User Guide

ForwardHealth Portal Manufacturer Drug Rebate

March 14, 2025

WISCONSIN DEPARTMENT
of HEALTH SERVICES

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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 Chapter 13 Downloading Invoices 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/.
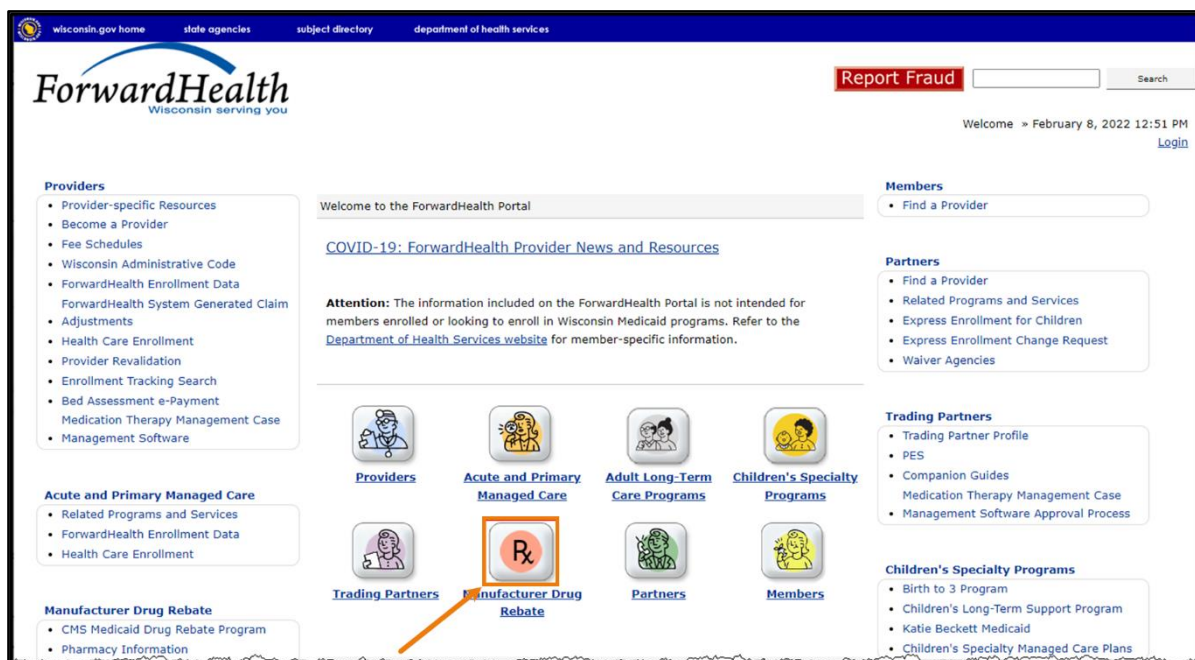

Figure 1 ForwardHealth Portal Homepage

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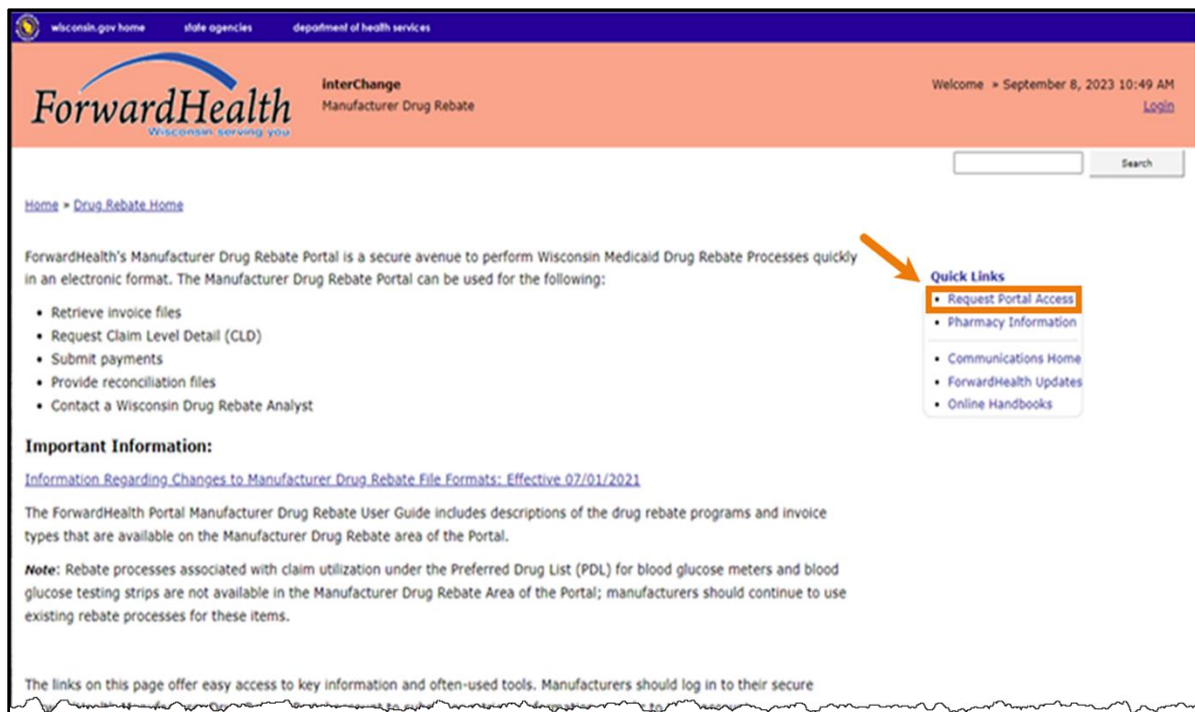

Figure 2 Public Manufacturer Drug Rebate Page

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.

Portal Access Request Information   ⊘

Required fields are indicated with an asterisk (*).
- Manufacturers are encouraged to review the Manufacturer Drug Rebate Portal Frequently Asked Questions.
- Please select your parent labeler code to request access to the ForwardHealth Portal.
- Your approval letter will be sent to your invoice contact address identified on the CMS file.
- When you receive your approval letter, you will be able to add your additional labeler codes within your organization.
- Review and approval of requests to establish secure Portal accounts may be delayed during drug rebate quarterly invoicing periods. This would apply to requests received in February, May, August, and November from the 15th of the month through the last day of the month.

Manufacturers who choose to sign up for a secure Portal account are agreeing to conduct all drug rebate business processes electronically. This includes the following:
- 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 electronically via .txt, .xls, or .xlsx file format

Note: PDF versions of ROSI and PQAS files may not be submitted to disposition payments through the Portal.

☐   * I Agree to the above statement.

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.
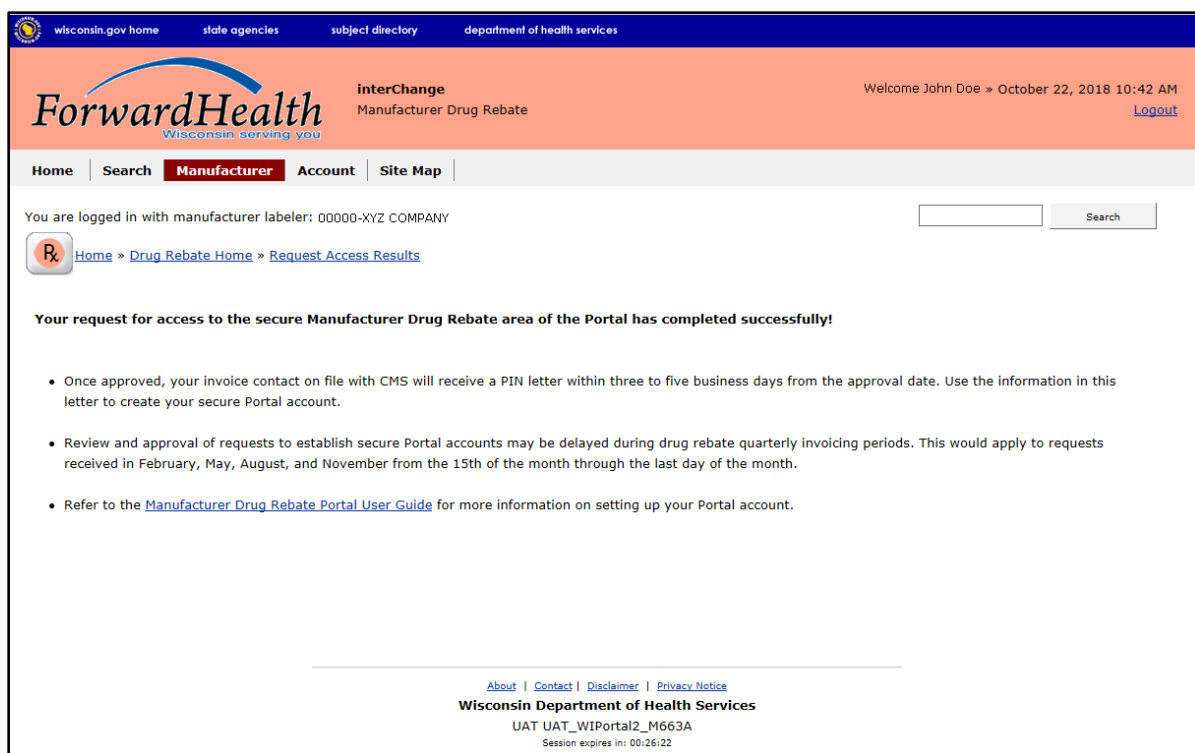

Figure 4 Request Manufacturer Portal Access Confirmation Page

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

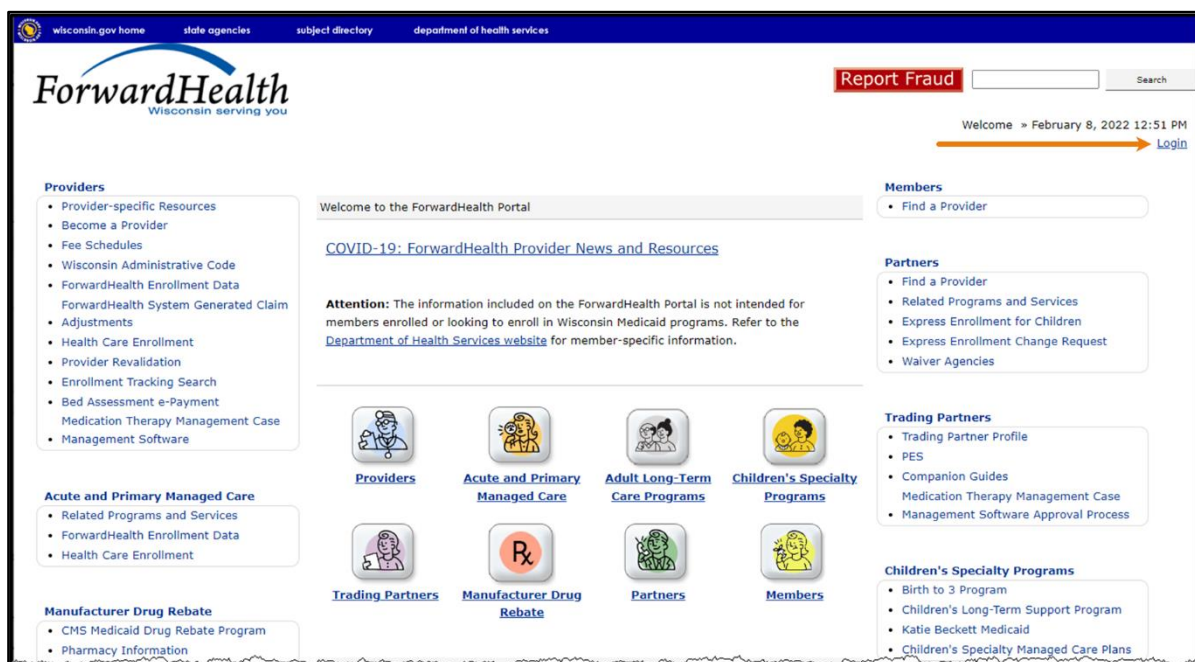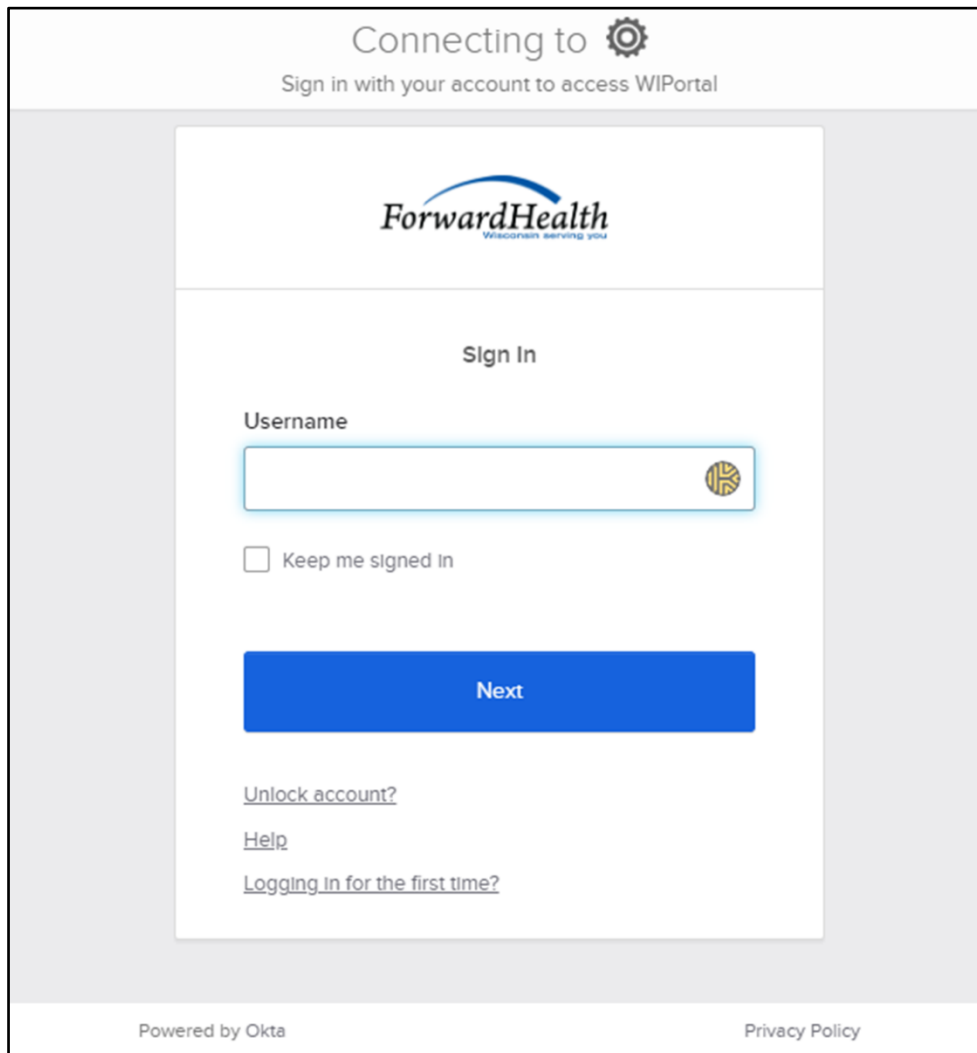1. After the administrative account user receives the PIN letter, they can access the Portal at forwardhealth.wi.gov/.

Figure 5 ForwardHealth Portal Homepage

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

Figure 6 Sign In Box

3. Click **Logging in for the first time?**

The Account Setup page will be displayed.

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.

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.

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

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

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.

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.
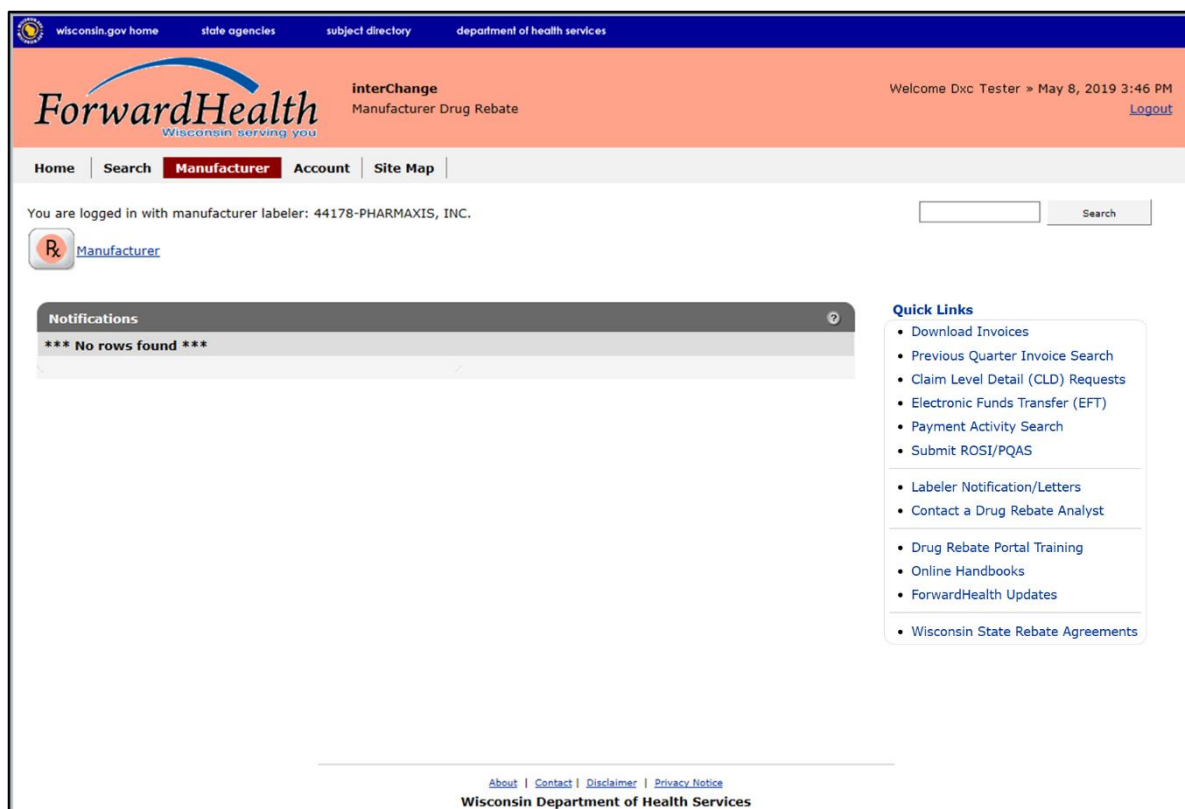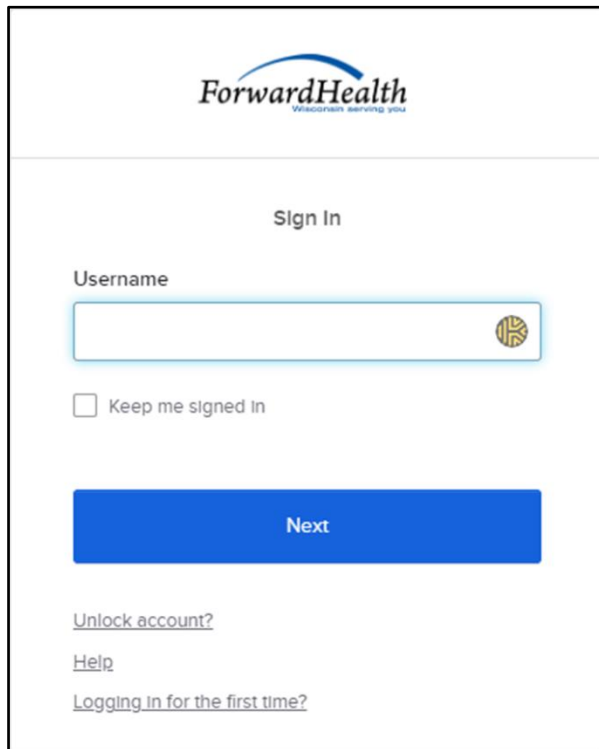
Figure 11 Secure Manufacturer Drug Rebate Page

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 forwardhealth.wi.gov/.

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

Figure 12 Sign In Box

3. Enter the user's username.

4. Click **Next**.

A Verify with your password box will be displayed.

Figure 13 Verify With Your Password Box

5. Click **Forgot password?**

A Reset your password box will be displayed.

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.

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.

Figure 16 Verify With Your Email Box

c.   Proceed to Step 7.

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

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

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.

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.

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.

