

PHARMACY BENEFIT MANAGER (PBM) INSURANCE DISCLOSURE ONBOARDING

USE OF FORM: The use of this form is not required for submission of the below requested information. If this form is not used, then an alternate format to document the same information must be submitted. The information on this form will be used to assign Wisconsin carrier code(s) to the PBM for the insurance disclosure program and to ensure the quality and accuracy of the coverage information submitted on the insurance disclosure production file.

INSTRUCTIONS: This form is completed by PBMs for the purpose of gathering information outlined in the Account Setup and Content of the Insurance Disclosure File sections of the Wisconsin Insurance Disclosure Data Dictionary. Please reference these sections when completing this form. Definitions have also been provided at the end of the form.

Note: Unique identification numbers requested for certain coverages will be added to an exemption table to ensure they are not added to the ForwardHealth System. Carrier information provided will ensure we do not use duplicate data received from other sources. Submit the completed form to the following email addresses:

VEDSDECoordinator@wisconsin.gov and dhstpl@dhs.wisconsin.gov.

Pharmacy Benefit Manager Contact Information

Name – PBM

Name – Primary Technical Contact

Phone Number

Email Address

Name – Secondary Technical Contact

Phone Number

Email Address

Claims Mailing Address – (if more than two addresses, please attach another sheet)

1. Does the PBM have multiple claims mailing addresses?

Yes No

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

Types of Prescription Drug Coverage (see next page for definitions)

2. Does the PBM administer services for commercial drug coverage?

Yes No

If yes, provide the names of the commercial health carriers for whom you provide PBM services.

3. Does the PBM administer services for Medicare supplemental drug coverage?

Yes No

If yes, provide the names of the Medicare supplemental carriers for whom you provide PBM services.

4. Does the PBM administer services for Medicare Part D drug coverage?

Yes No

If yes, provide the unique identification associated with this type of coverage (i.e., group number, benefit identification number [BIN], process control number [PCN]).

5. Does the PBM administer services for contraceptive-only services coverage?

Yes No

If yes, provide the unique identification associated with this type of coverage (i.e., group number, BIN, PCN).

Definitions

Commercial Drug Coverage	Prescription drug benefits not obtained from Medicare or Medicaid (i.e., Wisconsin ForwardHealth). The insurance may be employer sponsored or privately purchased. Commercial drug plans may be provided on a fee-for-service basis or through a managed care plan.
Contraceptive-Only	Coverage that only provides services and medications which prevent pregnancy. These plans are offered to members of a group health plan whose employer-sponsored health plans are not required to provide this service due to religious affiliations.
Medicare Part D Drug Coverage	Medicare Part D is the program created by the federal Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 to provide some assistance for Medicare beneficiaries to pay for outpatient prescription drug costs. It is an optional program available to Medicare beneficiaries eligible for Medicare Part A and/or enrolled in Medicare Part B. Medicare Part D plans can be standalone plans or associated with Medicare Advantage or Medicare Cost plans.
Medicare Supplemental Drug Coverage	An insurance policy, sold by commercial insurance carriers, intended to help pay some of the health care costs that Medicare Part D does not cover. Note: In 2006, Medicare supplemental drug coverage was not being sold. Policies bought before 2006 should be reported.
