NDC and its description will populate in the "Request NDC Coverage" section of the panel.
- Repeat steps a-e for each NDC being requested.

Note: Inclusion of NDCs on this form does not guarantee WCDP coverage. WCDP shall determine the specific NDCs that the program will include in the WCDP formulary if a signed rebate agreement is approved.

- 5. Enter the user's first and last name, the current date, and the user's title in the appropriate fields.
- 6. Check the certification box.

7. Click Submit. A submission confirmation message will be displayed.



Figure 180 WCDP Rebate Agreement Submitted Message

8. Once the user is notified via email that the rebate agreement and labeler attachment have been reviewed and approved by DHS, the signed agreement may be viewed using the Labeler Notification/Letters function. Refer to <u>Chapter 19 Retrieving Notifications and Letters</u> for instructions.

### **21.3 SCHIP Agreement**

1. Click **SCHIP Agreement** under the applicable heading to review the agreement and submit an electronic signature. The SCHIP Agreement panel will be displayed.

SCHIP Agreement		0
Required fields are indicated with an aster	risk (*).	
SCHIP		
In order to participate in the SCHIP Pre	scription Drug Assistance Program, you must accept the terms of the SCHIP Rebate Agreement.	
Review SCHIP Agreement		
Associated Labeler Codes		
*Please indicate all labeler codes that	are to be covered by this Agreement.	
00009 - PHARMACIA AND UPJOH	N COMPANY LLC	
By signing this Electronic Signature Ac executing this Agreement by electronic	cknowledgement Form, I agree that my electronic signature is the legal equivalent of my manual signature on this Agreement. By c signature, I consent to be legally bound by the Agreement's terms and conditions.	
Please type your First and Last Name*		
Date		
Title		
<ul> <li>I certify that by checking this box</li> </ul>	, and upon my electronic signature, that:	
<ul> <li>I have the authority to act on behavior</li> </ul>	alf of the Manufacturer.	
<ul> <li>I have read and agree to the term</li> <li>The manufacturer holds legal title</li> </ul>	ns of the Wisconsin SCHIP Rebate Agreement. to or possession of the Labeler Code(s) to be included in this agreement.	
	Submit	Exit

Figure 181 SCHIP Agreement Panel

- 2. Click SCHIP Agreement to view the agreement.
- 3. Select all labeler codes that will be subject to the agreement by checking the boxes next to the applicable codes.
- 4. Enter the user's first and last name, the current date, and the user's title in the appropriate fields.
- 5. Check the certification box.
- 6. Click Submit. An acceptance confirmation message will be displayed.

SCHIP Agreement Submitted	0
Your SCHIP Rebate Agreement and SCHIP Drug Rebate Labeler Attachment have been accepted.	
<u>Print</u> a copy of the signed and ratified documents.	
	Exit



7. Click **Print** in the message to open a printable copy of the signed agreement to retain for the user's records.

# **22** Attachment A: Formatting the Comma-Separated Values File

To properly read the comma-separated values (CSV) text file after it has been saved, the user will need to first import the text file into a spreadsheet or database program and then format it.

- 1. Open a blank spreadsheet.
- 2. In the menu bar at the top of the screen, click **Data**. The Data menu will be displayed.



Figure 183 Blank Spreadsheet

3. Click **From Text** located on the left of the Data menu. The Import Text File window will open.

Organize 🔻 New folder		!≡ ▼	
🔁 Libraries	Documents library Includes: 2 locations	Arrange by:	Folder 🔻
Documents  Music	Name	Date modified	Туре
Pictures	E Adobe	10/11/2017 8·07 AM	File folder
Videos	Custom Office Templates	7/16/2014 8:18 AM	File folder
_	My Data Sources	2/2/2015 3:13 PM	File folder
💻 Computer	My Received Files	10/12/2017 12:26	File folder
PC COE (C:)	OneNote Notebooks	7/23/2015 2:44 PM	File folder
퉬 adobeTemp	Outlook Files	10/17/2017 8:33 AM	File folder
🍌 HP	PC setting SSs	7/3/2015 9:01 AM	File folder
📕 HPExperience	• • • •		· · · · · ·
File name:		▼ Text Files (*.prp:*.txt:*	(csv)

Figure 184 Import Text File Window

- 4. Navigate to the location where the user saved the CSV file and select the file.
- 5. Click Import. The Text Import Wizard Step 1 of 3 window will be displayed.