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).
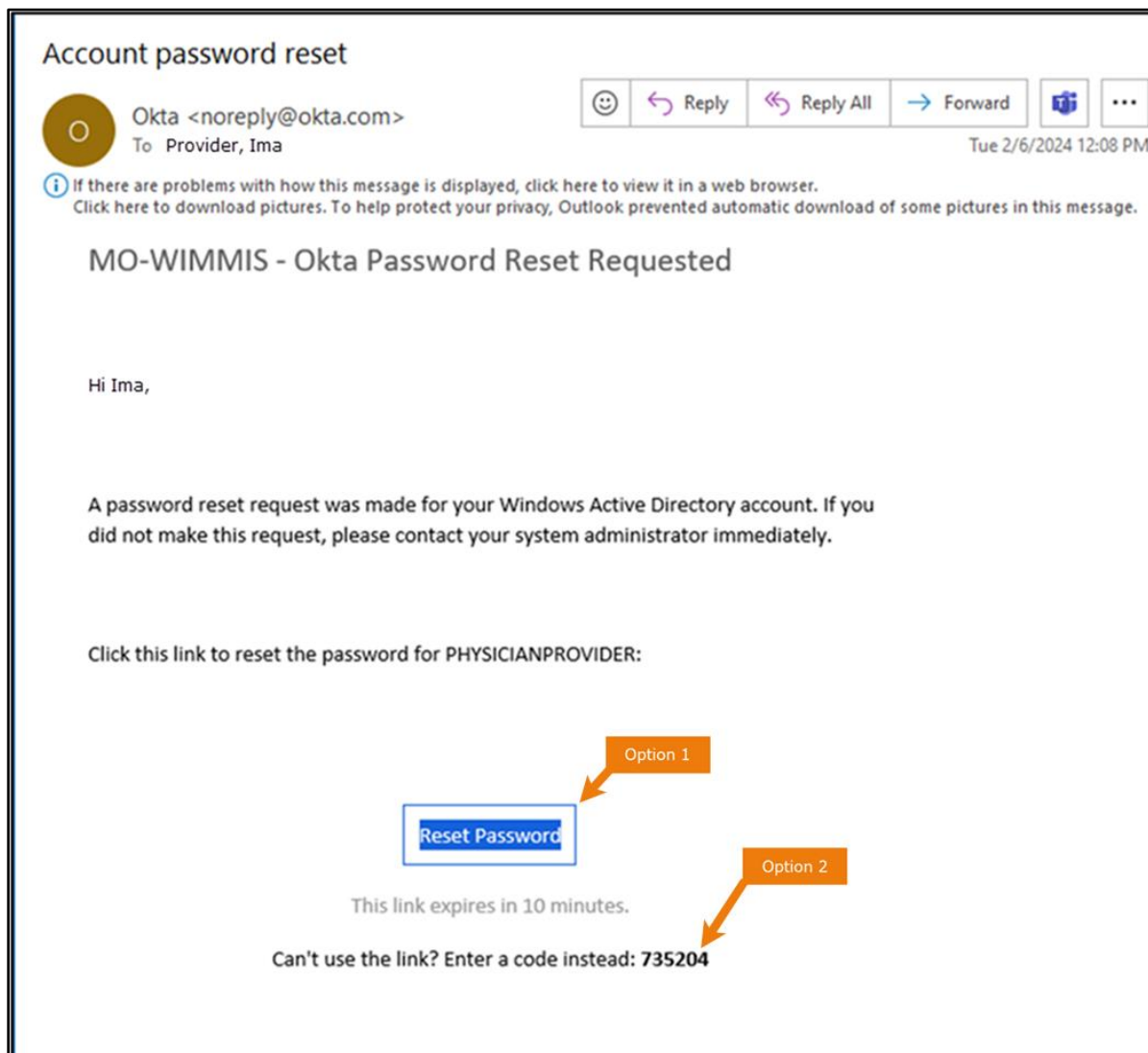
Figure 21 Account Password Reset Email

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.
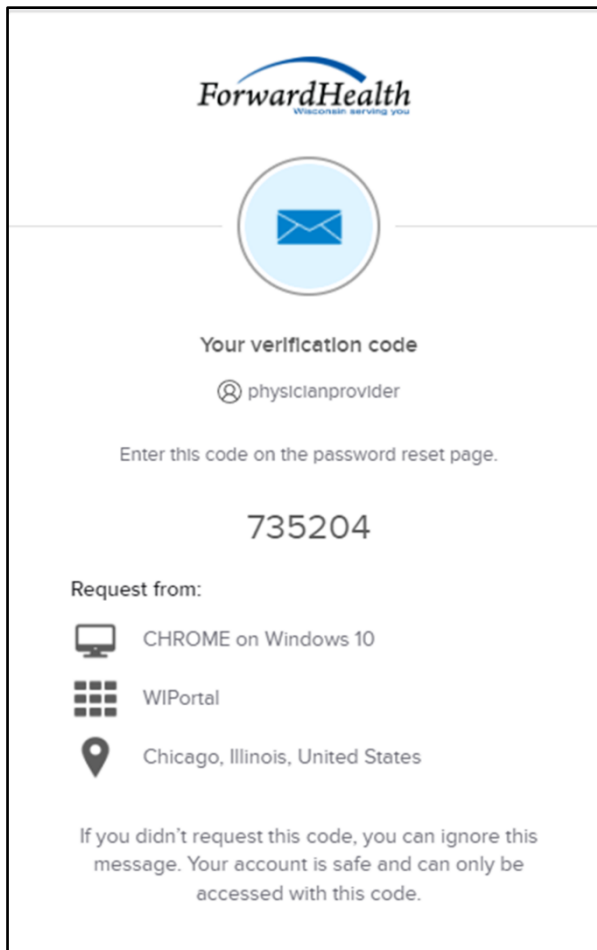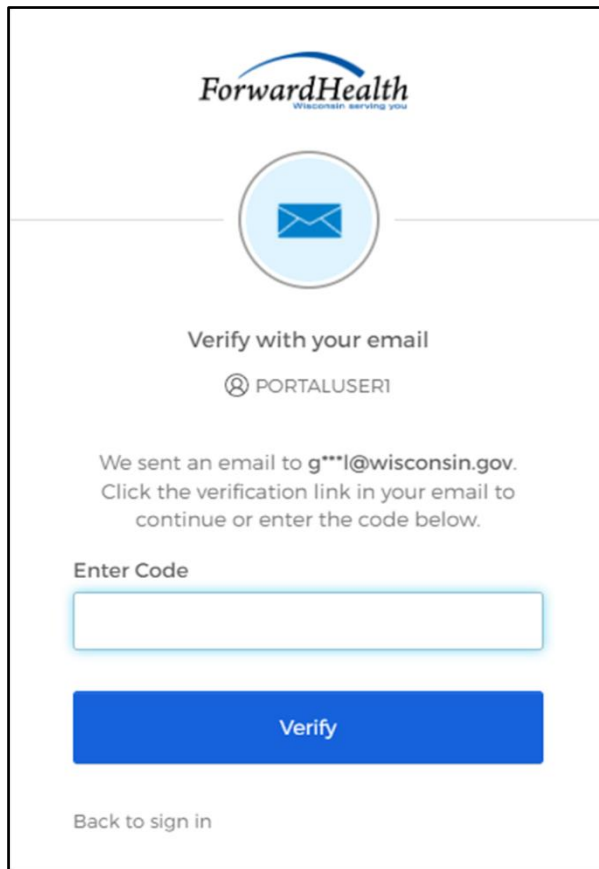
Figure 22 Verification Code Box

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**.
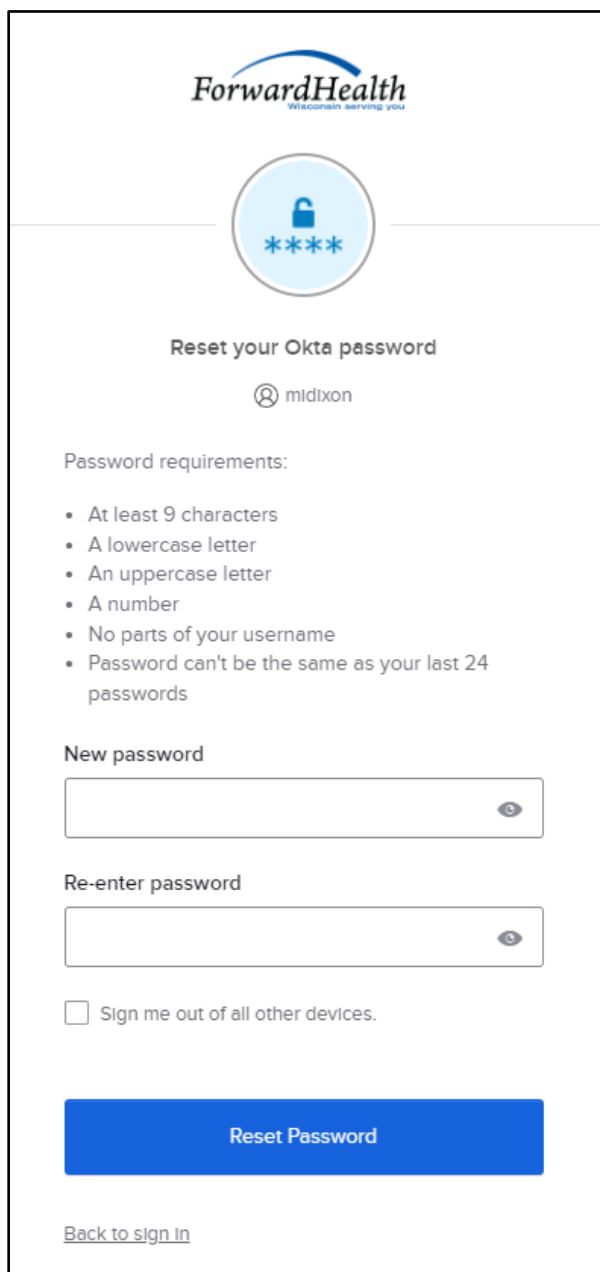
Figure 23 Verify With Your Email Box

The Reset your Okta password box will be displayed.

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 forwardhealth.wi.gov/.

2. Click **Login**. A sign In box will be displayed.

Figure 25 Sign In Box

3. Click **Unlock account?**

An Unlock account box will be displayed.

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:
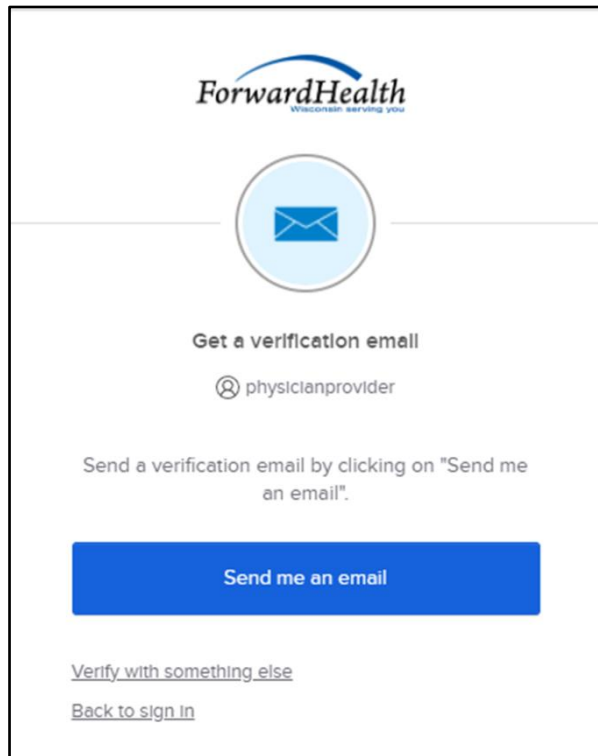
    a. A Get a verification email box will be displayed.
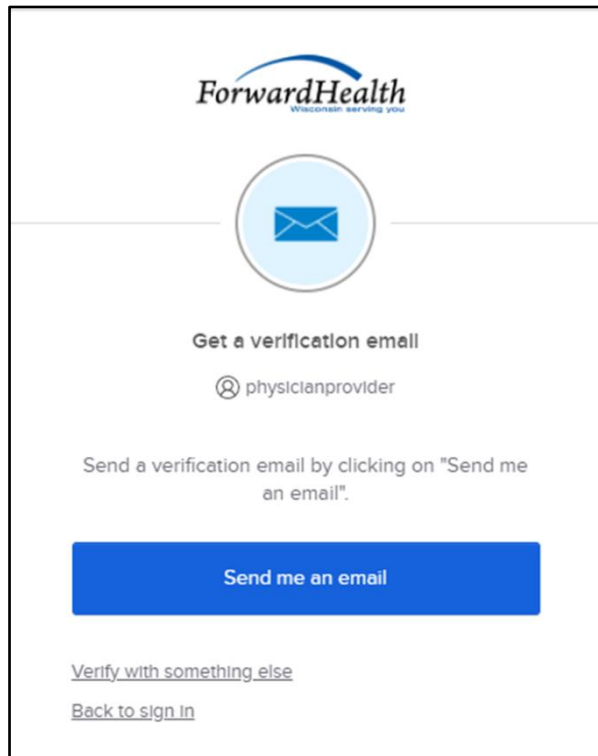
Figure 27 Get A Verification Email

    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.

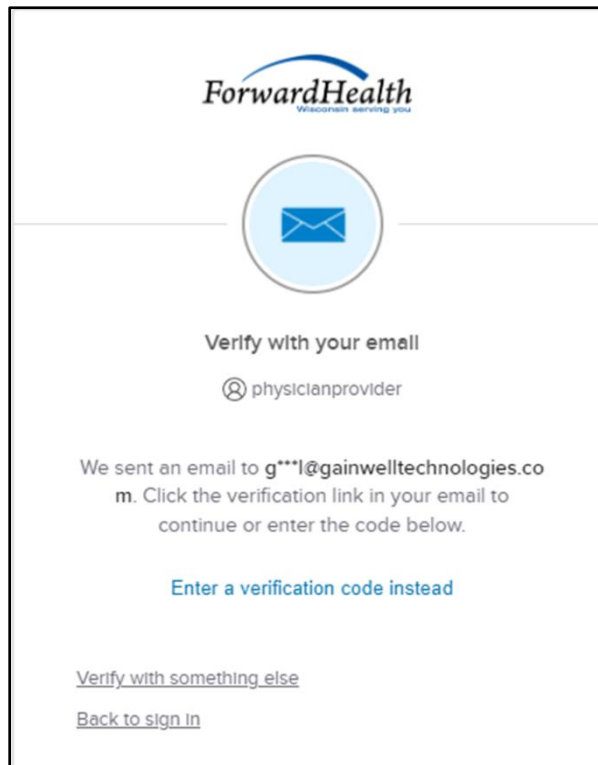A Verify with your email box will be displayed and an email will be sent.
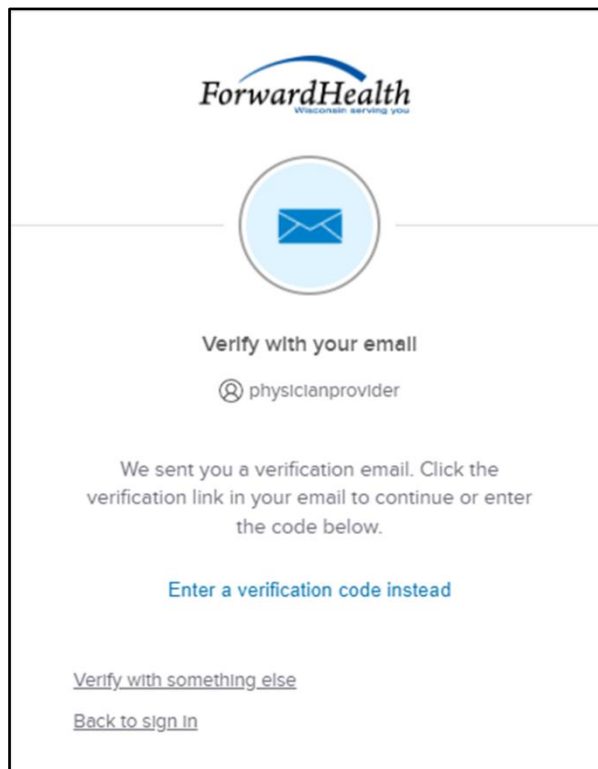
Figure 28 Verify with your email box

c. Proceed to [Step 6](#).

- If the user clicks **Select** for phone:
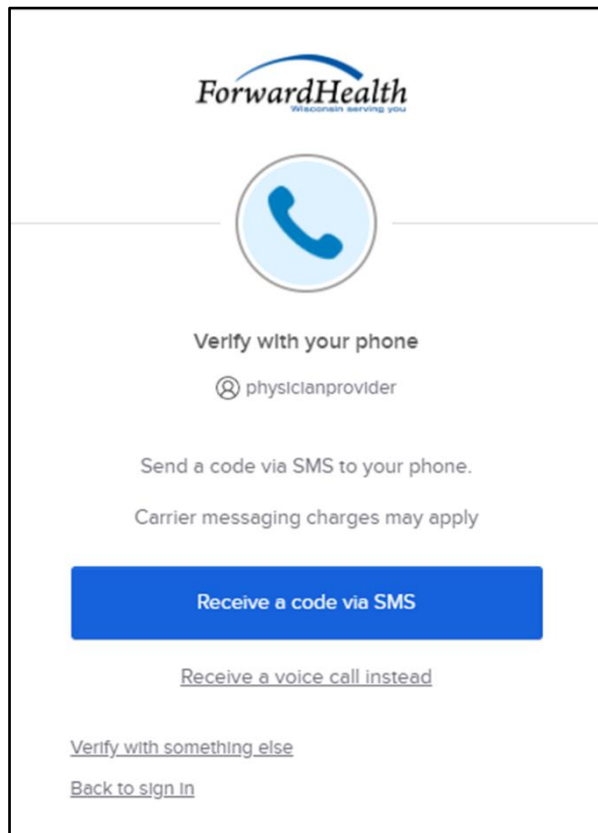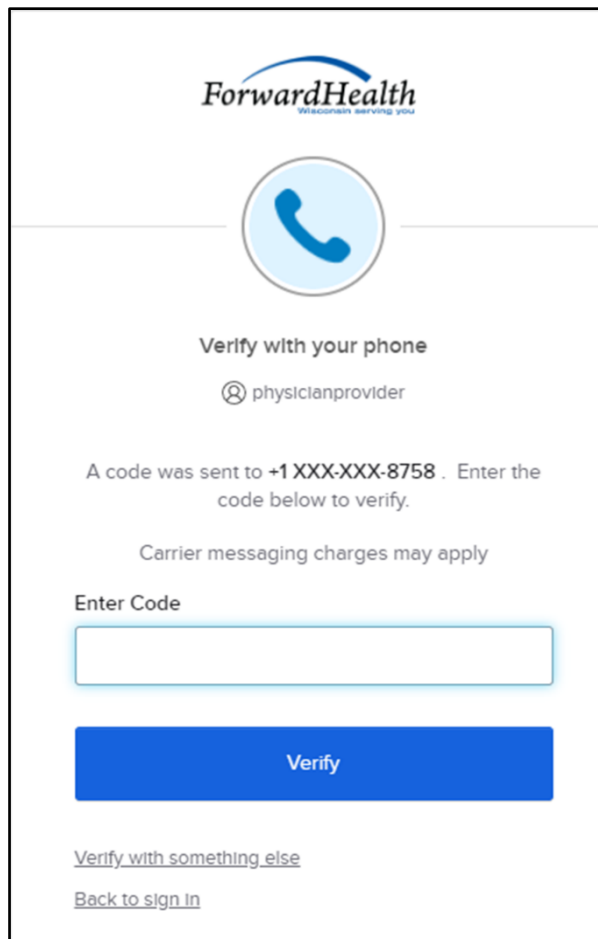
  a. A verify with your phone box will be displayed.

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.

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.

