

California... Additional background information

Reminder: Wednesday, February 28 is the deadline to file an attestation claim for the higher professional dispensing fee in the Medi-Cal fee-for-service program.

As you may recall, on January 15, 2018, the online attestation portal opened for fee-for-service Medi-Cal pharmacy providers seeking the higher of two professional dispensing fees as part of the forthcoming reimbursement changes for covered outpatient drugs. During the second week of January 2018, non-chain Medi-Cal pharmacy providers should have received a mailer that includes the URL for the online attestation portal, as well as a unique login ID and password. Most chain pharmacies will not receive the mailer because corporate offices are coordinating attestations via a home office point-of-contact.

The attestation period for both the 2016 and 2017 calendar years is open until February 28, 2018. Separate attestations must be submitted for each calendar year. **The web portal will close at 12 a.m. on Thursday, March 1, 2018, and attestations will not be accepted after that time.** The attestation for each calendar year reporting period will determine the professional dispensing fee component of the pharmacy claim reimbursement for claims with dates of service within the State's following fiscal year. As an example, a 2017 calendar year claim volume attestation will determine the professional dispensing fee for claims within the State's 2018 – 2019 fiscal year (dates of service of July 1, 2018, through June 30, 2019). For additional information, providers can refer to the [Pharmacy Provider Self-Attestation FAQs](#) or the [Pharmacy Reimbursement Project](#) webpage on the Department of Health Care Services website.

As has been published in previous Medi-Cal Updates, the Department of Health Care Services (DHCS) is implementing a new fee-for-service reimbursement methodology for covered outpatient drugs. Part of this new methodology is a two-tiered professional dispensing fee based on a pharmacy provider's total (Medi-Cal and non-Medi-Cal) annual pharmacy claim volume (\$13.20 if fewer than 90,000 claims per year; \$10.05 if 90,000 or more). Reporting the claim volume is a self-attestation process, which will be submitted electronically and must be done annually. DHCS policy is that a claim is equivalent to a dispensed prescription; therefore, the attestation is for the total dispensed prescription volume. Only fee-for-service Medi-Cal providers dispensing fewer than 90,000 total prescriptions per calendar year are eligible to receive the higher of the two professional dispensing fees and must complete this attestation in order to receive it.