Text Import Wizard - Step 1 of 3									
The Text Wizard has determined that your data is Delimited.									
If this is correct, choose Next, or choose the data type that best describes your data.									
Original data type									
Choose the file type that best describes your data:									
<ul> <li><u>Delimited</u> - Characters such as commas or tabs separate each field.</li> <li>Fixed width - Fields are aligned in columns with spaces between each field.</li> </ul>									
Start import at row: 1 🚽 File origin: 437 : OEM United States									
My data has headers.									
Preview of file C:\Users\wzxfs5\Desktop\Sample CLD report.csv.									
1 Invoice Type, Invoice Qtr, Provider ID, Claim Type, ICN, NDC, Label Name, HCPCS 2 IC, 20163, NPI 1831104736, P, 7.51627E+12,00121-0577-16, LACTULOSE 10 GM/15 ML 3 IC, 20163, NPI 1831104736, P, 7.51627E+12,00121-0577-16, LACTULOSE 10 GM/15 ML 4 IC, 20163, NPI 1831104736, P, 7.51627E+12,00121-0577-16, LACTULOSE 10 GM/15 ML 5 IC, 20163, NPI 1013922905, P, 7.51627E+12,00121-0775-04, GUAIFEN-CODEINE 100-1									
Cancel < Back <u>N</u> ext > <u>F</u> inish									

Figure 185 Text Import Wizard - Step 1 of 3 Window

6. In the "Original data type" section, click **Delimited**.

7. Click Next. The Text Import Wizard - Step 2 of 3 window will be displayed.

Fext Import Wizard -	Step 2 of 3 2							
This screen lets you set the delimiters your data contains. You can see how your text is affected in the preview below.								
Delimiters          Iab         Semicolon         Comma         Space         Other:	Text gualifier:							
Data preview	nucice Ofr Browider ID Claim Tume ICN NDC Label Name HCDCS Co							
IC, 20163, NPI 1	.831104736, P, 7.51627E+12,00121-0577-16, LACTULOSE 10 GM/15 ML S							
IC. 20163, NPI 1	831104736, P. 7. 51627E+12, 00121-0577-16, LACTULOSE 10 GM/15 ML S							
IC, 20163, NPI 1	.013922905, P, 7.51627E+12,00121-0775-04, GUAIFEN-CODEINE 100-10 -							
•	H							
	Cancel < <u>B</u> ack <u>N</u> ext > <u>F</u> inish							

Figure 186 Text Import Wizard - Step 2 of 3 Window

- 8. Check the **Comma** box.
- 9. Clear any additional boxes that are checked.

10. Click Next. The Text Import Wizard - Step 3 of 3 window will be displayed.

<ul> <li>☐ Iext</li> <li>☐ Date: MDY</li> <li>⑦ Do not import</li> </ul>	▼ t column (skip)	'General' converts all remaining value	numeric values s to text. Adv	to numbers, dat	te values to dates, a
Data <u>p</u> review	/				
Data <u>p</u> review		Reneral	General	General	General
Data <u>p</u> review General Invoice Type	General Invoice Qtr	General Provider ID	General Claim Type	General ICN	General NDC
Data <u>p</u> review Feneral Invoice Type IC	General Invoice Qtr 20163	General Provider ID NPI 1831104736	<u>General</u> Claim Type P	General ICN 7.51627E+12	General NDC 00121-0577-1
Data <u>p</u> review <u>Seneral</u> Invoice Type IC	General Invoice Qtr 20163 20163	General Provider ID NPI 1831104736 NPI 1831104736	General Claim Type P P	General ICN 7.51627E+12 7.51627E+12	General NDC 00121-0577-1 00121-0577-1
Data preview <u>Seneral</u> Invoice Type IC IC	Ceneral Invoice Qtr 20163 20163 20163	General Provider ID NPI 1831104736 NPI 1831104736 NPI 1831104736	General Claim Type P P	General ICN 7.51627E+12 7.51627E+12 7.51627E+12	General NDC 00121-0577-1 00121-0577-1 00121-0577-1
Data preview <u>Seneral</u> Invoice Type IC IC IC	Seneral Invoice Qtr 20163 20163 20163 20163	General Provider ID NPI 1831104736 NPI 1831104736 NPI 1831104736 NPI 1013922905	General Claim Type P P P	Seneral ICN 7.51627E+12 7.51627E+12 7.51627E+12 7.51627E+12 7.51627E+12	Seneral NDC 00121-0577-1 00121-0577-1 00121-0577-1 00121-0775-0

Figure 187 Text Import Wizard - Step 3 of 3 Window

- 11. Click the first column on the left in the "Data preview" section.
- 12. Hold down the Shift key. Scroll to the last column.