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.
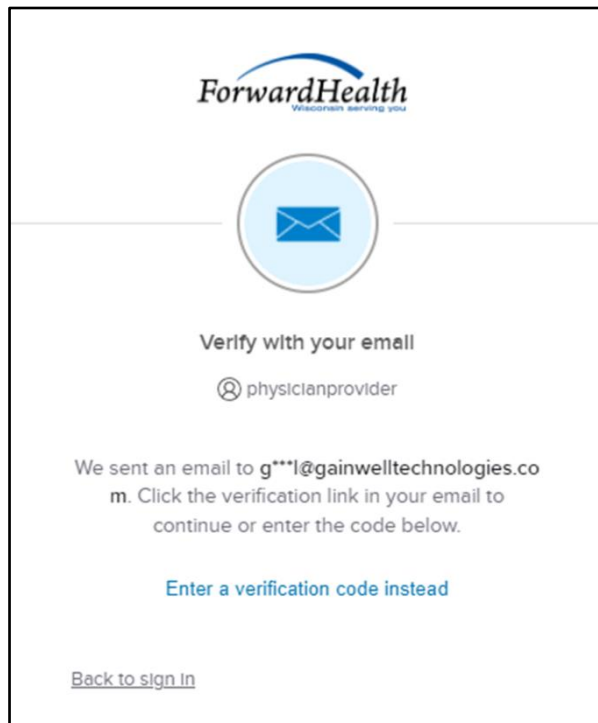
Figure 32 Verify With Your Email Box

6. The email sent to the user's email address includes an **Unlock Account** link (Option 1) and a verification code (Option 2).
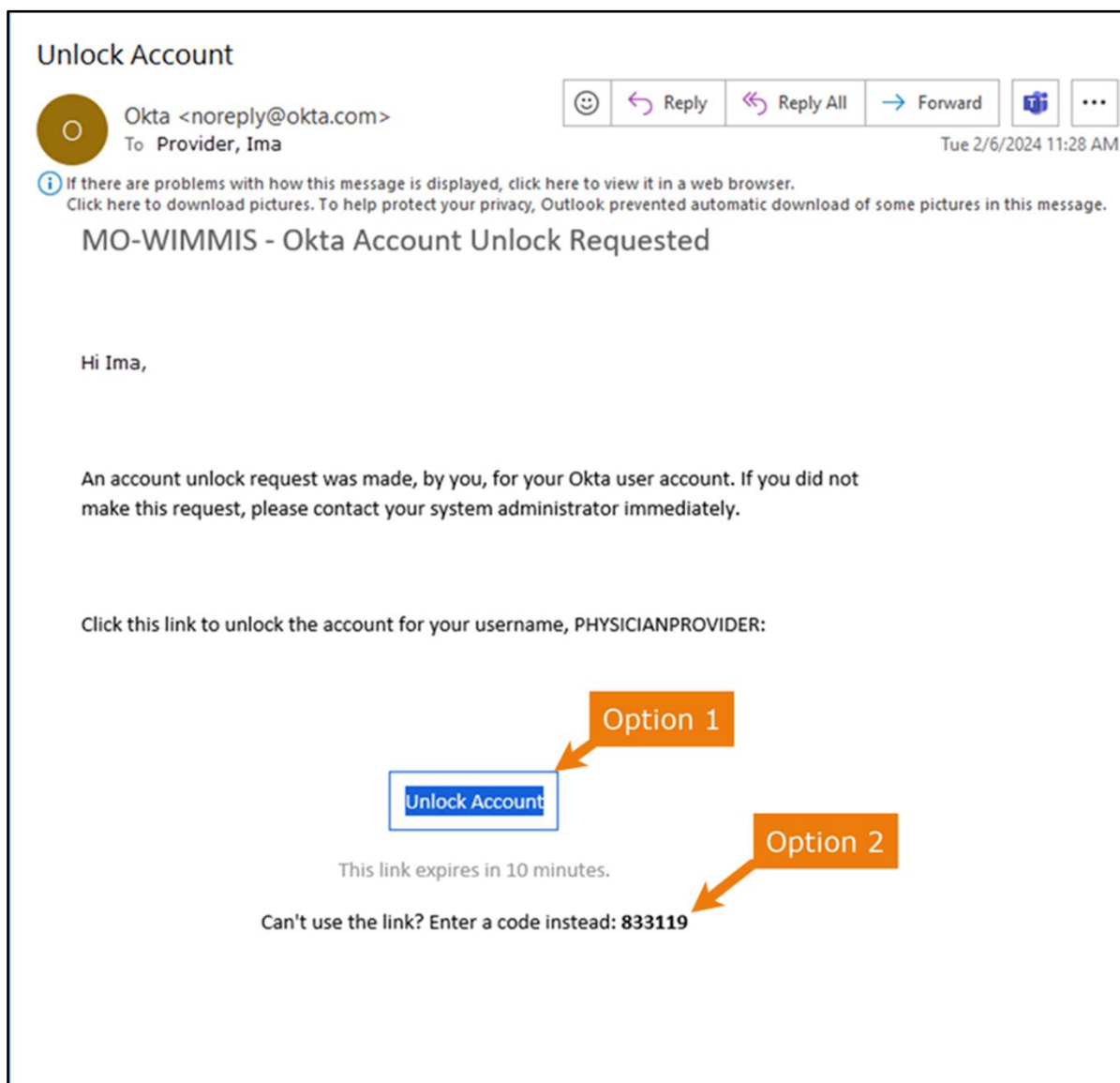
Figure 33 One-Time Verification Code Email

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.

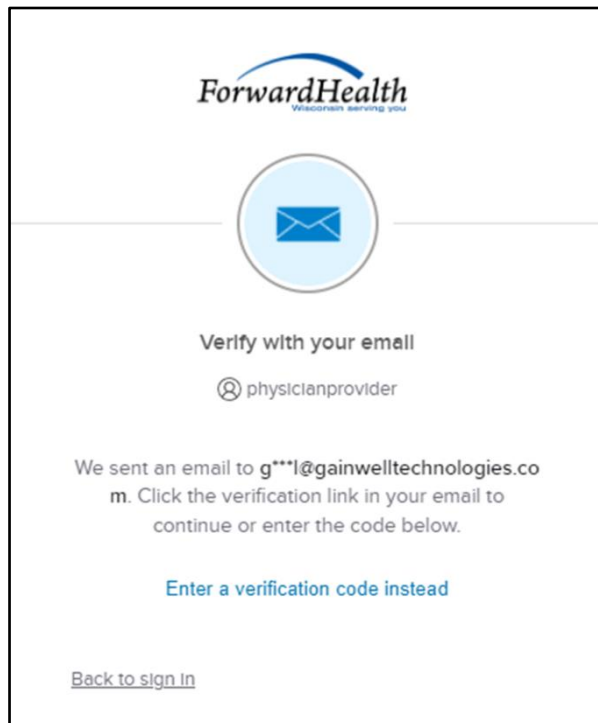- Clicking the **Unlock Account** link from the email will display a verification code box.
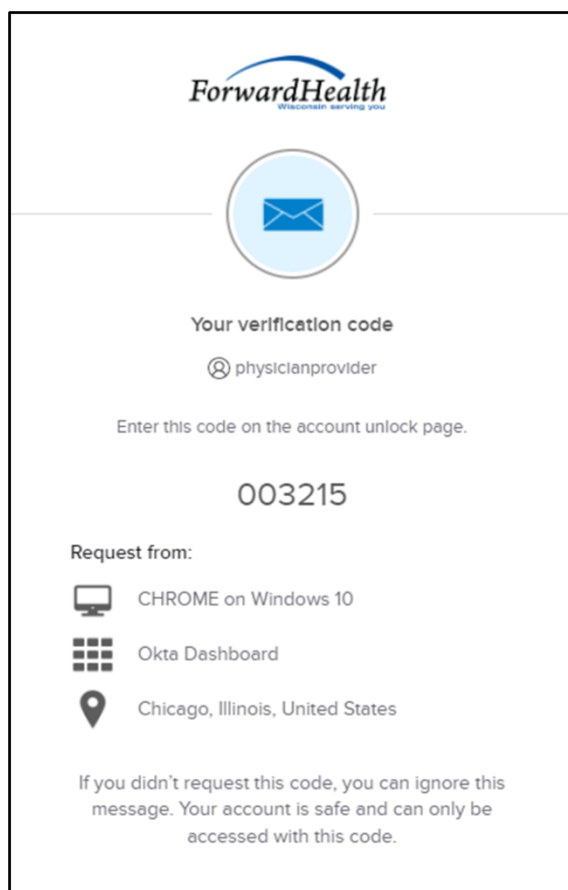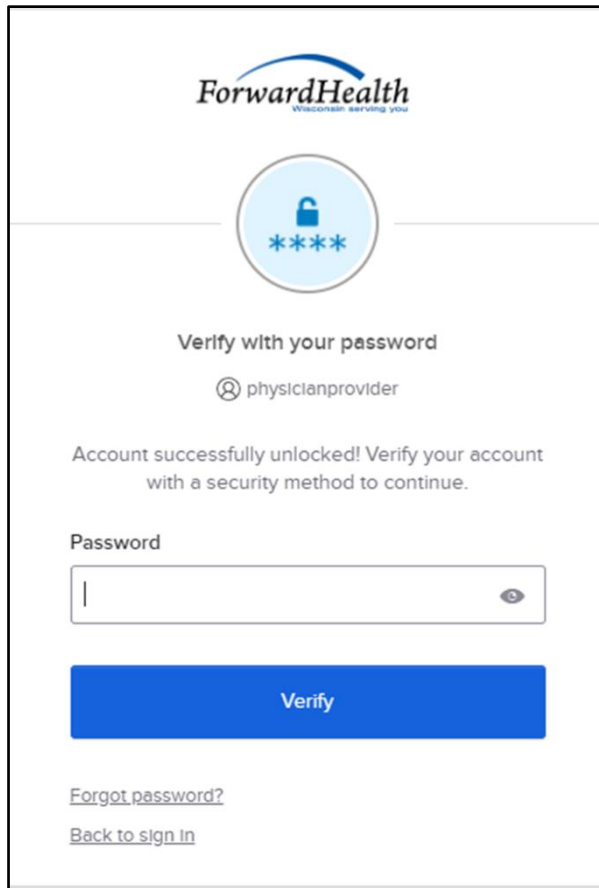
Figure 34 Verification Code Box

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.

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 forwardhealth.wi.gov/.

2. Click **Login**. A sign In box will be displayed.

Figure 36 Sign In Box

3. Enter the user's username.

4. Click **Next**.

A Verify with your password box will be displayed.

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.
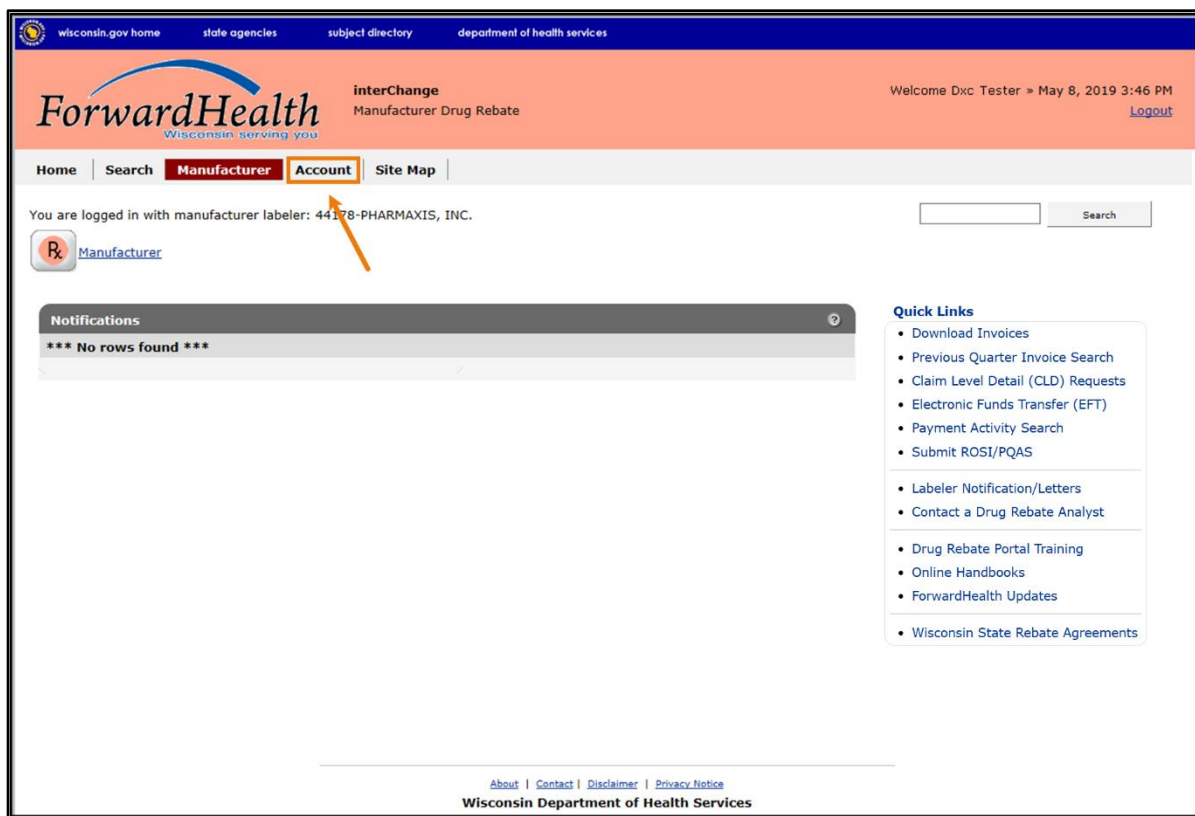
Figure 38 Secure Manufacturer Drug Rebate Page

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.
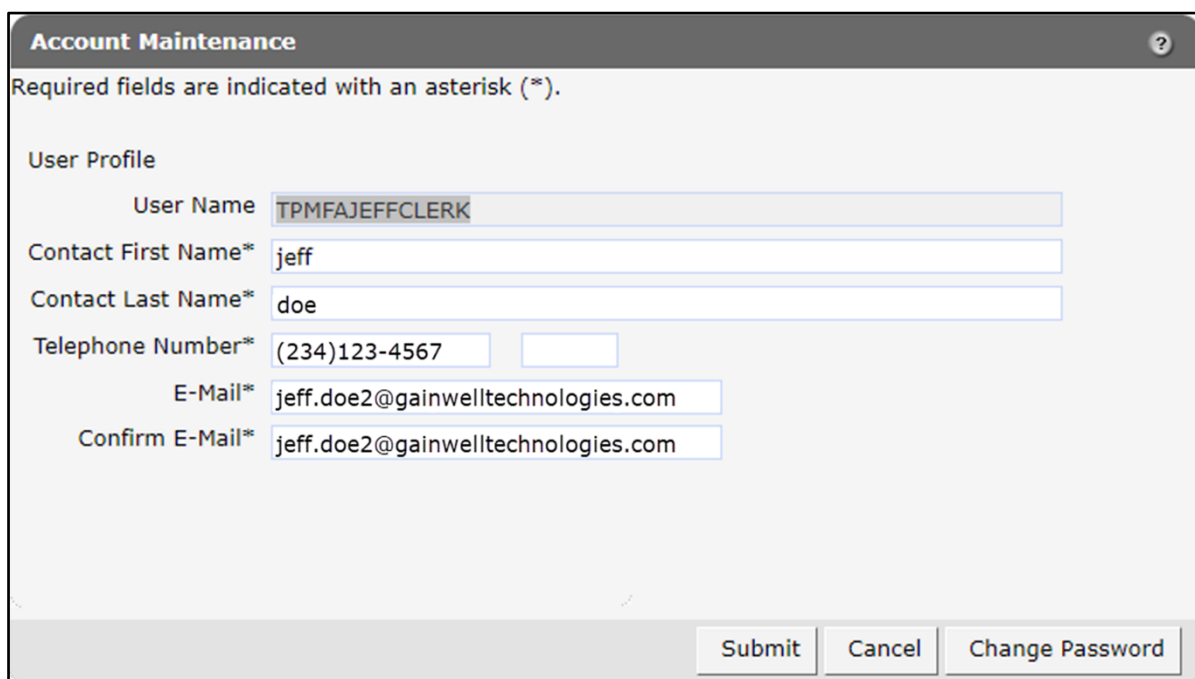
What would you like to do?

- Maintenance

- Messages

- Change Password

- Clerk Maintenance

- Switch Manufacturer

- Add Child Labeler

- Remove Child Labeler

- 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.
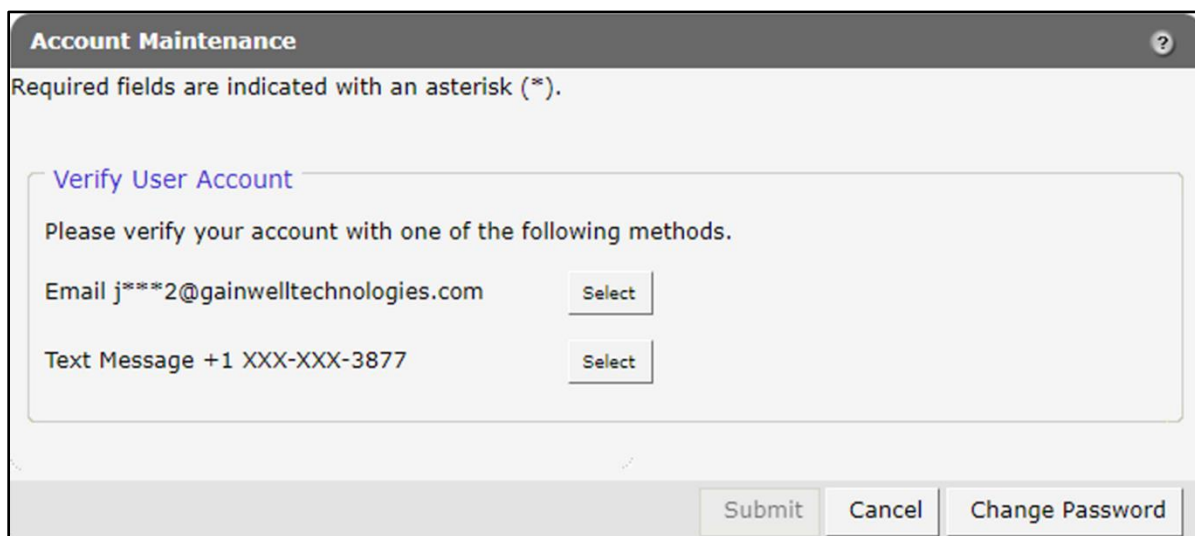
Figure 40 Account Maintenance Panel

9. Make applicable changes.

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

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.

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.

Figure 43 Account Maintenance Panel—Enter Code

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

The following messages were generated:
Save was Successful
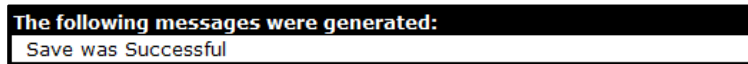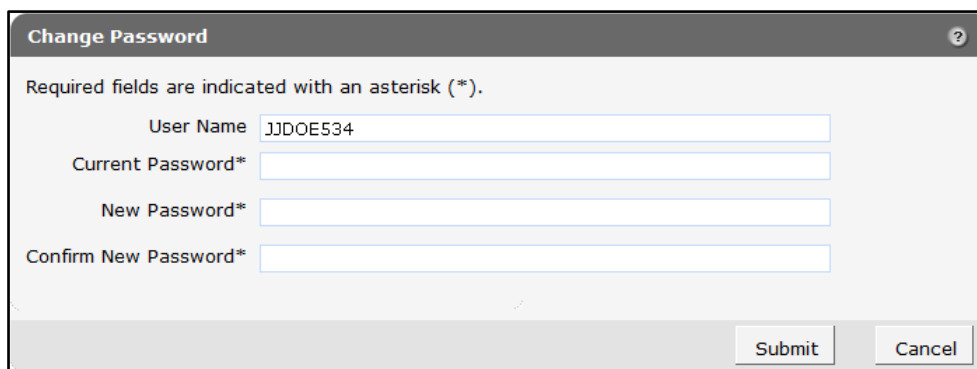
Figure 44 Confirmation Message

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.
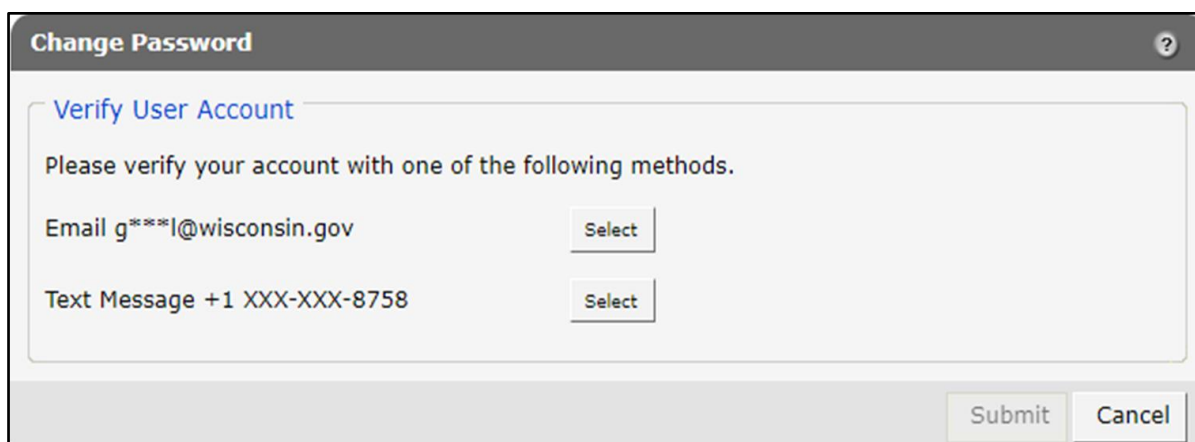
Figure 45 Change Password Page

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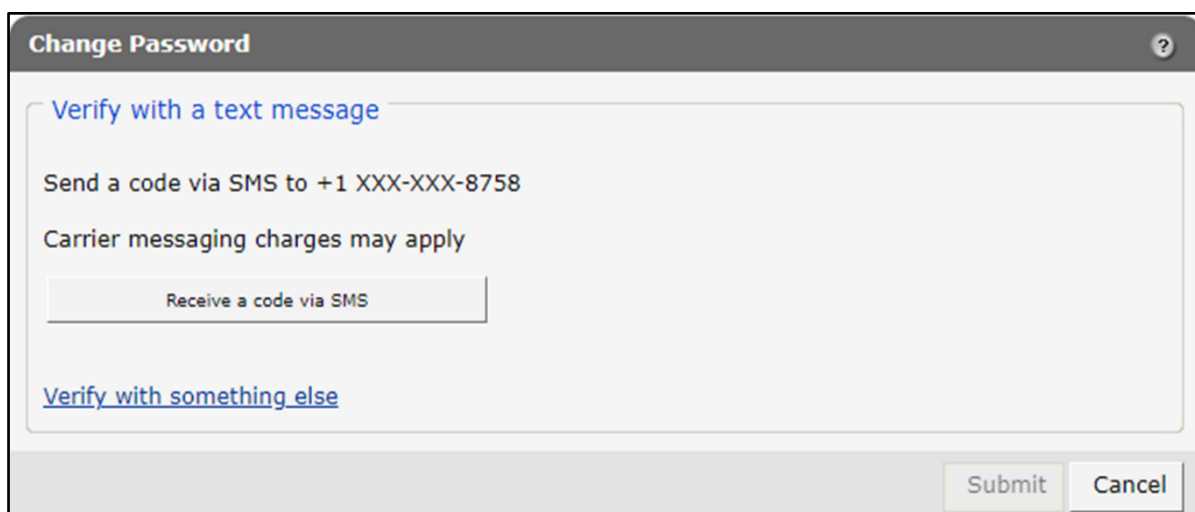
4. Click **Submit**. A Change Password verification panel will be displayed.

