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## Updated Federal Upper Limit Reimbursement List

There are certain drugs that have been identified for which the Federal Upper Limit (FUL) reimbursement rate does not cover the cost of the drug. Medicaid pharmacy programs are required to reference this reimbursement information when pricing drug claims. In order to receive adequate reimbursement, pharmacy providers may use the DAW1 override to override the FUL reimbursement rate for the drugs listed below until the FUL rate has been adjusted to adequately cover the cost of the drug.

A comment should be entered when the DAW1 override code is used to indicate that the FUL is too low to cover the cost of the drug. If there is an active State Maximum Allowable Cost (SMAC) rate on file, the SMAC rate should be submitted.

Pharmacy providers should report reimbursement issues to the N.C. Medicaid program at 919-855-4300. Use of the **DAWI** override code for overriding FUL rates will continue to be monitored. Pharmacy providers should also monitor the FUL rates and discontinue use of the DAW1 override code once updates to the FUL rates have occurred.

NDC	DRUG NAME
00093026330	FLUOCINONIDE-E 0.05% CREAM
00093026392	FLUOCINONIDE-E 0.05% CREAM
00093075701	PIROXICAM 20 MG CAPSULE
00093075705	PIROXICAM 20 MG CAPSULE
00168000215	TRIAMCINOLONE 0.5% CREAM
00168000415	TRIAMCINOLONE 0.1% CREAM
00168000416	TRIAMCINOLONE 0.1% CREAM
00168000480	TRIAMCINOLONE 0.1% CREAM
00168000615	TRIAMCINOLONE 0.1% OINTMENT
00168000616	TRIAMCINOLONE 0.1% OINTMENT
00168000680	TRIAMCINOLONE 0.1% OINTMENT
00168005515	BETAMETHASONE DP 0.05% CRM
00168005546	BETAMETHASONE DP 0.05% CRM
00168013460	FLUOCINONIDE 0.05% SOLUTION
00168020230	CLINDAMYCIN PH 1% GEL
00168020260	CLINDAMYCIN PH 1% GEL
00168025815	CLOTRIMAZOLE-BETAMETHASONE C
00168025846	CLOTRIMAZOLE-BETAMETHASONE C
00168031002	DESONIDE 0.05% LOTION
00168031004	DESONIDE 0.05% LOTION
00185072401	CARISOPRODOL COMPOUND TAB
00185072405	CARISOPRODOL COMPOUND TAB
00378641001	DOXEPIN 100 MG CAPSULE
00378641010	DOXEPIN 100 MG CAPSULE
00472016315	NYSTATIN 100,000 UNIT/GM CREAM
00472016330	NYSTATIN 100,000 UNIT/GM CREAM

00472037915	CLOTRIMAZOLE-BETAMETHASONE CRM
00472037945	CLOTRIMAZOLE-BETAMETHASONE CRM
00472080302	DESONIDE LOTION 0.05%
00472080304	DESONIDE 0.05% LOTION
00527142635	OXYCODONE CONC 20 MG/ML SOLN
00527142636	OXYCODONE CONC 20 MG/ML SOLN
00574025001	HYOSCYAMINE 0.125 MG TAB SL
00591578701	NORTRIPTYLINE 25MG CAP
00591578705	NORTRIPTYLINE HCL 25 MG CAP
00591578710	NORTRIPTYLINE HCL 25 MG CAP
00603459315	METHYLPREDNISOLONE 4MG D/P
00603459321	METHYLPREDNISOLONE 4 MG TABL
00603781874	NYSTATIN 100,000
00603781878	NYSTATIN 100,000 UNIT/GM CREAM
00781107101	METHAZOLAMIDE 50 MG TABLET
00781196160	CLARITHROMYCIN 250 MG TABLET
00781196260	CLARITHROMYCIN 500 MG TABLET
17478028310	GENTAK 3 MG/ML EYE DROPS
24208034205	DESMOPRESSIN NASAL SOLN 0.01%
24208058060	GENTAMICIN OPTH SOLN
24208058064	GENTAMICIN 3 MG/ML EYE DROPS
29033001301	PIROXICAM 20 MG CAPSULE
29033001305	PIROXICAM 20 MG CAPSULE
45802002146	BETAMETHASONE DP 0.05% LOT
45802004811	NYSTATIN
45802004835	NYSTATIN OINTMENT
45802006405	TRIAMCINOLONE 0.1% CREAM
45802006435	TRIAMCINOLONE 0.1% CREAM
45802006436	TRIAMCINOLONE 0.1% CREAM
45802042235	DESONIDE 0.05% CREAM
45802042237	DESONIDE 0.05% CREAM
48102010101	METHAZOLAMIDE 50 MG TABLET
49884024601	CARISOPRODOL COMPOUND TAB
49884024605	CARISOPRODOL COMPOUND TAB
50111033401	METRONIDAZOLE 500 MG TABLET
50111033402	METRONIDAZOLE 500 MG TABLET
50111064801	FLUOXETINE 20MG CAP