13. Click the last column. All the columns should be selected (highlighted).

Text Import Wizard - S	tep 3 of 3				<u>-</u> ?	×	
This screen lets you select each column and set the Data Format.         Column data format         General         Itext         Date:       MDY         Do not import column (skip)						tes, and	
General	General	General	General	General	General Gene	Ta	
ate Of Service /9/2016 /5/2016 /19/2016 /20/2016	Paid Date 7/15/2016 9/9/2016 9/23/2016 9/23/2016	Billed Amt 81.99 81.99 81.99 22.69	Reimbursed Amt 0 0 0	Copay Amt 0 0 0 0	TPL Amt Ptnt 48 0 48 0 48 0 48 0 0 0	- -	
720/2016     5/23/2016     22.65     p     p     p     p                Cancel     <							

Figure 188 Text Import Wizard - Step 3 of 3 Window With All Columns Selected

- 14. Select **Text** in the "Column data format" section.
- 15. Click Finish. The Import Data window will be displayed.



Figure 189 Import Data Window

16. Click Existing worksheet or New worksheet.

17. Click **OK**. The claim-level detail information will be displayed in the chosen worksheet.

F		¢ - ↓ INSERT	PAGE LAYOUT	FORMUL	AS DATA	Bool REVIEW V	cl - Excel IEW ADI	D-INS ACROBAT	* &	f	<u> </u>	04.'o' 191	
	From Access       Image: Connections Sources - Connections Got External Data       Image: Connections Sources - Connections Connections Connections Connections       Image: Connections Sources - Connections Connections Connections Connections Connections       Image: Connections Connect												
A	Get External Data     Connections     Sort & Filter     Data Tools     Outline $r_s$ A1 $\checkmark$ $f_x$ Invoice Type $\land$												
	Α	В	С	D	E	F		G	н	I	J	к	
1	Invoice Type	Invoice Qtr	Provider ID	Claim Type	ICN	NDC	Label Nam	e	HCPCS Code	Claim Qty	Invoiced Qty	Days Supply	yП
2	IC	20163	NPI 1831104736	P	7.51627E+12	00121-0577-16	LACTULOS	E 10 GM/15 ML SOLUTION		946	946	0	
з	IC	20163	NPI 1831104736	P	7.51627E+12	00121-0577-16	LACTULOS	E 10 GM/15 ML SOLUTION		946	946	0	
4	IC	20163	NPI 1831104736	P	7.51627E+12	00121-0577-16	LACTULOS	E 10 GM/15 ML SOLUTION		946	946	0	
5	IC	20163	NPI 1013922905	P	7.51627E+12	00121-0775-04	GUAIFEN-C	CODEINE 100-10 MG/5 ML		120	120	0	
6	IC	20163	NPI 1629002845	P	7.51627E+12	00121-0775-16	GUAIFENES	SIN-CODEINE SYRUP		120	120	0	
7	IC	20163	NPI 1629002845	P	7.51627E+12	00121-0775-16	GUAIFENES	SIN-CODEINE SYRUP		120	120	0	
8													
9													
10													
11													
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16													-
	← →	Sheet1	+					÷ •					F
REA	ADY 🔠											+ 100	0%

Figure 190 Claim-Level Detail in CSV Report Format

18. Once the CSV file has been imported and formatted, save the formatted file before making any changes to avoid having to convert the CSV file again should the user encounter problems while working with the data.

# 23 Attachment B: Adjustment and/or Dispute Codes for Reconciliation of State Invoices (ROSI) and/or Prior Quarter Adjustment Statements (PQAS)

Note: Some codes are described by the Centers for Medicare & Medicaid Services (CMS) as possibly applicable for use both as an adjustment code or dispute code when submitting on a ROSI and/or PQAS. For electronic submission of ROSI and/or PQAS reconciliation files through the ForwardHealth Manufacturer Drug Rebate Portal, codes A, B, C, H, and I may only be utilized as adjustment codes. All other codes may be utilized as dispute codes.