Change Password ❓

Verify User Account

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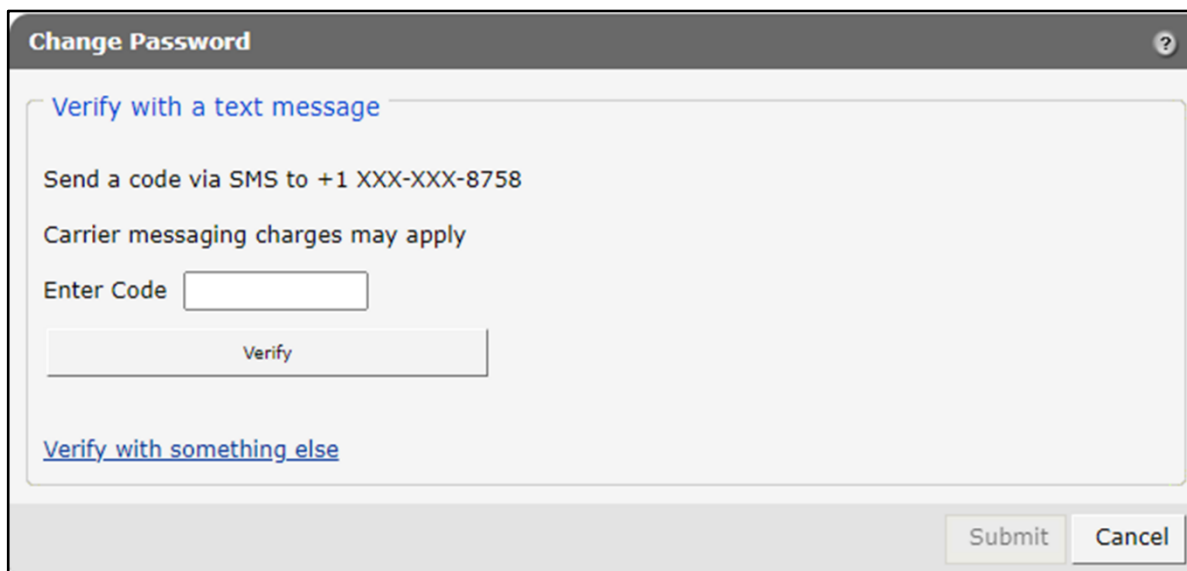
5. Select the email or text message to verify the account by clicking **Select** after the appropriate method. A Change Password verification panel will be displayed.

Change Password ❓

Verify with a text message

Send a code via SMS to +1 XXX-XXX-8758
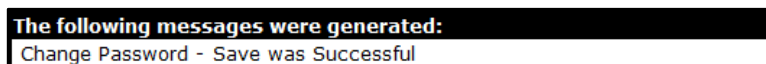
Carrier messaging charges may apply

[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.

Figure 48 Change Password Panel—Enter Code

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

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.

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.

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.
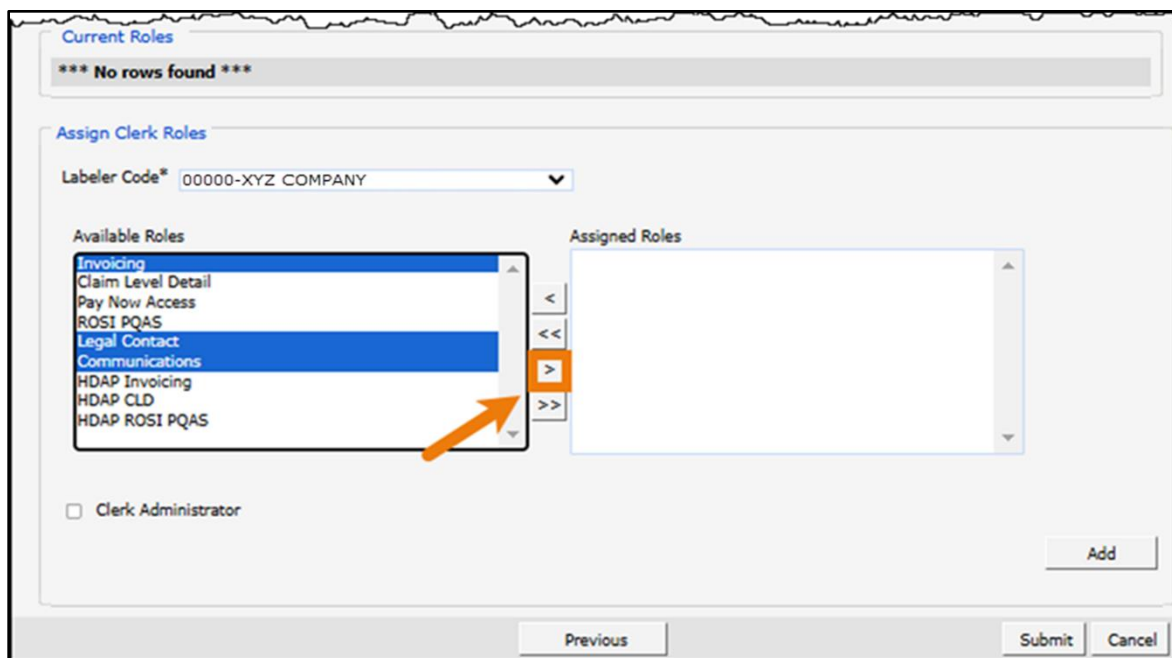
Figure 52 Clerk Account - Manufacturer Panel

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.

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 **>>**.

Figure 54 Clerk Roles Section With Assigned Roles

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

The following messages were generated:
User was successfully updated.

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 drop-down 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.
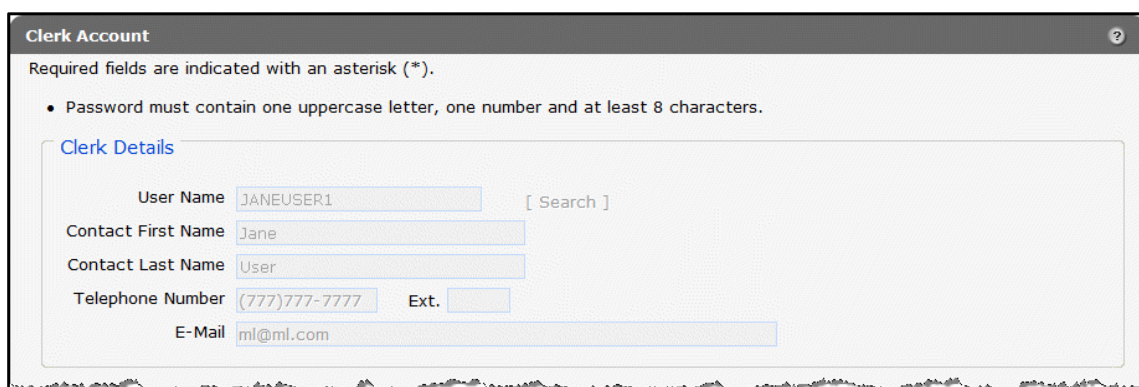
Figure 56 User Name Search Box

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.

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.
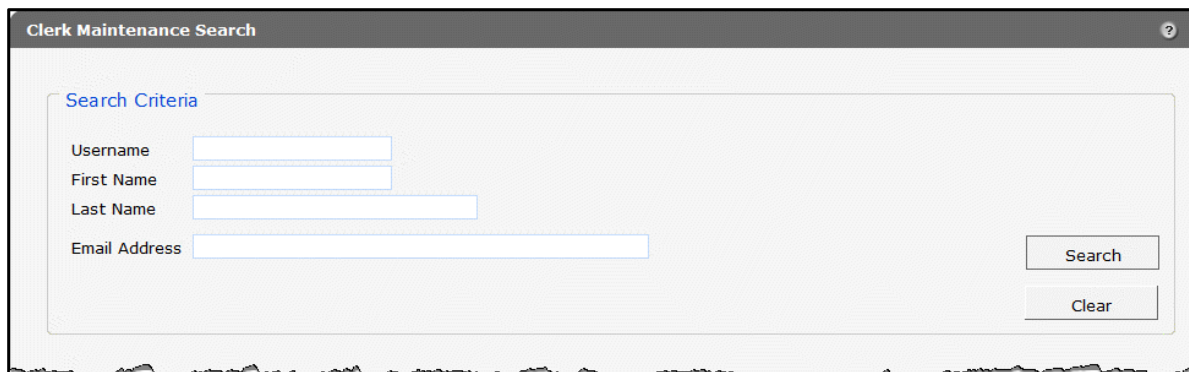
Figure 58 Populated Clerk Account Panel

13. Proceed to Step 1 of Section 6.4 Assign a Clerk Administrator 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.
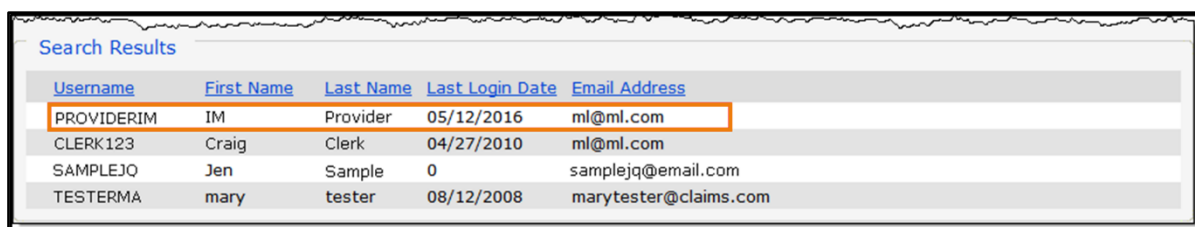
Figure 59 Search Criteria Section

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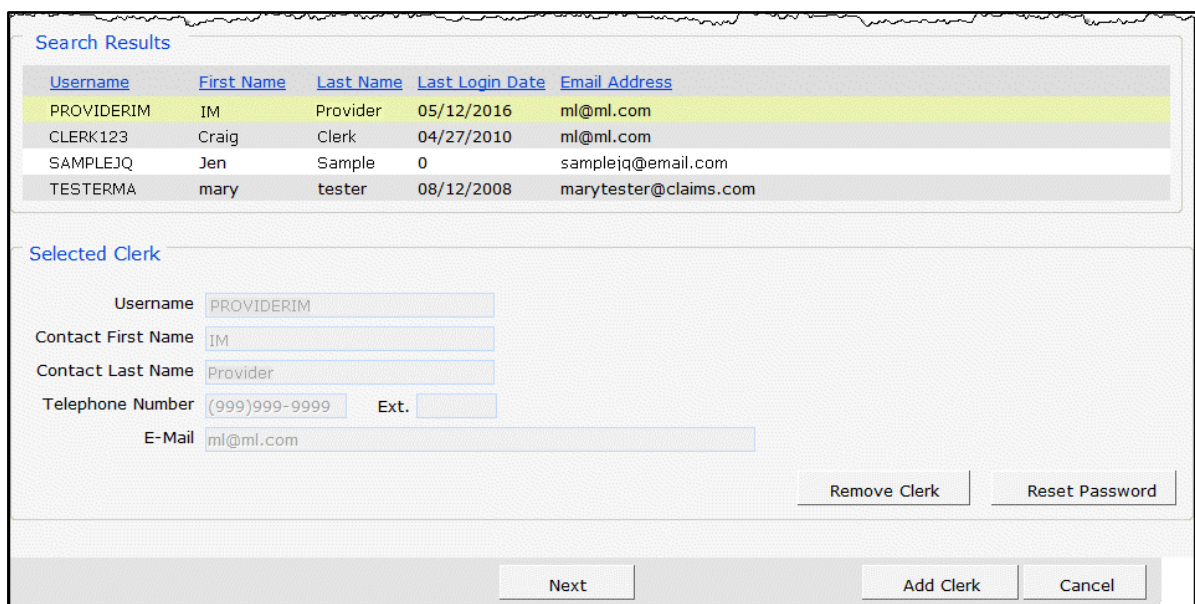
3. Click the row containing the clerk's name in the "Search Results" section.

Figure 60 Search Results Section

The clerk's information will populate in the "Selected Clerk" section.
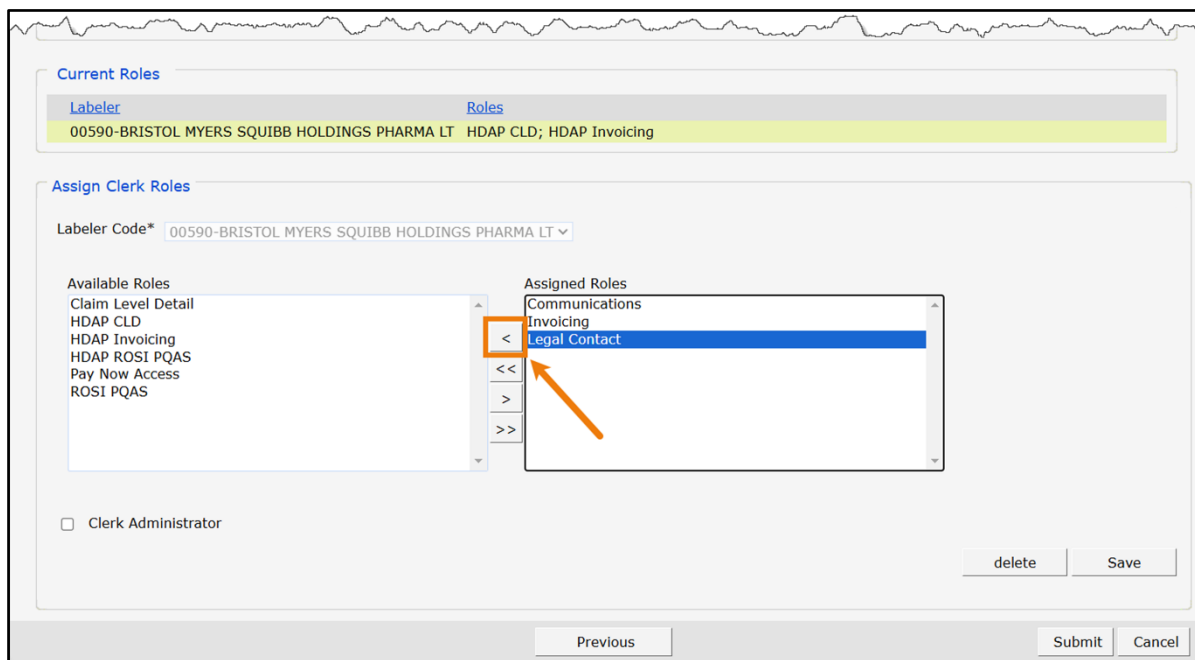
Figure 61 Search Results and Selected Clerk Sections

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:

- 6.3 Remove a Role from Clerk

- 6.4 Assign a Clerk Administrator

- 6.5 Reset a Clerk's Password

- 6.6 Delete a Clerk Account

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.

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.

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 **<<**.

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 Section 6.2 Search for a Clerk for steps.

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

Figure 66 Clerk Account – Manufacturer Panel

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

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.

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.

The following messages were generated:
Password sucessfully reset. Click cancel button to return to Clerk Maintenance.
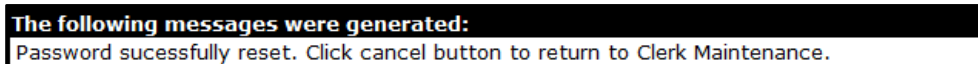
Figure 71 Confirmation Message

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.

Message from webpage

? Are you sure this is the row you want to delete?

OK   Cancel
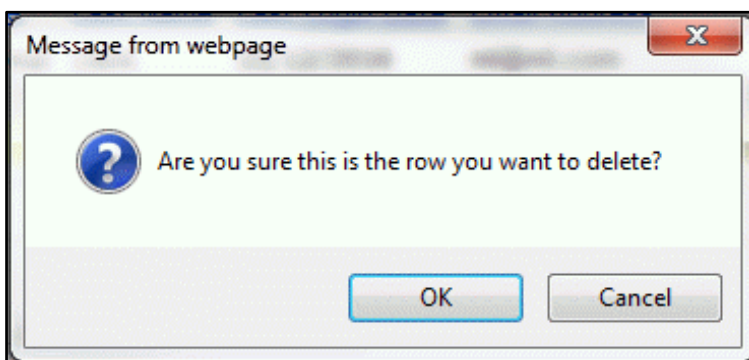
Figure 72 Dialog Box

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

The following messages were generated:
The user's access has been removed for this provider.

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/.
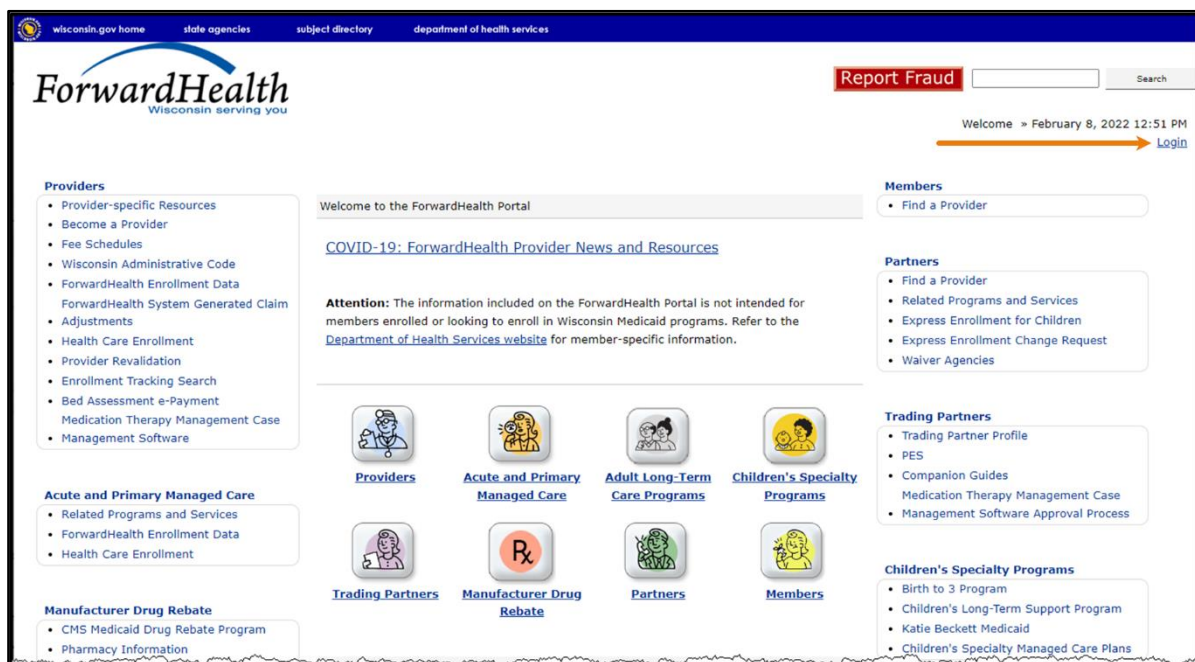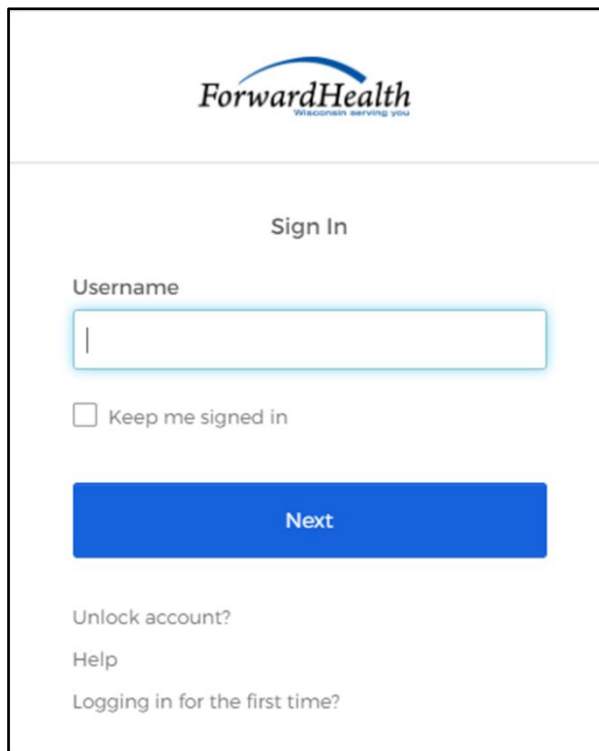
Figure 74 ForwardHealth Portal Homepage

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

Figure 75 Sign In Box

3. Enter the user's username.

4. Click **Next**.

A Verify with your password box will be displayed.