### Adjustment and/or Dispute Codes for ROSI and/or PQAS

- A. Unit rebate amount (URA) has been revised by labeler and reported to CMS, as required.
- B. Labeler has calculated URA and/or rebate where none (a zero URA) was reported by state.
- C. Units invoiced adjusted through mutual agreement between labeler/state. Adjustments must be reflected to labeler and in utilization reporting to CMS.
- D. Unit Type and/or Units Per Package Size (UPPS) reported on state invoice is different than unit of measure (UOM) reported to CMS by labeler for NDC. Labeler and state to follow up to discuss the need for conversions prior to rebate invoice billing or labeler change in reported UOM.
- E. State is invoicing a decimal value for whole number value (UPPS) reported by labeler.
- F. Package size discrepancy (for example, could include correction to package size by labeler).
- G. Transferred NDC to another labeler code or company. (Labeler code is ultimately responsible for rebate payment.)\*
- H. Utilization change from the state.
- I. URA amount adjusted through correspondence between labeler/state. *Use this code only* when the state has reported a URA not based on the CMS file and code A is not applicable.
- J. No state reimbursement reflected on claims-level detail (Fee-for-Service only).
- K. J-Code to NDC crosswalk requires validation data (for example, crosswalk to products with multiple NDCs and/or package sizes).\*
- L. Generic Substitution.

- M. Duplicate claim.
- N. Discontinued/terminated NDC for which the shelf life expired more than one year from the dispense date. (Documentation should support dispensed date.)

Note: Since the second quarter of 2014, per labeler release #91 and state release #168, labelers that reported retroactive termination dates cannot dispute until after the quarter in which they reported the retroactive termination date.\*

- O. Invalid/miscoded NDC.
- P. State units invoiced exceed unit sales. (Documentation should include supporting methodology and data source.)\*
- Q. Utilization/quantity is inconsistent with the number of prescriptions.
- R. Utilization/quantity is inconsistent with pharmacy reimbursement levels, including Third-Party Payments. (This dispute code should be used in conjunction with another code or other supporting documentation.)\*
- S. Utilization/quantity is inconsistent with state historical trends or current state program information (Documentation should include trend/program information.)\*
- T. Utilization/quantity is inconsistent with lowest dispensable package size.
- U. Product not rebate-eligible (for example, product was not reported to CMS because the product is not a COD, product is for a non-Medicaid state-only program, an HMO non-Fee-For-Service program, etc.)\*
- V. No record of sales directly to state or state history of purchase from out-of-work provider (for example, border pharmacies, mail order pharmacies).\*
- W. Closed out. All disputes resolved.
- X. PHS entity not extracted from state data. (Documentation should include PHS provider number.)\*
- Y. State-invoiced MCO claims based on date of payment (DOP) rather than DOS. (This adjustment code to be used only for MCO utilization beginning 3Q2017 or later. The labeler should pay using the URA that applies to the suspended date of service, such as the preceding quarter, and should request claims-level data [CLD] from the state in order to apply claims to the correct invoice period and close outstanding balances.)

#### \*Supporting documentation is *required*.

Note: Some adjustments/dispute codes are specifically noted to require supporting documentation; however, supporting documentation can always be submitted, even for those instances where it is not specifically mentioned in this document.

# 24 Attachment C: Electronic Reconciliation of State Invoice (Form CMS-304) Electronic Record Format and Labeler Data Definitions

Note: File format versions in .csv are not accepted to support drug rebate payments submitted by manufacturers enrolled in the Manufacturers Drug Rebate area of the Portal.

	Ordinal Position	Field Name (.txt) Header Row (.csv)	Size	Position	Remarks
	1	Record ID	2	1–2	Constant of "R1" for ROSI 1
	2	Labeler Name	25	3–27	First 25 Positions of Company Name
	3	Labeler Code	5	28–32	NDC 1
1	4	Period Covered	5	33–37	QYYYY
cord	5	Labeler Contact	20	38–57	Labeler's Contact Person
Rec	6	Phone	14	58–71	Area Code/Phone No./Ext. of Invoice Contact
	7	Email	50	72–121	Labeler's Invoice Contact Email Address
	8	State Code	2	122—123	Two Position Postal Abbreviation
	9	Invoice Number	10	124—133	Corresponds to State Invoice Number
	10	Date	8	134—141	Date Report was Created