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.
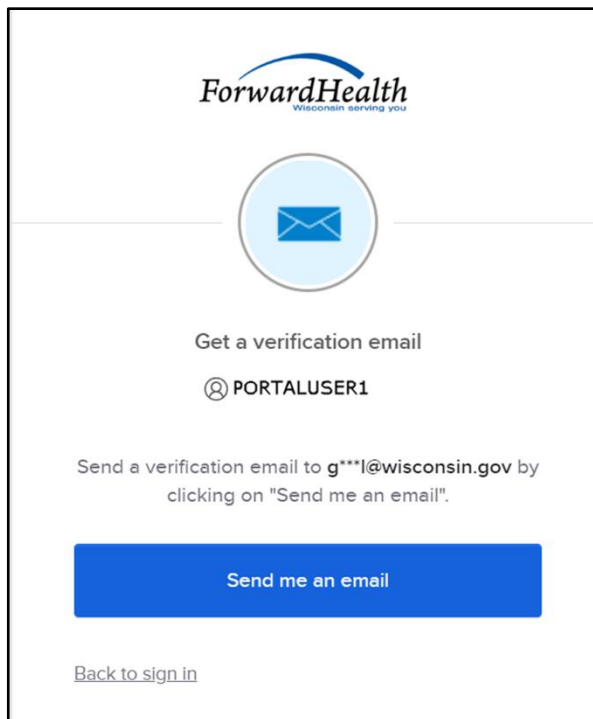
Figure 77 Get a Verification Email Box

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.
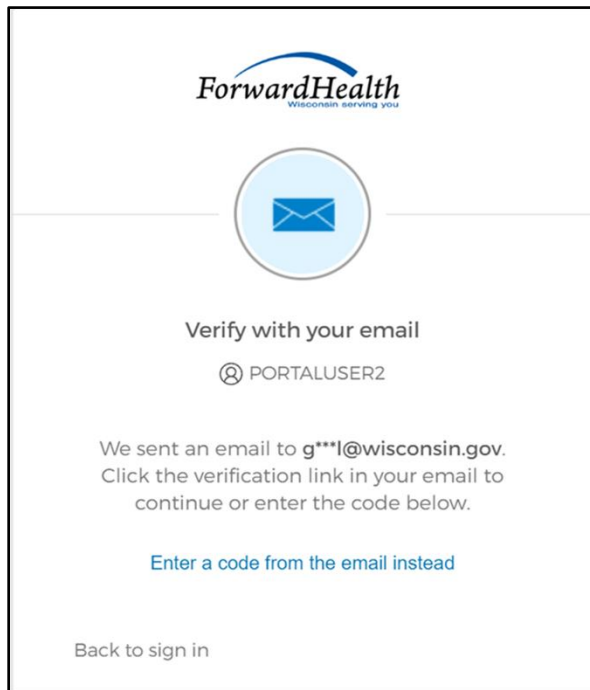
Figure 78 Verify With Your Email Box

8. The email sent to the user's email address includes a **Sign In** link (Option 1) and a verification code (Option 2).
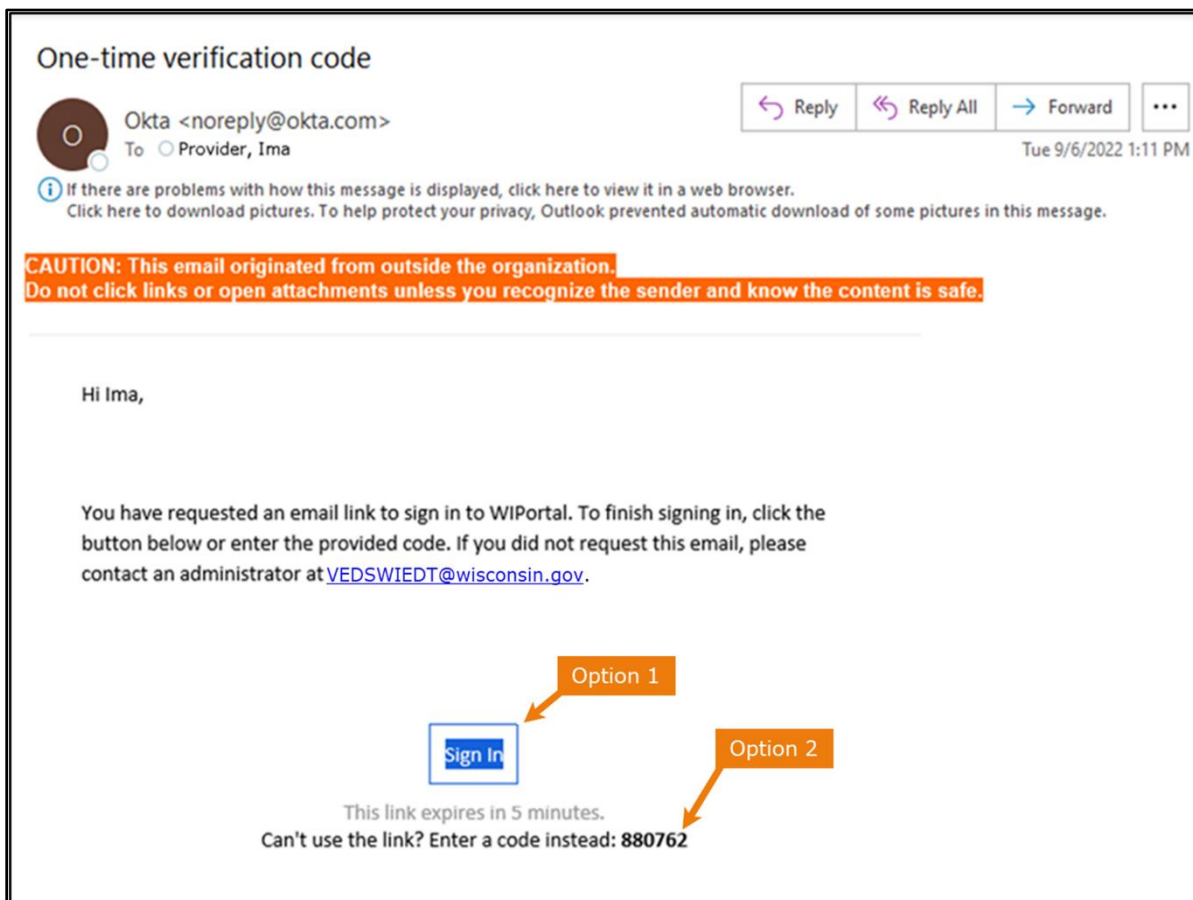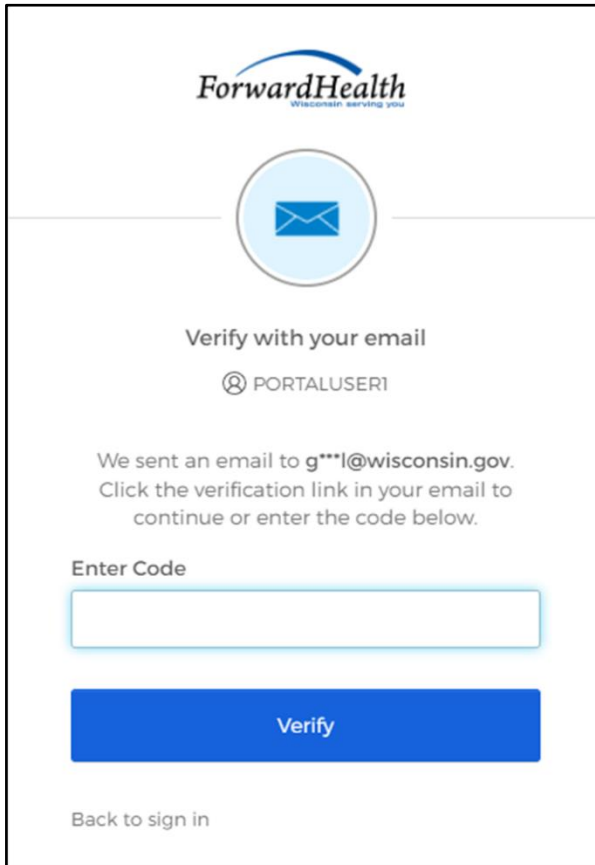
Figure 79 One-Time Verification Code Email

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.**

Figure 80 Verify With Your Email Box

A Set up security methods box will be displayed.
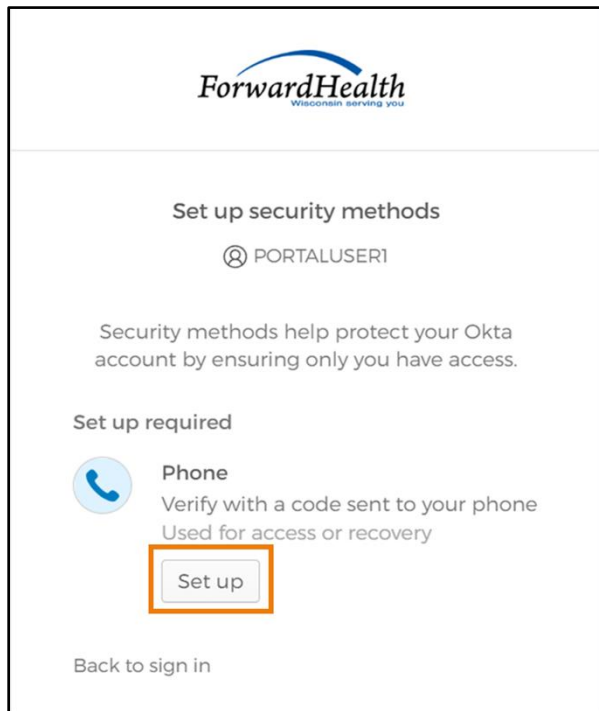
Figure 81 Set Up Security Methods Box

10. Click **Set up**.

A Set up phone authentication box will be displayed.
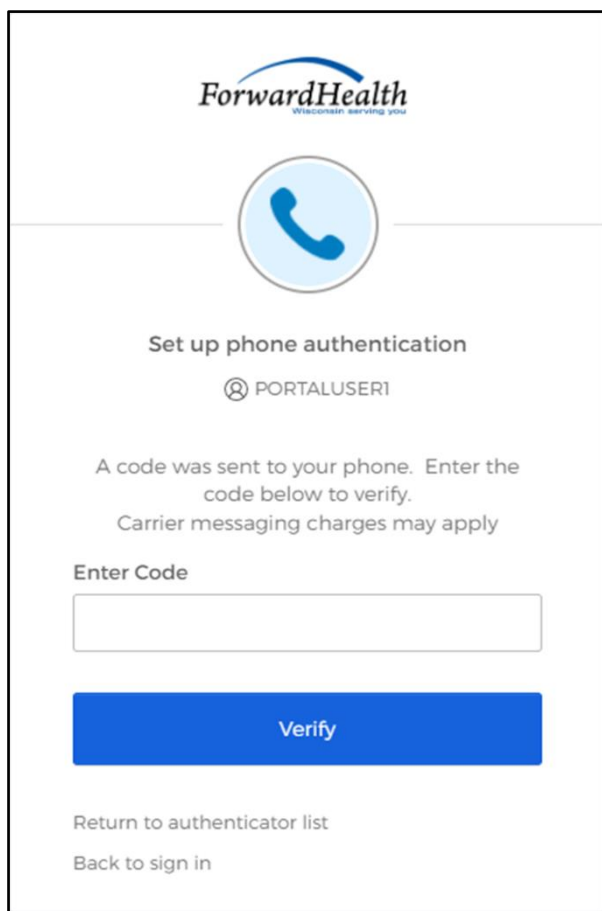
Figure 82 Set Up Phone Authentication Box

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.

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.
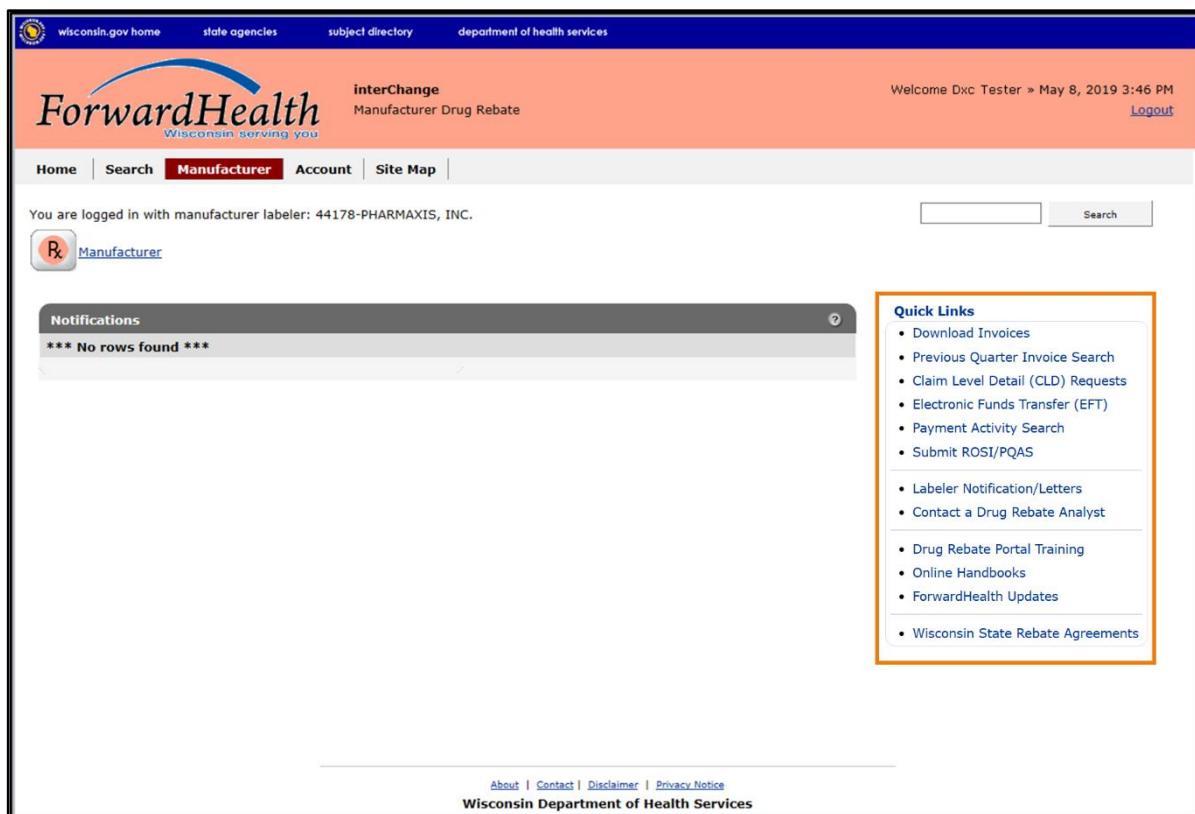
Figure 84 Secure Manufacturer Drug Rebate Page

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.

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.

Figure 86 Search Criteria Section

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

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.

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.

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.
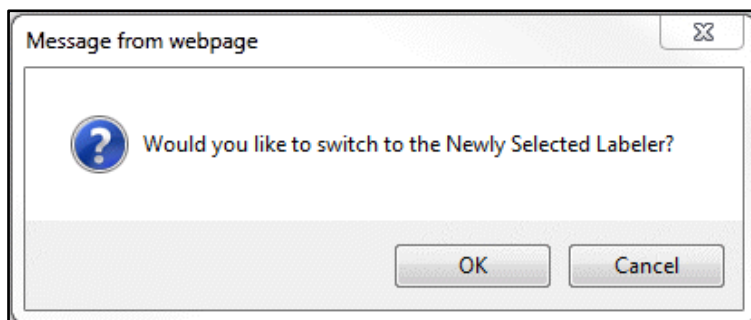
Figure 90 Dialog Box

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.
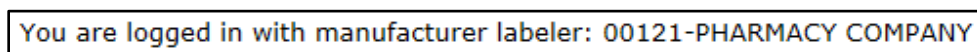
Figure 91 Log In Information

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.

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.

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.

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.

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.

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.
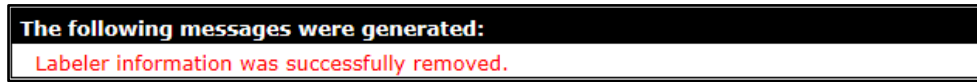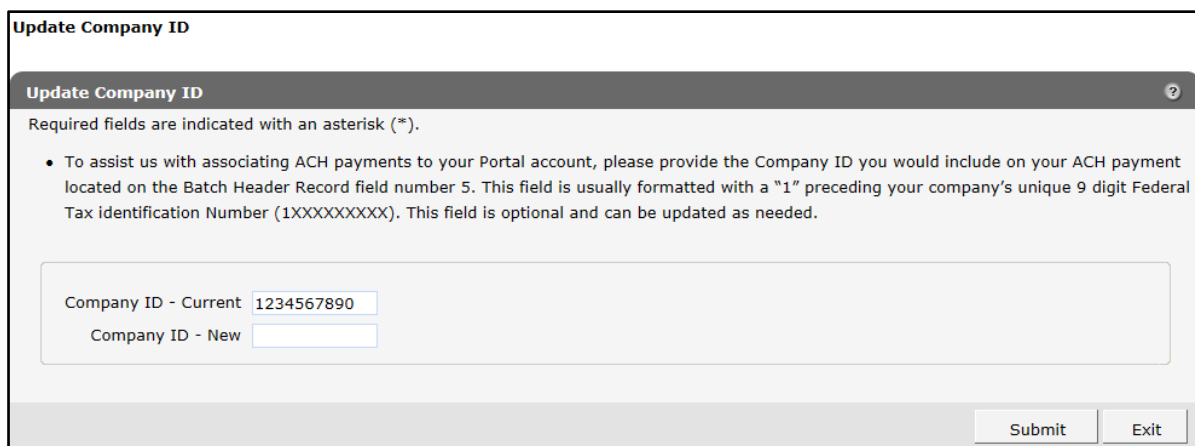
Figure 98 Labeler Information Removed Confirmation Message

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
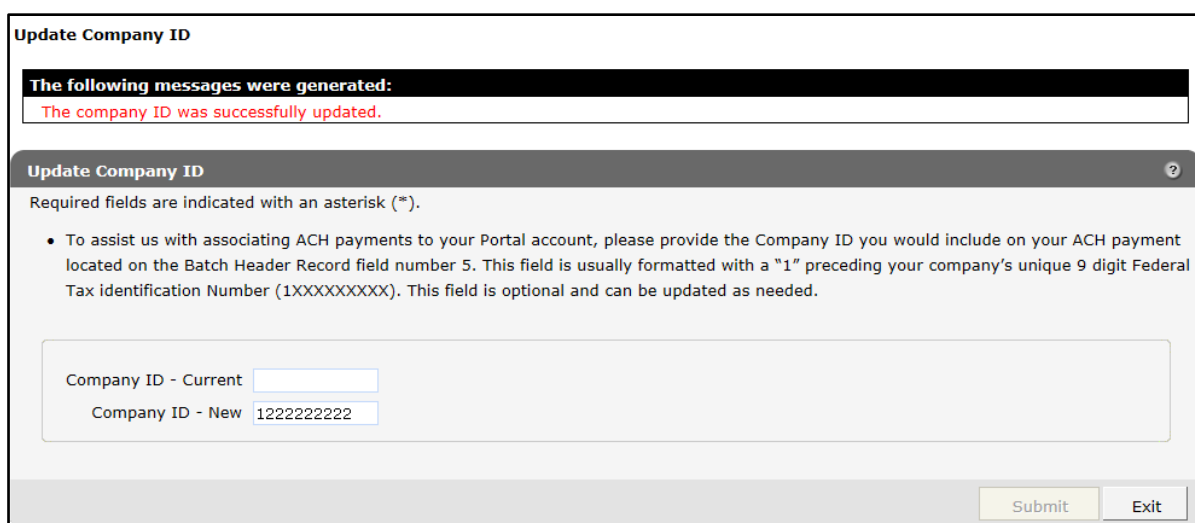
Required fields are indicated with an asterisk (*).