	Ordinal Position	Field Name (.txt) Header Row (.csv)	Size	Position	Remarks
	1	Record ID	2	1–2	Constant of "R2" for ROSI 2
	2	Labeler Code	5	3–7	NDC 1
	3	Product Code/Package	6	8–13	NDC 2 and 3
	4	FDA Product Name	10	14–23	First 10 Positions of Product Name
	5	FFS/MCO Record ID	4	24–27	Constant of "FFSU" or "MCOU"
	6	Unit Rebate Amount	15	28–42	99999999.999999
	7	Adjusted Unit Rebate Amount	15	43–57	99999999.999999
d 2	8	Units Invoiced	16	58–73	999999999999999999999999999999999999999
tecor	9	Adjusted Units (+/-)	17	74–90	999999999999999999999999999999999999999
ч	10	Labeler Disputed Units	16	91–106	999999999999999999999999999999999999999
	11	Units Paid	16	107–122	999999999999999999999999999999999999999
	12	Adjustment Code(s)	3	123–125	See Adjustment/Dispute codes in <u>Attachment B</u> .
	13	Dispute Code(s)	3	126–128	See Adjustment/Dispute codes in <u>Attachment B</u> .
	14	Rebate Amount Invoiced	16	129–144	999999999999999999999999999999999999999
	15	Invoice Correction Amount (+/-)	17	145–161	999999999999999999999999999999999999999
	16	Withheld Invoice Amount	16	162–177	999999999999999999999999999999999999999
	17	Rebate Amount Paid	16	178–193	999999999999999999999999999999999999999

	Ordinal Position	Field Name (.txt) Header Row (.csv)	Size	Position	Remarks
	1	Record ID	2	1–2	Constant of "R3" for ROSI 3
	2	Labeler Code	5	3–7	NDC 1
	3	Total Units Invoiced	16	8–23	99999999999999999
	4	Total Adjusted Units (+/-)	17	24–40	9999999999999999999
8	5	Total Labeler Disputed Units	16	41–56	999999999999999999999999999999999999999
cord	6	Total Units Paid	16	57–72	99999999999999999
Rec	7	Total Rebate Amount Invoiced	16	73–88	999999999999999999999999999999999999999
	8	Total Invoice Correction Amount (+/-)	17	89–105	999999999999999999999999999999999999999
	9	Total Withheld Invoice Amount	16	106–121	999999999999999999999999999999999999999
	10	Total Rebate Amount Paid	16	122–137	999999999999999999999999999999999999999
	11	Plus Interest Payment	16	138–153	999999999999999999999999999999999999999
	12	Total Remittance	16	154–169	999999999999999999999999999999999999999

### Data Definitions

### Record 1—ROSI

Record ID: Constant of "R1" for "ROSI 1."

**Labeler Name:** Name of labeler as it appears on the signed rebate agreement. Alphanumeric values, first 25 letters of labeler name, left-justified, blank-filled.

**Labeler Code:** The first segment of the National Drug Code (NDC 1) that identifies the labeler. Numeric values, five-digit field, right-justified, zero-padded.

**Period Covered:** Current quarter and year. Numeric values, five-digit field, format: QYYYY, no blanks.

Valid values for Q: 1 = January 1–March 31 2 = April 1–June 30 3 = July 1–September 30 4 = October 1–December 31

Valid values for YYYY: Four-digit calendar year equal to 1991 or later.

**Labeler Contact:** Labeler's Invoice contact. Alphabetic values, 20-character field, left-justified, first name and last name separated by one blank.

**Phone:** Labeler's Invoice contact phone number. Numeric values, 14-digit field, 10-digit area code and phone number, and four-digit extension or blanks.

Email: Labeler's Invoice contact email address. Alphanumeric values, 50-digit field.

State Code: State postal abbreviation. Alphabetic values, two-character field, no blanks.

**Invoice Number:** If no invoice number, blank-filled. Alphanumeric values, 10-digit field, right-justified.

Date: Date ROSI was generated. Numeric values, eight-digit field, MMDDYYYY, no blanks.

#### Record 2—ROSI

Record ID: Constant of "R2" for "ROSI 2."

Labeler Code: The first segment of the NDC that identifies the labeler. Numeric values, five-digit field, right-justified, zero-padded.

**Product/Package Code (Column A):** The second and third segments of the NDC. Alphanumeric values, six-digit field, right-justified, zero-padded.

**FDA Product Name (Column B):** First 10 characters of product name as approved by and/or listed with the FDA. Alphanumeric values, 10-digit field, left-justified, blank-filled.