- To assist us with associating ACH payments to your Portal account, please provide the Company ID you would include on your ACH payment located on the Batch Header Record field number 5. This field is usually formatted with a "1" preceding your company's unique 9 digit Federal Tax identification Number (1XXXXXXXXX). This field is optional and can be updated as needed.

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 (*).

- To assist us with associating ACH payments to your Portal account, please provide the Company ID you would include on your ACH payment located on the Batch Header Record field number 5. This field is usually formatted with a "1" preceding your company's unique 9 digit Federal Tax identification Number (1XXXXXXXXX). This field is optional and can be updated as needed.

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.

Figure 101 Notifications Section

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

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.

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 1115-demonstration 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 invoice drop-down menu 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.

Download Invoices

Required fields are indicated with an asterisk (*).

- The Download Invoices function allows users to download invoice files up to 30 days from the postmark date.
- To review original invoices postmarked more than 30 days ago, click the Labelers Notification/Letters link to download the PDF version.
- To review real-time invoices for previous invoice quarters, click the Previous Quarter Invoice Search link to view the most up to date information available.

Note: The electronic downloads contain a single program, but PDF downloads will contain all programs for the reporting period.

Available Invoices for Download

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 Electronic 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 | ✕ |
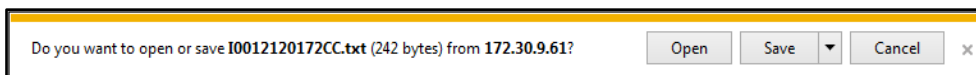
Figure 105 File Download Window

- 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.
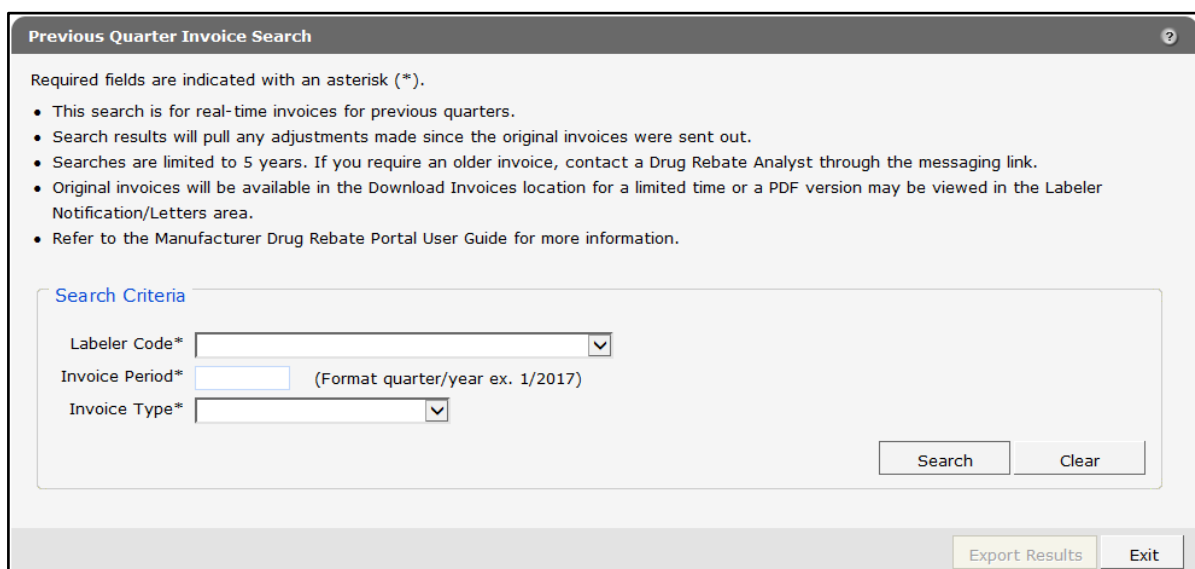
Document ID	Description
1337587	RBT Invoice Cover Letter, Labeler: 00000,CTN: 2152, Date: 10/18/2017
1336958	RBT Invoice Cover Letter, Labeler: 00000,CTN: 1903, Date: 10/18/2017

Figure 106 OnBase Document Viewer Page

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

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.

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 Quarter Invoice Search

Required fields are indicated with an asterisk (*).

- This search is for real-time invoices for previous quarters.
- Search results will pull any adjustments made since the original invoices were sent out.
- Searches are limited to 5 years. If you require an older invoice, contact a Drug Rebate Analyst through the messaging link.
- Original invoices will be available in the Download Invoices location for a limited time or a PDF version may be viewed in the Labeler Notification/Letters area.
- Refer to the Manufacturer Drug Rebate Portal User Guide for more information.

Search Criteria

Labeler Code* [   ]
Invoice Period* [2/2016]   (Format quarter/year ex. 1/2017)
Invoice Type* [ICare]

[Search]   [Clear]

[Export Results]   [Exit]

NDC	Drug Name	Rebate Amt Per Unit	CMS Unit	Total Units Reimbursed	Total Rebate Amt Claimed	Total Rebate Amt Paid	Total Writeoff Amt	Rebate Amt Balance Due	Number of Scripts	Total P 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 fee-for-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.
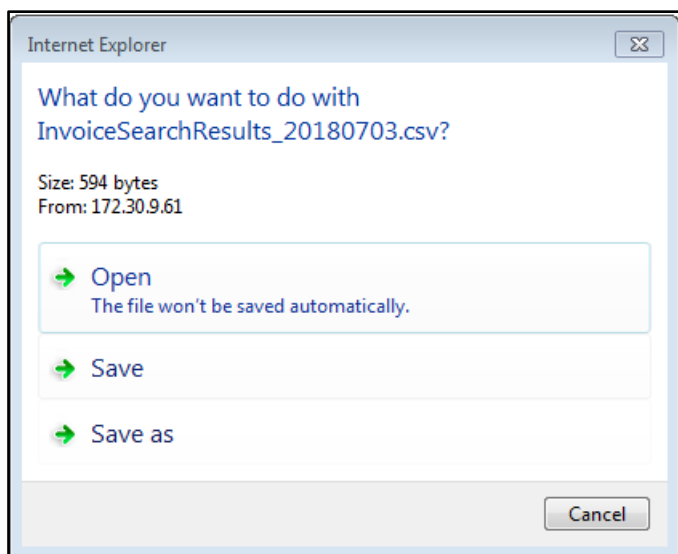
Figure 110   Dialog Box

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 real-time 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.

Figure 111 Claim Level Detail Requests Page

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

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.

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 [13 Downloading Invoices](#) 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.
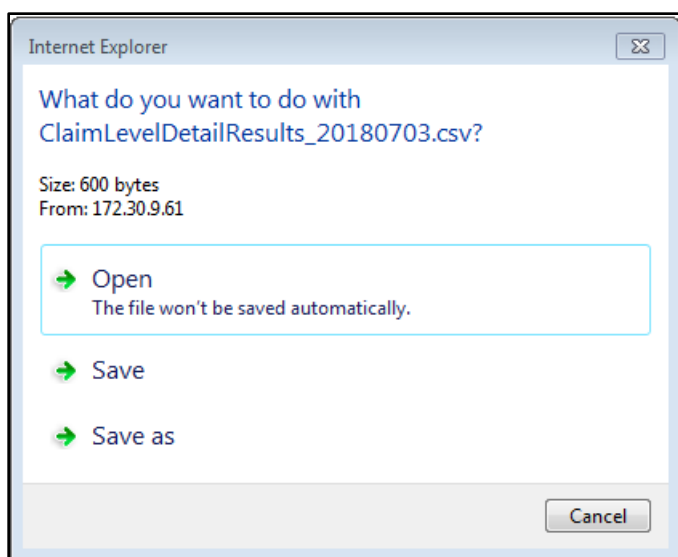
Figure 114   Dialog Box

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.

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.

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 Section 15.5 Downloading Claim-Level Detail Requests.

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.

Claim Level Detail (CLD) Requests

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

Figure 119 Claim Level Detail Requests Page
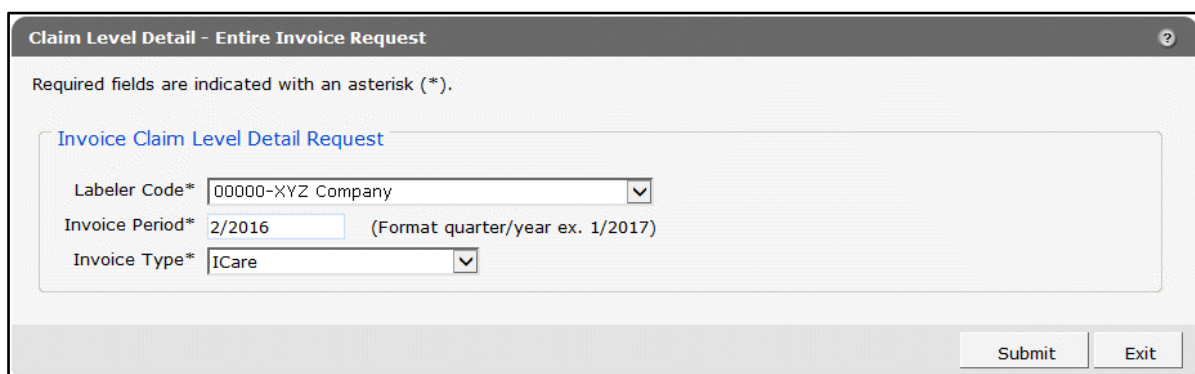
2. Click **Request CLD for an Entire Invoice**. The Claim Level Detail - Entire Invoice Request panel will be displayed.

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.

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 15.5 Downloading Claim-Level Detail Requests.

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.

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.

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.

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.

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.

Your request for a CLD report has completed successfully!

- Please allow one business day for the report to be available. To access the new report, navigate to the Claim Level Detail Home page and select the Download CLD Requests link to download the report.

- Refer to the Manufacturer Drug Rebate Portal User Guide for more information on the CLD request process.
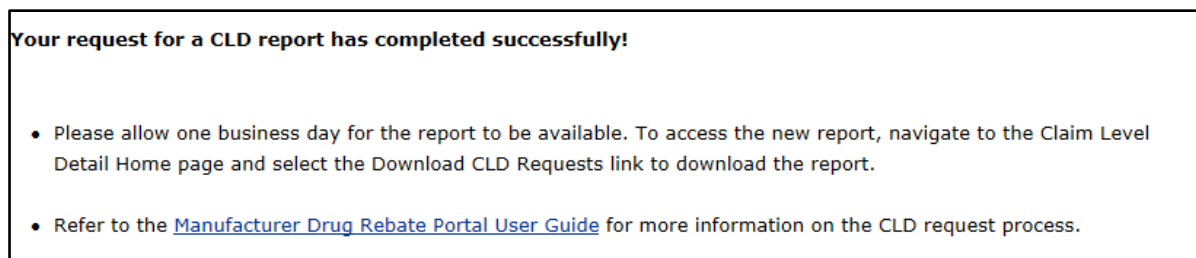
Figure 127 Request for CLD Report Confirmation Page

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 15.5 Downloading Claim-Level Detail Requests.

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

- Request a Single NDC

- Request multiple NDC's

- Request CLD for an Entire Invoice

- View NDC Favorite's List(s)

- Download CLD Requests
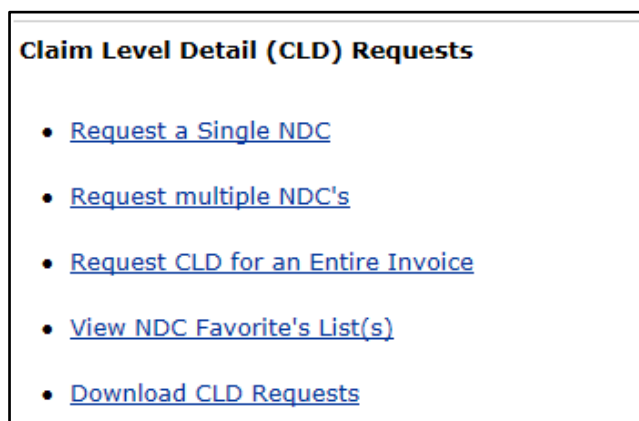
Figure 128 Claim Level Detail Requests Page

2. Click **Download CLD Requests**. The Download Claim Level Detail panel will be displayed.
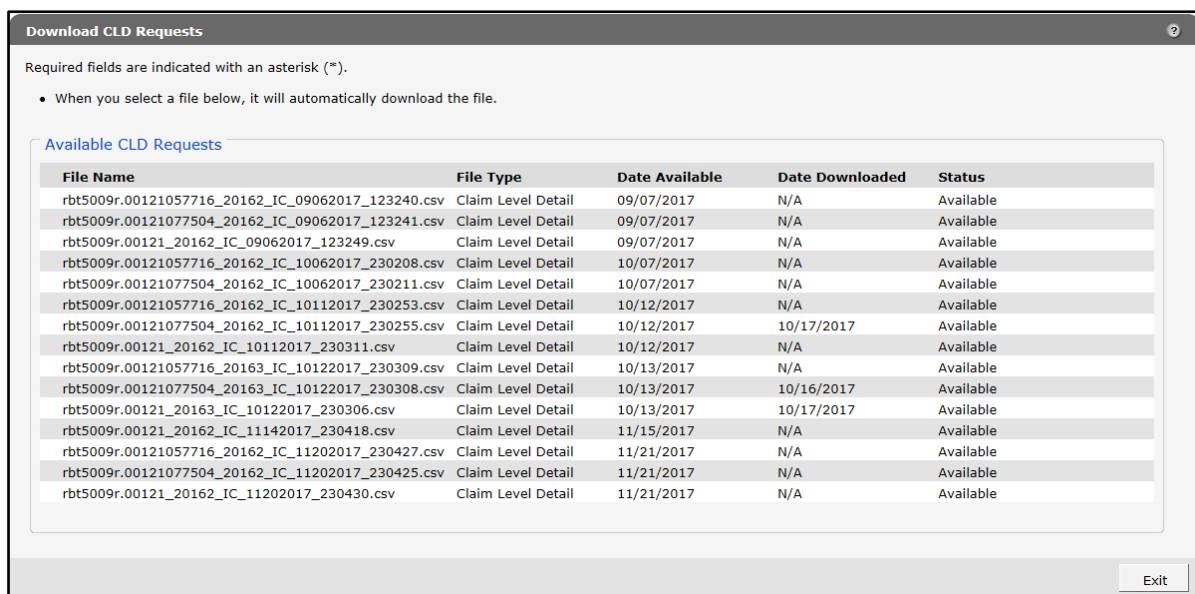
Figure 129 Download Claim Level Detail Panel

3. Click the row of the desired report. The file download window will be displayed.
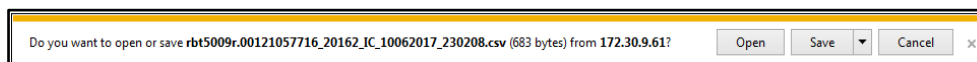
Figure 130 File Download Window

4. Click **Open**. The CSV file will open in the computer's default spreadsheet program.
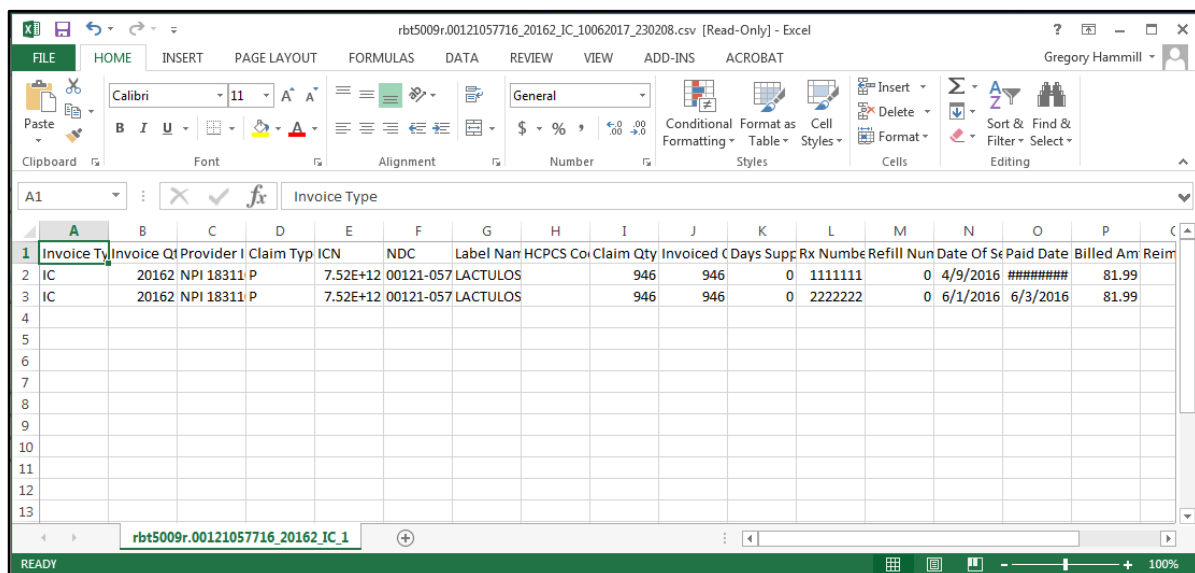
Figure 131 CSV File

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.
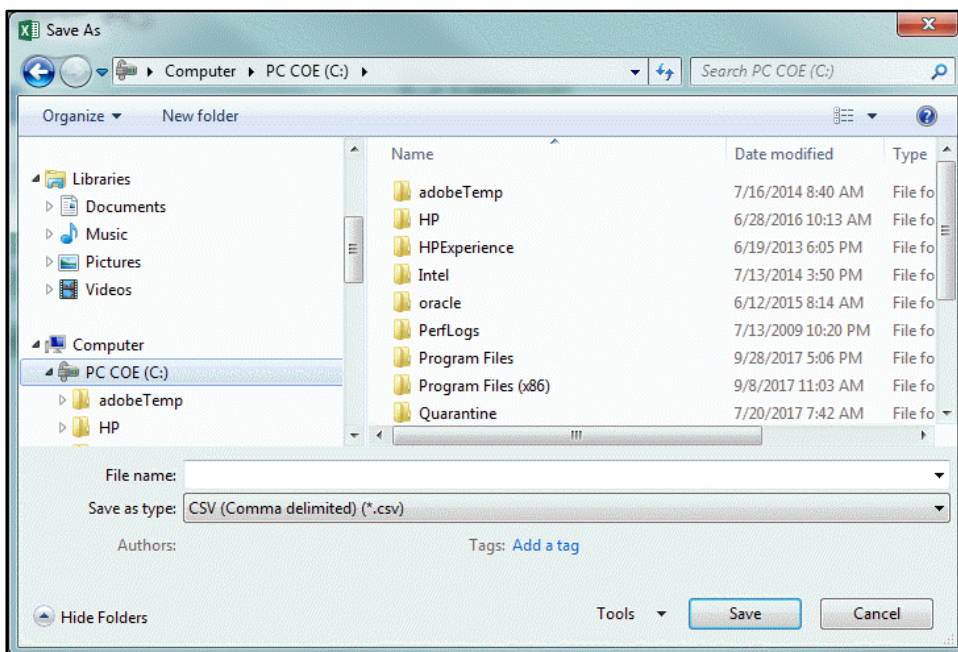
Figure 132 Save As Window

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 Attachment A: Formatting the Comma-
    Separated Values File.

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.
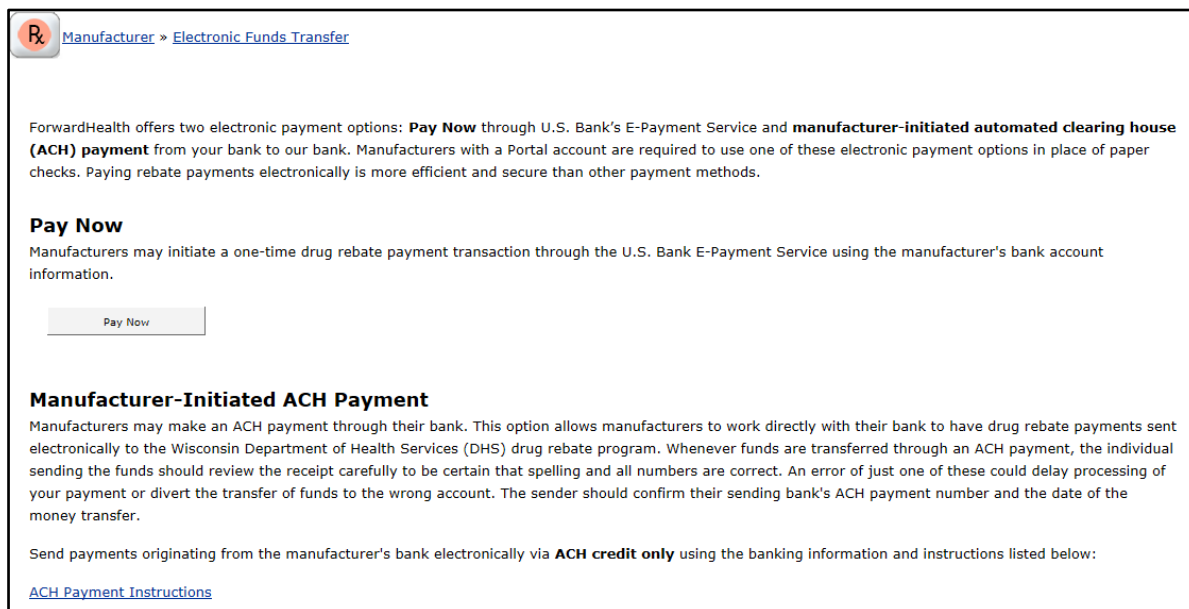
16.1 Automated Clearing House Payments

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.

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.

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.

7. 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 15 Searching for Payment Activity.

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:

   RBTPGM**99999**WI **(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

```
             1         2         3         4         5         6         7         8         9
   1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890

   ...

   705RBTPGM99999WI\                                                                00017777777

   +--++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++----++++++
```

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

```
             1         2         3         4         5         6         7         8         9
   1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890

   ...

   705RMR*IV*RBTPGM99999WI**123.56*123.56*0.00\                                     00017777777

   +--++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++----++++++
```

Figure 137 Formatted CCD (+), RMR02 Segment Example

Formatted CTX, RMR02 Segment Example

```
    1         2         3         4         5         6         7         8         9
   1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890

   ...

    705ISA*00*    .....                                                             00017777777
    705           .....          \RMR*IV*RBTPGM99999WI**123.56*123.56*0.00\ ...     00027777777

   +--++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++----++++++
```

Figure 138 Formatted CTX, RMR02 Segment Example

Formatted CTX, REF02 Segment Example

```
          1         2         3         4         5         6         7         8         9
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
                                                                              00017777777
705 ... \RMR*IV*OTHERNUMBER**123.56*123.56*0.00\REF*IV*RBTPGM99999WI\
+--++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++----+++++++
```

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 (1XXXXXXXXX). 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.

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 an asterisk (*).							

Search Criteria

Payment Control Number [   ]

Received From Date [   ]   Received To Date [   ]

Status [▾]

[Search]   [Clear]

Search Results

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 Attachment B: Adjustment and/or Dispute Codes for Reconciliation of State Invoices (ROSI) and/or Prior Quarter Adjustment Statements (PQAS) for the proper utilization of CMS adjustment and dispute codes. For electronic record formats and labeler data definitions for ROSI and PQAS, Attachment C: Reconciliation of State Invoices (CMS-304) Electronic Record Format and Labeler Data Definitions and Attachment D: Prior Quarter Adjustment Statements (CMS-304a) Electronic Record Format and Labeler Data Definitions.

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 18.3 Uploading Manufacturer Reconciliation Files 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.

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.

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.

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

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.

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 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.

1. 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.

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 with an asterisk (*).

Search Criteria

Payment Control Number

Received From Date   Received To Date

Search   Clear

Search Results

Payment Control Number	Labeler Code	Payment Amount	Transaction Number	Receipt Date	Date Submitted	Status
000000001	00002	$200.00	0000065	09/05/2018	0	Open
000000002	00002	$400.00	0000067	10/23/2018	0	Open
000000003	00002	$500.00	0000068	10/23/2018	0	Open

Selected Payment

Payment Control Number 000000002

Payment Amount $400.00

Upload Method

Select how you wish to upload your ROSI and/or PQAS file(s)* ○Upload multiple files at once ○Upload file(s) individually

Do you want to include previoulsy uploaded file(s)?*   ○Yes ○No

Previously Uploaded Files

File Name	File Type	Invoice Type	Invoice Period
2007-4_Medicaid.xlsx	ROSI	OO-Medicaid	42007
2011-4_PQAS_Medicaid.xlsx	PQAS	OO-Medicaid	42011

Next   Exit

Figure 148 Find Your Payment Panel With Selected Payment

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

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.

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.

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

Required fields are indicated with an asterisk (*).

Search Criteria

Payment Control Number [   ]

Received From Date [   ]   Received To Date [   ]

[Search] [Clear]

Search Results

Payment Control Number	Labeler Code	Payment Amount	Transaction Number	Receipt Date	Date Submitted	Status
000000001	00001	$200.00	0000065	09/05/2018	0	Open
000000002	00001	$400.00	0000067	10/23/2018	0	Open
000000003	00001	$500.00	0000068	10/23/2018	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)*   ○ Upload multiple files at once   ○ Upload file(s) individually

Do you want to include previoulsy uploaded file(s)?*   ○ Yes ○ No

Previously Uploaded Files

File Name	File Type	Invoice Type	Invoice Period
2007-4_Medicaid.xlsx	ROSI	OO-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.

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.

Figure 154 Upload Multiple ROSI/PQAS Files Panel

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

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.
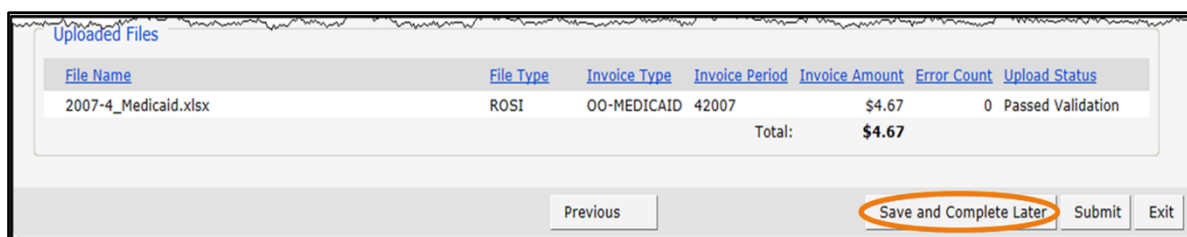
Figure 156 Save and Complete Later Button

The Save Confirmation page will be displayed.
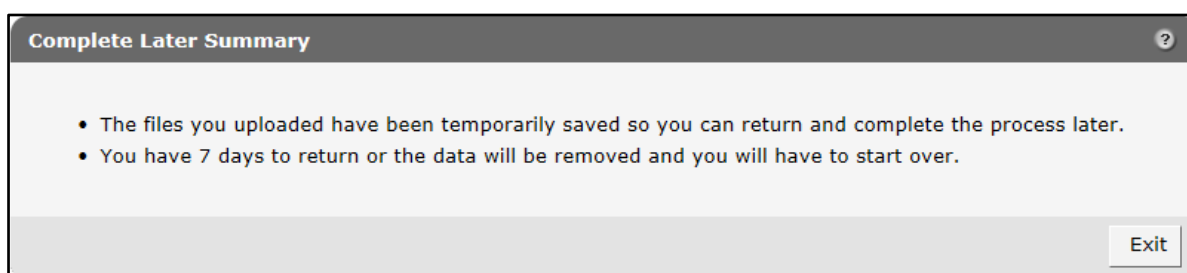
Figure 157 Save Confirmation Page

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.
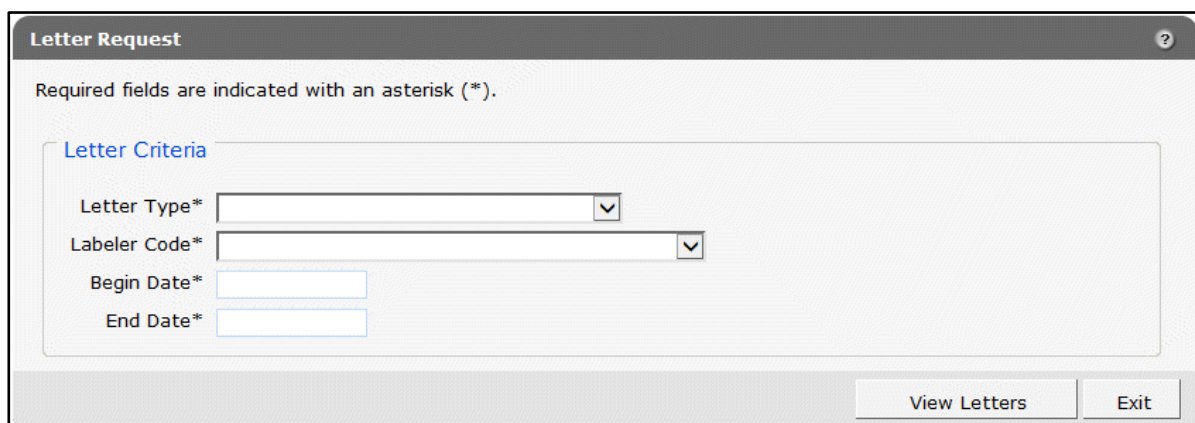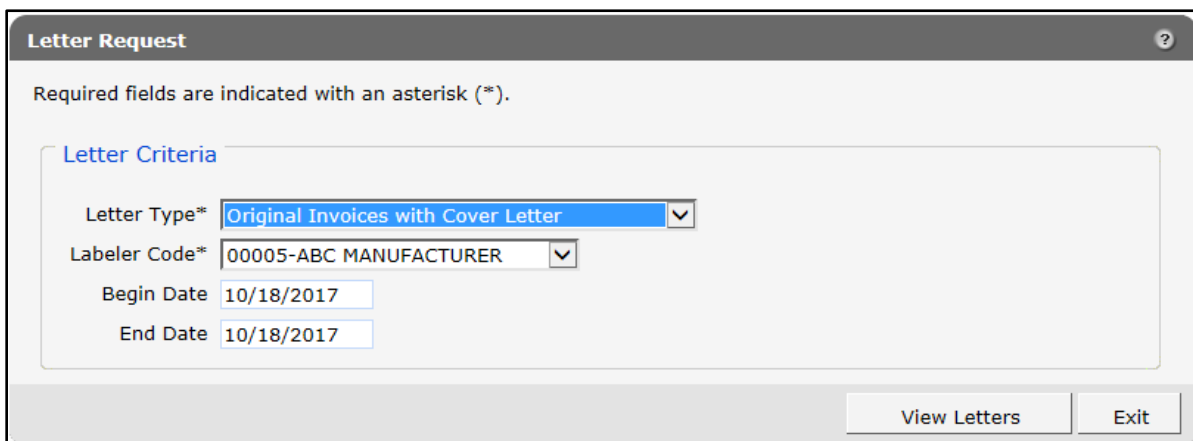
Figure 158 Letter Request Panel

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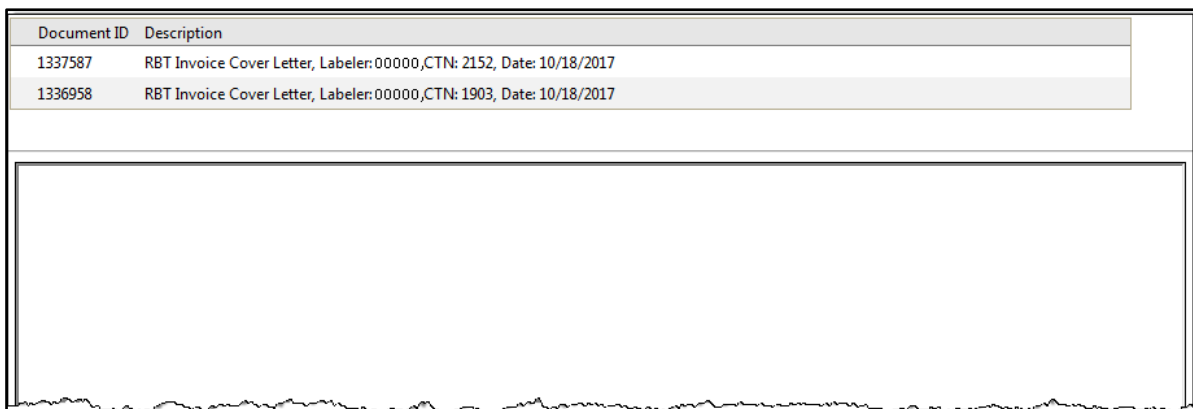
4. Enter begin and end dates in the respective fields for letters that are greater than 60 days from the current date. The system will automatically retrieve letters that were created in the last 60 days.

Figure 159 Letter Request Panel

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

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.

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.
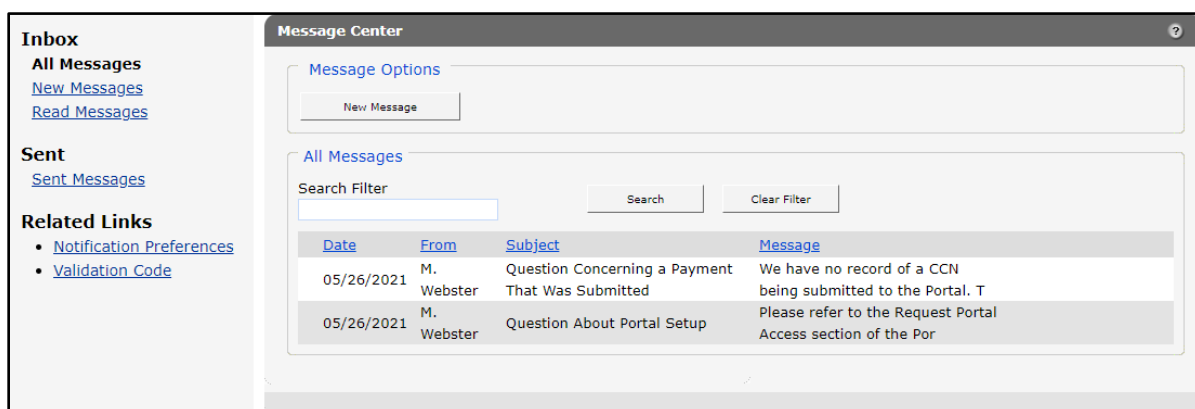
Figure 162 Message Center Panel

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.

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.

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.

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.

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.

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.

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.
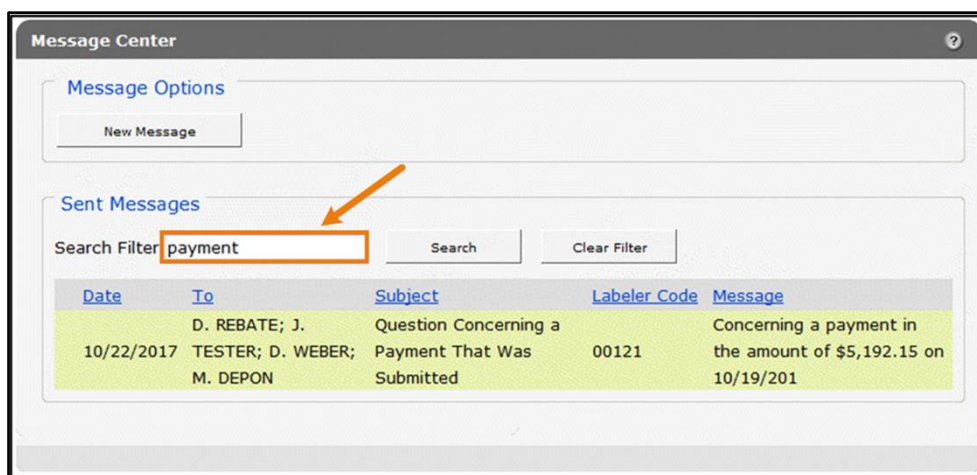
Figure 170 Message Sent Confirmation Message

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**.

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.

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.
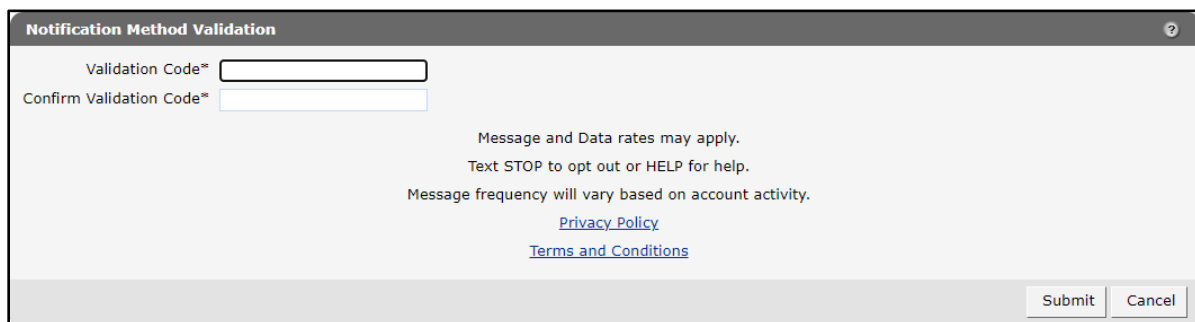
Figure 173 Notification Method Validation Panel

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**.

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.

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.
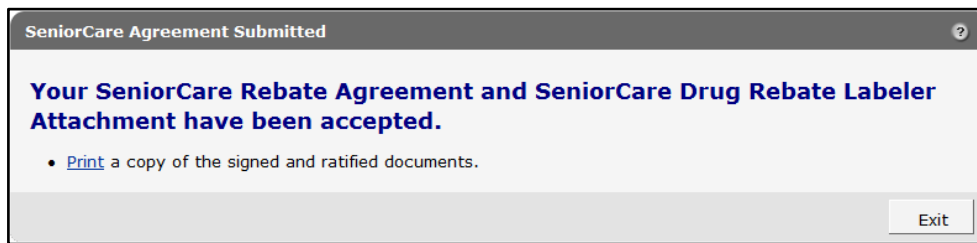
Figure 177 SeniorCare Rebate Agreement Submitted Message

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.

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.

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.
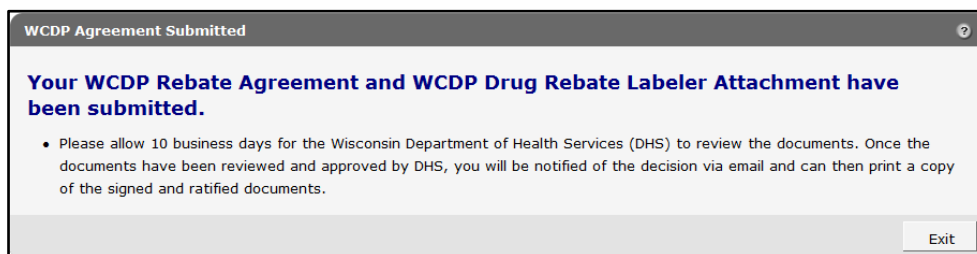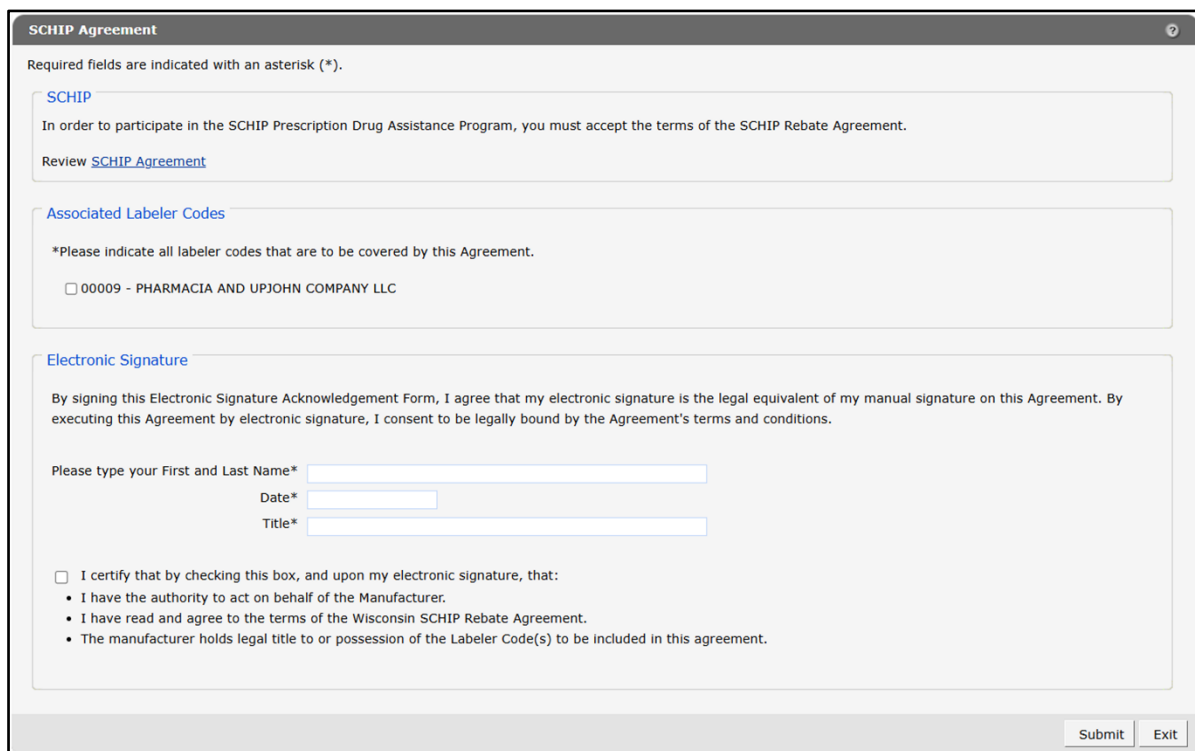
Figure 180 WCDP Rebate Agreement Submitted Message

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 Chapter 19 Retrieving Notifications and Letters 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.