**FSS/MCO Record ID (Column C):** Constant of "FFSU" or "MCOU": The FFSU Record ID indicates that the information for this NDC represents a fee-for-service record. The MCOU Record ID indicates that the information for this NDC represents a MCO record. Four-digit field, no blanks.

Valid values: Within or earlier than 4Q2009 = Constant Record ID or FFSU Within or later than 1Q2010 = FFSU and MCOU

**Unit Rebate Amount (URA) (Column D):** CMS-calculated URA as shown on the state invoice. Numeric values, 15-digit field: eight whole numbers, the decimal point ("."), and six decimal places, zero-padded, right-justified.

Adjusted Unit Rebate Amount (Column E): URA if adjusted from the amount in the URA field or blank if not applicable. (The Adjustment Code field must be annotated.) Numeric values, 15-digit field: eight whole numbers, the decimal point ("."), and six decimal places, right-justified. Calculate to five decimal places and round to four, pad positions five and six with zeros.

**Units Invoiced (Column F):** The total units reimbursed as shown on the invoice. Numeric values, 16-digit field: 12 whole numbers, the decimal point ("."), and three decimal places, right-justified, zero-padded.

Adjusted Units (Column G): Adjusted units preceded by a + or - based on labeler and state agreement. Annotate Adjustment Code field if adjusted units are present. Numeric values, 17-digit field: the plus (+) or minus (-) symbol, 12 whole numbers, the decimal point ("."), and three decimal places, right-justified, blank-filled if not applicable.

**Labeler Disputed Units (Column H):** Disputed units. Numeric values, 16-digit field: 12 whole numbers, the decimal point ("."), and three decimal places, right-justified, zero-padded.

**Units Paid (Column** I): Number of units paid after calculating adjustments and disputes. Numeric values, 16- digit field: 12 whole numbers, the decimal point ("."), and three decimal places, right-justified, zero-padded.

Adjustment Code(s) (Column J): Adjustment explanation(s). Alphabetic values, three-character field. Valid values per attached list of codes. Up to three Adjustment Codes per NDC; blanks for fewer than three codes.

**Dispute Code(s) (Column K):** Dispute explanation(s). Alphabetic values, three-character field. Valid values per attached list of codes. Up to three Dispute Codes per NDC; blank for fewer than three codes.

**Rebate Amount Invoiced (Column L):** The total rebate amount the State Medicaid Agency has billed the labeler for the period covered for this 11-digit NDC. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

**Invoice Correction Amount (+ or -) (Column M):** Adjusted invoice amount based on any adjustments or disputes. Numeric values preceded by a + or -, 17-digit field: the plus (+) or minus (-) symbol, 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

Withheld Invoice Amount (Column N): Rebate amount withheld based on any adjustments or disputes. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

**Rebate Amount Paid (Column O):** Total rebate amount paid for the NDC in the period covered. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

### Record 3—ROSI

Record ID: Constant of "R3" for "ROSI 3."

**Labeler Code:** The first segment of the NDC that identifies the labeler. Numeric values, five-digit field, right-justified, zero-padded.

Totals (Bottom Row of Chart): Add totals for each column. Use parameters for each column total as described for each field above.

**Plus Interest Payment:** Total amount of interest paid with this invoice. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

**Total Remittance:** Total rebate amount paid for all NDCs, including any interest payment. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

# 25 Attachment D: Prior Quarter Adjustment Statement (Form CMS-304a) Electronic File Format and Labeler Data Definitions

Note: File format versions in .csv are not accepted to support drug rebate payments submitted by manufacturers enrolled in the Manufacturers Drug Rebate area of the Portal.

	Ordinal Position	Field Name (.txt) Header Row (.csv)	Size	Position	Remarks
	1	Record ID	2	1–2	Constant of "P1" for PQAS 1
	2	Labeler Name	25	3–27	First 25 Positions of Company Name
	3	Labeler Code	5	28–32	NDC 1
d 1	4	Period Covered	5	33–37	QYYYY
ecor	5	Labeler Contact	20	38–57	Labeler's Contact Person
R	6	Phone	14	58–71	Area Code/Phone No./Ext. of Invoice Contact
	7	Email	50	72–121	Labeler's Invoice Contact Email Address
	8	State Code	2	122–123	Two Position Postal Abbreviation
	9	Invoice Number	10	124–133	Corresponds to State Invoice Number
	10	Date	8	134–141	Date Report was Created