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.

Figure 182 SCHIP 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.

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.
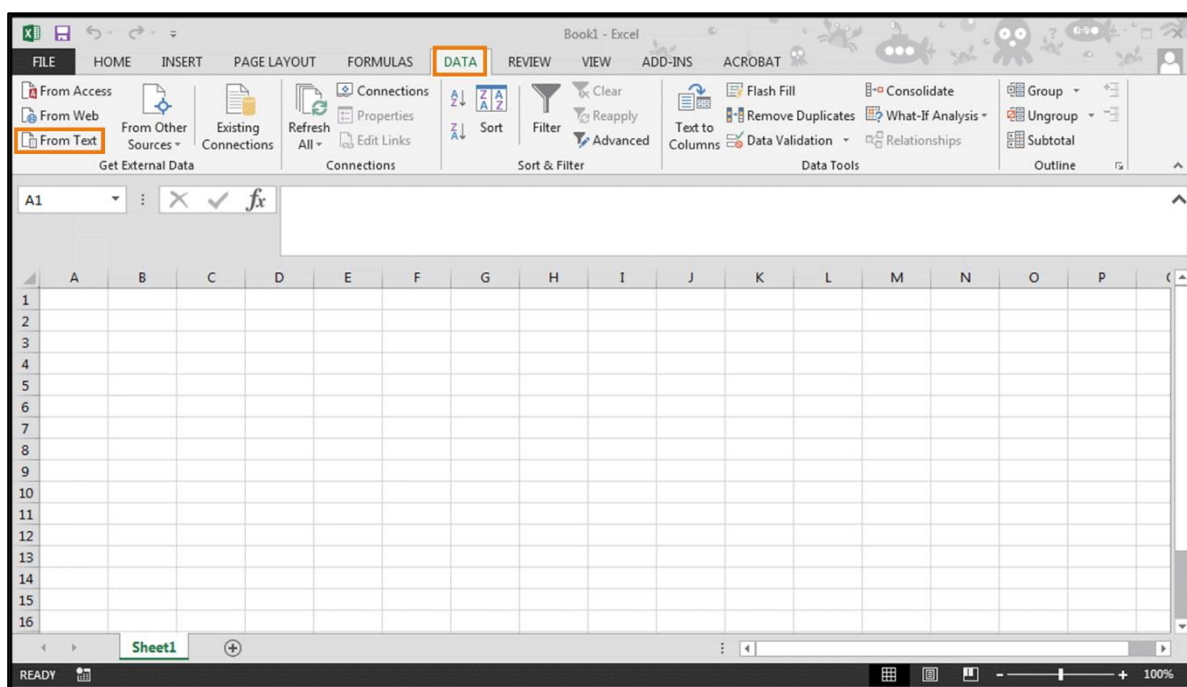
Figure 183 Blank Spreadsheet

3. Click **From Text** located on the left of the Data menu. The Import Text File window will open.
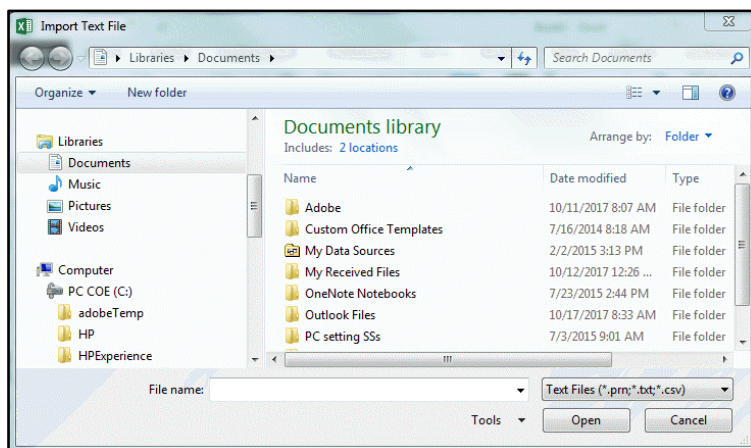
Figure 184 Import Text File Window

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.
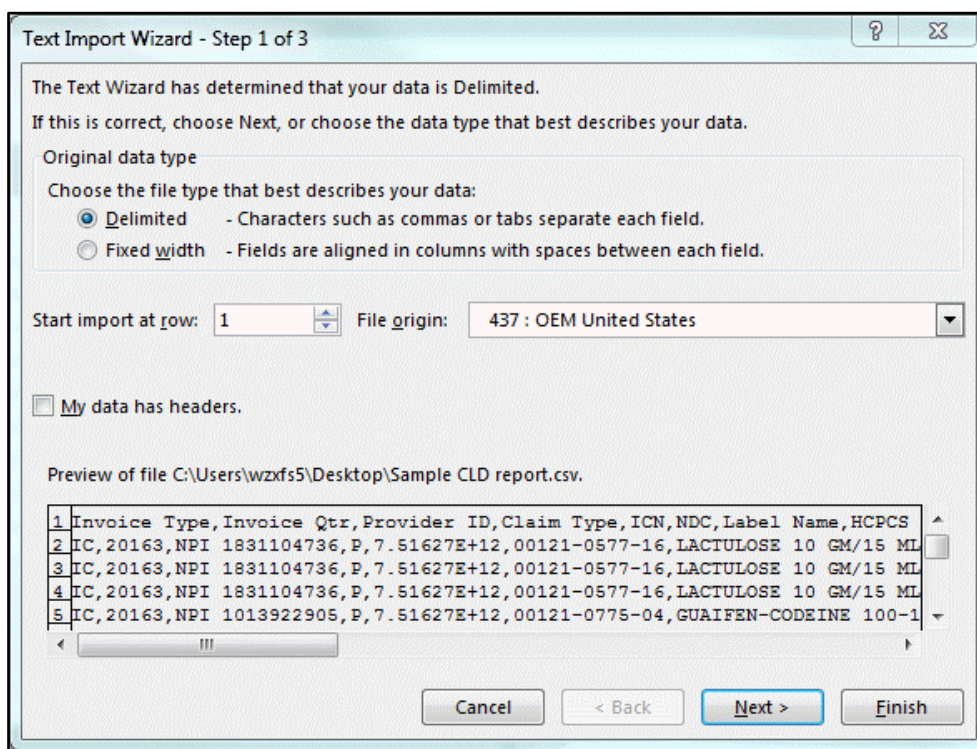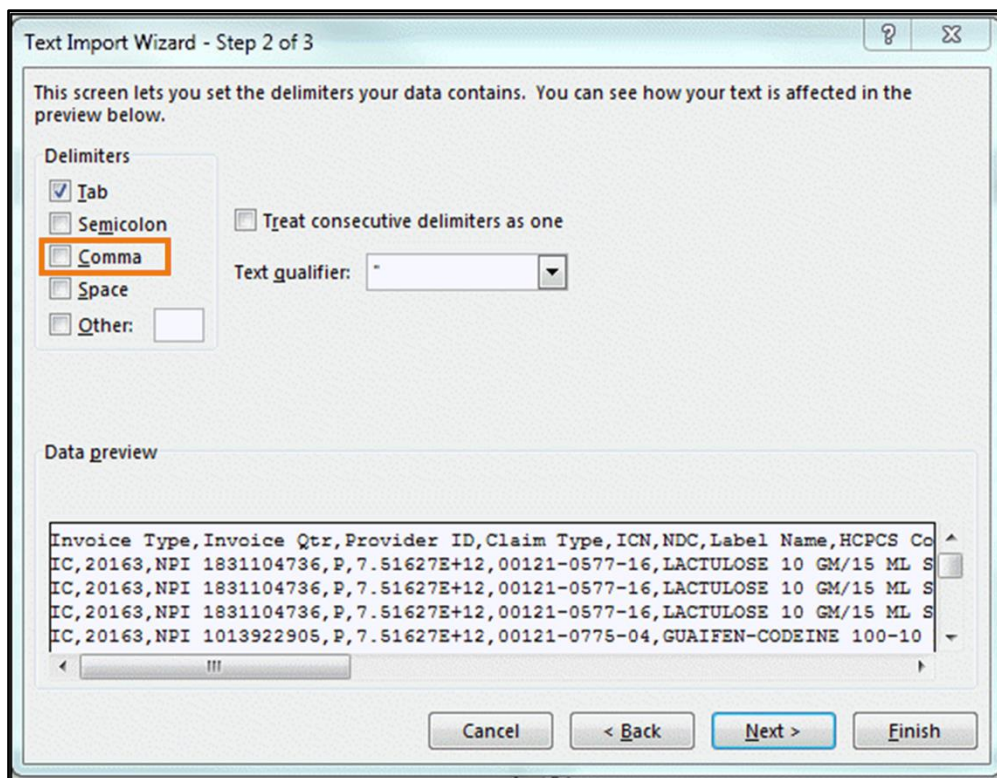
Figure 185 Text Import Wizard - Step 1 of 3 Window

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

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

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.
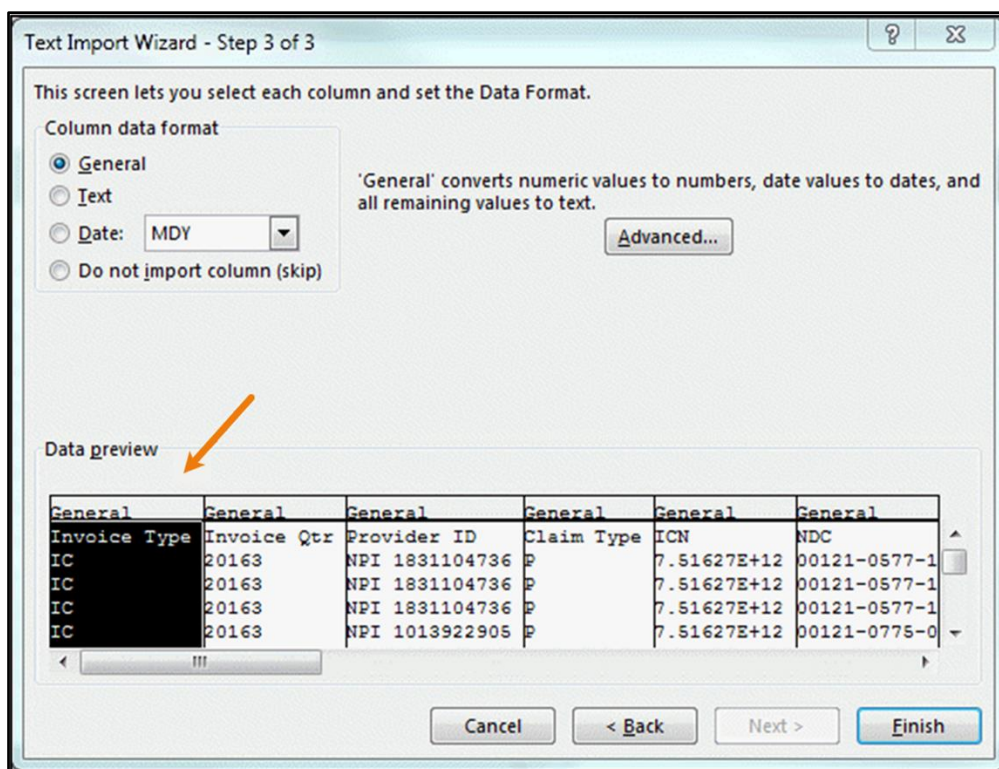
Figure 187 Text Import Wizard - Step 3 of 3 Window

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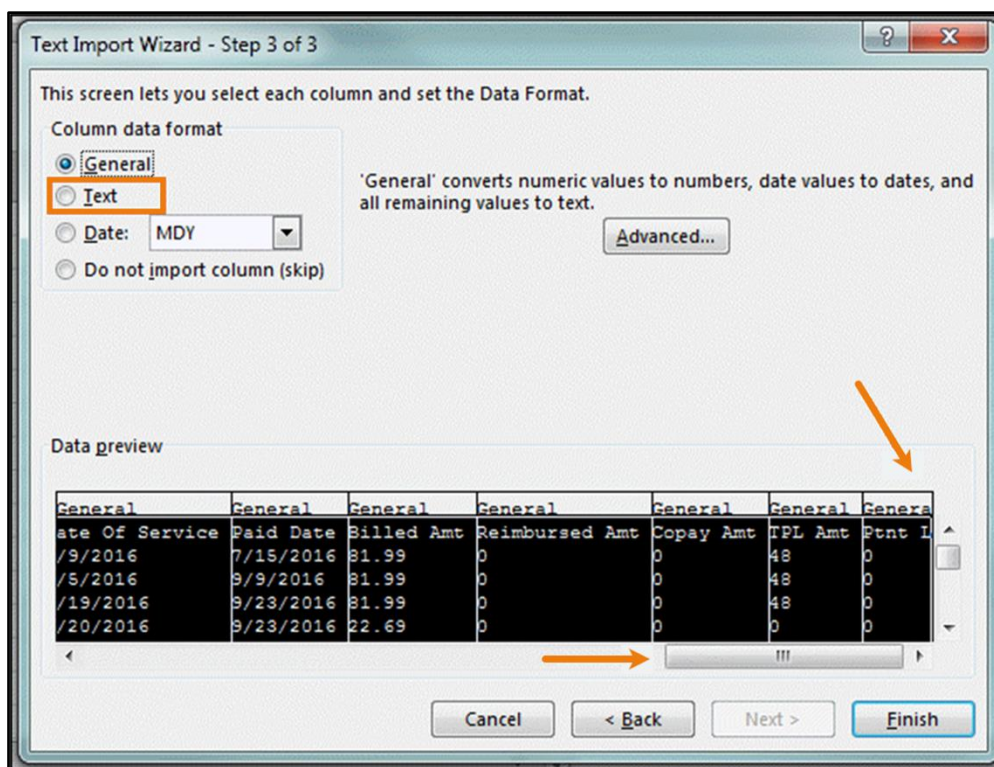
Figure 188 Text Import Wizard - Step 3 of 3 Window With All Columns Selected

14. Select **Text** in the "Column data format" section.

15. Click **Finish**. The Import Data window will be displayed.
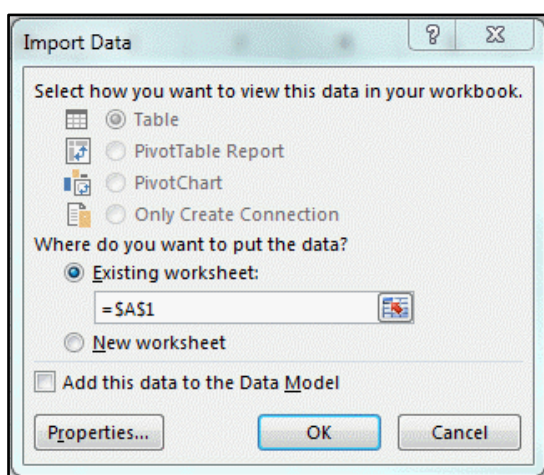
Figure 189 Import Data Window

16. Click **Existing worksheet** or **New worksheet**.

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

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
Record 1	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
	4	Period Covered	5	33–37	QYYYY
	5	Labeler Contact	20	38–57	Labeler's Contact Person
	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
Record 2	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
	8	Units Invoiced	16	58–73	999999999999.999
	9	Adjusted Units (+/-)	17	74–90	9999999999999.999
	10	Labeler Disputed Units	16	91–106	999999999999.999
	11	Units Paid	16	107–122	999999999999.999
	12	Adjustment Code(s)	3	123–125	See Adjustment/Dispute codes in Attachment B.
	13	Dispute Code(s)	3	126–128	See Adjustment/Dispute codes in Attachment B.
	14	Rebate Amount Invoiced	16	129–144	9999999999999.99
	15	Invoice Correction Amount (+/-)	17	145–161	99999999999999.99
	16	Withheld Invoice Amount	16	162–177	9999999999999.99
	17	Rebate Amount Paid	16	178–193	9999999999999.99

	Ordinal Position	Field Name (.txt) Header Row (.csv)	Size	Position	Remarks
Record 3	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	999999999999.999
	4	Total Adjusted Units (+/-)	17	24–40	9999999999999.999
	5	Total Labeler Disputed Units	16	41–56	999999999999.999
	6	Total Units Paid	16	57–72	999999999999.999
	7	Total Rebate Amount Invoiced	16	73–88	9999999999999.99
	8	Total Invoice Correction Amount (+/-)	17	89–105	99999999999999.99
	9	Total Withheld Invoice Amount	16	106–121	9999999999999.99
	10	Total Rebate Amount Paid	16	122–137	9999999999999.99
	11	Plus Interest Payment	16	138–153	9999999999999.99
	12	Total Remittance	16	154–169	9999999999999.99

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
Record 1	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
	4	Period Covered	5	33–37	QYYYY
	5	Labeler Contact	20	38–57	Labeler's Contact Person
	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
Record 2	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	99999999.999999
	7	Current Unit Rebate Amount	15	43–57	99999999.999999
	8	Original Units Invoiced	16	58–73	999999999999.999
	9	Current Units to Date	16	74–89	999999999999.999
	10	Prior Units Paid	16	90–105	999999999999.999
	11	Current Units Paid to Date	16	106–121	999999999999.999
	12	Prior Units Disputed	16	122–137	999999999999.999
	13	Current Units Disputed to Date	16	138–153	999999999999.999
	14	Original Amount Invoiced	16	154–169	9999999999999.99
	15	Revised Invoice Amount	16	170–185	9999999999999.99
	16	Prior Amount Paid	16	186–201	9999999999999.99
	17	Current Amount Paid to Date	16	202–217	9999999999999.99
	18	Amount Paid This Transaction	16	218–233	9999999999999.99
	19	Adjustment Code(s)	3	234–236	See Adjustment/Dispute codes in Attachment B.
	20	Dispute Code(s)	3	237–239	See Adjustment/Dispute codes in Attachment B.

	Ordinal Position	Field Name (.txt) Header Row (.csv)	Size	Position	Remarks
Record 3	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 999999999999.999
	4	Total Current Units to Date	16	24–39	Total for all NDCs 999999999999.999
	5	Total Prior Units Paid	16	40–55	Total for all NDCs 999999999999.999
	6	Total Current Units Paid to Date	16	56–71	Total for all NDCs 999999999999.999
	7	Total Prior Units Disputed	16	72–87	Total for all NDCs 999999999999.999
	8	Total Current Units Disputed to Date	16	88–103	Total for all NDCs 999999999999.999
	9	Total Original Amount Invoiced	16	104–119	Total for all NDCs 9999999999999.99
	10	Total Revised Invoice Amount	16	120–135	Total for all NDCs 9999999999999.99
	11	Total Prior Amount Paid	16	136–151	Total for all NDCs 9999999999999.99
	12	Total Current Amount Paid to Date	16	152–167	Total for all NDCs 9999999999999.99
	13	Total Amount Paid This Transaction	16	168–183	Total for all NDCs 9999999999999.99
	14	Plus Interest Payment	16	184–199	Total for all NDCs 9999999999999.99
	15	Total Remittance	16	200–215	Total for all NDCs 9999999999999.99

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, 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 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, five-digit 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, 15-digit 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, 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 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, 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 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.