	Ordinal Position	Field Name (.txt) Header Row (.csv)	Size	Position	Remarks
	1	Record ID	2	1–2	Constant of "P2" for PQAS 2
	2	Labeler Code	5	3–7	NDC1
	3	Product Code/Package	6	8–13	NDC 2 and 3
	4	FDA Product Name	10	14–23	First 10 Positions of Product Name
	5	FFS/MCO Record ID	4	24–27	Constant of "FFSU" or "MCOU"
	6	Original Unit Rebate Amount	15	28–42	999999999.999999
	7	Current Unit Rebate Amount	15	43–57	999999999.999999
	8	Original Units Invoiced	16	58–73	999999999999999999999999999999999999999
rd 2	9	Current Units to Date	16	74–89	99999999999999999
Secol	10	Prior Units Paid	16	90–105	999999999999999999999999999999999999999
-	11	Current Units Paid to Date	16	106–121	999999999999999999999999999999999999999
	12	Prior Units Disputed	16	122–137	99999999999999999
	13	Current Units Disputed to Date	16	138–153	99999999999999999
	14	Original Amount Invoiced	16	154–169	999999999999999999999999999999999999999
	15	Revised Invoice Amount	16	170–185	999999999999999999999999999999999999999
	16	Prior Amount Paid	16	186–201	999999999999999999999999999999999999999
	17	Current Amount Paid to Date	16	202–217	999999999999999999999999999999999999999
	18	Amount Paid This Transaction	16	218–233	999999999999999999999999999999999999999
	19	Adjustment Code(s)	3	234–236	See Adjustment/Dispute codes in <u>Attachment B</u> .
	20	Dispute Code(s)	3	237–239	See Adjustment/Dispute codes in <u>Attachment B</u> .

	Ordinal Position	Field Name (.txt) Header Row (.csv)	Size	Position	Remarks
	1	Record ID	2	1–2	Constant of "P3" for PQAS 3
	2	Labeler Code	5	3–7	NDC 1
	3	Total Original Units Invoiced	16	8–23	Total for all NDCs 99999999999999999
	4	Total Current Units to Date	16	24–39	Total for all NDCs 99999999999999999
	5	Total Prior Units Paid	16	40–55	Total for all NDCs 99999999999999999
m	6	Total Current Units Paid to Date	16	56–71	Total for all NDCs 99999999999999999
cord	7	Total Prior Units Disputed	16	72–87	Total for all NDCs 99999999999999999
Rec	8	Total Current Units Disputed to Date	16	88–103	Total for all NDCs 99999999999999999
	9	Total Original Amount Invoiced	16	104–119	Total for all NDCs 999999999999999999999999999999999999
	10	Total Revised Invoice Amount	16	120–135	Total for all NDCs 999999999999999999999999999999999999
	11	Total Prior Amount Paid	16	136–151	Total for all NDCs 99999999999999999
	12	Total Current Amount Paid to Date	16	152–167	Total for all NDCs 999999999999999999999999999999999999
	13	Total Amount Paid This Transaction	16	168–183	Total for all NDCs 999999999999999999
	14	Plus Interest Payment	16	184–199	Total for all NDCs 999999999999999999999999999999999999
	15	Total Remittance	16	200–215	Total for all NDCs 99999999999999999

### **Data Definitions**

### Record 1—PQAS

Record ID: Constant of "P1" for "PQAS 1."

Labeler Name: Name of labeler as it appears on the signed rebate agreement. Alphanumeric values, first 25 letters of labeler name, left-justified, blank-filled.

**Labeler Code:** The first segment of the NDC that identifies the labeler. Numeric values, fivedigit field, right-justified, zero-padded.

**Period Covered:** Current quarter and year. Numeric values, five-digit field, format: QYYYY, no blanks.

Valid values for P: 1 = January 1–March 31 2 = April 1–June 30 3 = July 1–September 30 4 = October 1–December 31

Valid values for YYYY: Four-digit calendar year equal to 1991 or later.

**Labeler Contact:** Labeler's Invoice contact. Alphabetic values, 20-character field, left-justified, first name and last name separated by one blank.

**Phone:** Labeler's Invoice contact phone number. Numeric values, 14-digit field, 10-digit area code and phone number, and four-digit extension or blanks.

Emails: Labeler's Invoice contact email address. Alphanumeric values, 50-digit field.

State Code: State postal abbreviation. Alphabetic values, two-character field, no blanks.

**Invoice Number:** If no invoice number, blank-filled. Alphanumeric values, 10-digit field, right-justified.

**Date:** Date ROSI was generated. Numeric values, eight-digit field, MMDDYYYY, no blanks.

#### Record 2 - PQAS

Record ID: Constant of "P2" for "PQAS 2."

Labeler Code: The first segment of the NDC that identifies the labeler. Numeric values, fivedigit field, right-justified, zero-padded.

**Product Code/Package (Column A):** The second and third segments of the NDC. Alphanumeric values, six-digit field, right-justified, zero-padded.

**FDA Product Name (Column B):** First 10 characters of product name as approved by and/or listed with the FDA. Alphanumeric values, 10-digit field, left-justified, blank-filled.

**FSS/MCO Record ID (Column C):** Constant of "FFSU" or "MCOU": The FFSU Record ID indicates that the information for this NDC represents a fee-for-service record. The MCOU

Record ID indicates that the information for this NDC represents a MCO record. Four-digit field, no blanks.

Valid values: Within or earlier than 4Q2009 = Constant Record ID or FFSU Within or later than 1Q2010 = FFSU and MCOU

**Original Unit Rebate Amount (URA) (Column D):** CMS-calculated URA as shown on the original state invoice. Numeric values, 15-digit field: eight whole numbers, the decimal point ('.') and six decimal places, zero-padded, right-justified.

**Current Unit Rebate Amount (URA) (Column E):** The adjusted/current URA. Numeric, 15digit field: eight whole numbers, the decimal point ("."), and six decimal places, blank-filled if not applicable.

**Original Units Invoiced (Column F):** The number of units reported on the original invoice. Numeric, 16-digit field: 12 whole numbers. The decimal point ("."), and three decimal places, right-justified, zero-padded.

**Current Units to Date (Column G):** The number of units agreed upon by the labeler and state, as adjusted from the original invoice. Numeric values, 16-digit field: 12 whole numbers, the decimal point ("."), and three decimal places, right- justified, zero-padded.

**Prior Units Paid (Column H):** The total units previously paid from the original invoice. Numeric, 16-digit field: 12 whole numbers, the decimal point ("."), and three decimal places, right-justified, zero-padded.

**Current Units Paid to Date (Column I):** The total units paid for this NDC with this PQAS. Numeric values, 16-digit field: 12 whole numbers, the decimal point ("."), and three decimal places, right-justified, zero-padded.

**Prior Units Disputed (Column J):** The total units previously disputed from the original invoice. Numeric values, 16-digit field: 12 whole numbers, the decimal point ("."), and three decimal places, right-justified, zero-padded.

**Current Units Disputed to Date (Column K):** The total units disputed for this NDC, with this PQAS. Numeric values, 16-digit field: 12 whole numbers, the decimal point ("."), and three decimal places, right-justified, zero-padded.

**Original Amount Invoiced (Column L):** The total rebate amount originally invoiced for this NDC. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

**Revised Invoice Amount (Column M):** The total rebate amount as adjusted (where applicable) by this PQAS for this NDC. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

**Prior Amount Paid (Column N):** The total amount previously paid for this NDC from the original invoice. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

**Current Amount Paid to Date (Column O):** The total amount paid for this NDC, including payments made via this PQAS. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

**Amount Paid This Transaction (Column P):** The difference between columns M and N (the result may be a positive or negative number). Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

Adjustment Code(s) (Column Q): Adjustment explanation(s). Alphabetic values, threecharacter field. Valid values per attached list of codes. Up to three Adjustment Codes per NDC; blanks for fewer than three codes.

**Dispute Code(s) (Column R):** Dispute explanation(s). Alphabetic values, three-character field. Valid values per attached list of codes. Up to three Dispute Codes per NDC; blanks for fewer than three codes.

### Record 3–PQAS

Record ID: Constant of "P3" for "PQAS 3."

Labeler Code: The first segment of the NDC that identifies the labeler. Numeric values, fivedigit field, right-justified, zero-padded.

Totals (Bottom Row of Chart): Add totals for each column. Use parameters for each column total as described for each field above.

**Plus Interest Payment:** Total amount of interest paid with this PQAS. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.

**Total Remittance:** Total rebate amount paid on this PQAS for all NDCs, including any interest payment. Numeric values, 16-digit field: 13 whole numbers, the decimal point ("."), and two decimal places, right-justified, zero-padded.