50111064801	FLUOXETINE 20MG CAP
50111064802	FLUOXETINE HCL 20 MG CAPSULE
50111064803	FLUOXETINE HCL 20 MG CAPSULE
50111064844	FLUOXETINE HCL 20 MG CAPSULE
51672126201	DESOXIMETASONE 0.25% OINTMEN
51672126203	DESOXIMETASONE 0.25% OINTMEN
51672126207	DESOXIMETASONE 0.25% OINTMEN
51672126301	NYSTATIN-TRIAMCINOLONE CREAM
51672126302	NYSTATIN-TRIAMCINOLONE CREAM
51672126303	NYSTATIN-TRIAMCINOLONE CREAM
51672126402	FLUOCINONIDE 0.05% OINTMENT
51672126403	FLUOCINONIDE 0.05% OINTMENT
51672127201	NYSTATIN-TRIAMCINOLONE OINT
51672127202	NYSTATIN-TRIAMCINOLONE OINTM
51672127203	NYSTATIN-TRIAMCINOLONE OINTM
51672128901	NYSTATIN 100,000 UNIT/GM CRE
51672128902	NYSTATIN 100,000 UNIT/GM CRE
51672129201	HYDROCORTISONE VAL 0.2% OINT
51672129203	HYDROCORTISONE VAL 0.2% OINT
51672129206	HYDROCORTISONE VAL 0.2% OINT
51672404709	CARBAMAZEPINE 100 MG/5 ML SU
51672404801	CLOTRIMAZOLE-BETAMETHASONE CRM
51672404806	CLOTRIMAZOLE-BETAMETHASONE CRM
52152013702	CARISOPRODOL COMPOUND TAB
52152013704	CARISOPRODOL COMPOUND TAB
59746000103	METHYLPREDNISOLONE 4 MG DOSE
59762374301	CLINDAMYCIN PH 1% GEL
59762374302	CLINDAMYCIN PH 1% GEL
60758018805	GENTAMICIN 3 MG/ML EYE DROPS
61314063136	NEOMYC-POLYM-DEXAMET EYE OINTMENT
61314064305	TOBRAMYCIN 0.3% EYE DROPS
61314070101	SULFACETAMIDE 10% EYE DROPS
68462034737	OXYCODONE CONC 20 MG/ML SOLN

## Pharmacy Generic Dispensing Fee Change

The Medicaid and Health Choice dispensing fee for generic drugs will be changing effective February 1, 2012 to four tiers based on a pharmacy's quarterly generic dispensing rate. The dispensing fee for brand drugs will remain \$4.00. The dispensing fee for generic drugs will be determined according to the following tiers:

Generic Dispensing Rate	Generic Dispensing Fee
80% +	\$9.00
75% - 79.9%	\$6.50
70% - 74.9%	\$4.40
69.9% -	\$4.00

Pharmacy providers' generic dispensing rates will be posted on the Division of Medical Assistance (DMA) website at <http://www.ncdhhs.gov/dma/pharmacy/index.htm>. Changes to providers' generic dispensing fees during calendar year 2012 will occur on the first day of February 2012, May 2012, August 2012 and November 2012 based on the previous three month period. The reports will be made available approximately two weeks prior to the change for each of the months listed.

The first reporting of generic dispensing rates has been updated to include the drugs with FUL overrides. The first report is based on a provider's average generic dispensing rate for time period October 1 – December 31, 2011. Preferred drugs on the NC Medicaid and Health Choice Preferred Drug List with non-preferred generic equivalents will be included in the next quarterly reporting of generic dispensing rates scheduled to be available in April 2012.

**It is important for pharmacy providers to check their generic dispensing rate and make sure that they make appropriate system changes in order to submit the appropriate generic dispensing fee for reimbursement. Pharmacies should continue to submit the gross amount due and their usual and customary amount.**

**The gross amount due (field 430-DU) should include the Medicaid allowable for the drug plus the applicable dispensing fee. The pharmacy point-of-sale system will know what each provider's generic dispensing fee is for the quarter and will not pay more than what the system will allow for the cost of the drug plus the dispensing fee. There is not a separate field for the dispensing fee – it must be included in the gross amount due as it is today.**

## NCPDP D.0 – Edit 0918 and Billing Compounds

When submitting an NCPDP D.0 claim transaction for a compound, pharmacy providers must change field 436-E1 to "00" (submit "03" when not a compound) and in the same segment, providers need to change the NDC field (407-D7) to one zero ("0"). If 11 zeroes ("0") are entered in this field, the claim will deny for Edit 918 – "Invalid value for compound code. Correct and resubmit".

## Pharmacy Claim Forms

Providers *should not* submit their claims on the old blue and white pharmacy paper claim forms they may still have on hand. HPES will only accept the forms printed from the DMA website at <http://www.ncdhhs.gov/dma/forms/pharmclaim.pdf>.

## Roche ACCU-CHEK Diabetic Supplies Under the DME and Pharmacy Programs

Effective November 15, 2011, Roche Diagnostics Corporation Diabetes Care is N.C. Medicaid's designated preferred manufacturer for blood glucose monitors, diabetic test strips, control solutions, lancets, and lancing devices. These products are covered under the Durable Medical Equipment and Outpatient Pharmacy Programs and will be reimbursed under the pharmacy point-of-sale system with a prescription.

**The transition period has been extended from November 15, 2011 through March 14, 2012. During this period, both Roche and Prodigy diabetic supplies will be covered. Beginning on March 15, 2012, the second phase of the transition will take effect where both Roche and Prodigy diabetic supplies will be covered; however, a one-time override will be required for continued use of Prodigy products through April 14, 2012. As of April 15, 2012, only Roche diabetic supplies will be covered.**

Pharmacy and DME providers need to ensure that invoices are easily retrievable in case documentation is needed to support the billing of these products. This could be requested to support the quantities being invoiced to Roche for the rebates due back to N.C. Medicaid and N.C. Health Choice.

### Insulin Pump Users

Prior authorization will be allowed for insulin-pump dependent recipients who cannot use Roche products due to a dedicated glucometer communicating with their insulin pump. In these instances the provider must be a durable medical equipment (DME) provider or a pharmacy/DME provider.

Prior authorization requests should be submitted to HP at P.O.Box 31188, Raleigh, NC 27622. Effective November 15, 2011, there are no designated preferred manufacturers of insulin syringes. The following are the list of NDC's that will be covered:

Covered Products	Package Size	Unit Type	NDC - 11
ACCU-CHEK Aviva Plus Care Kit ( <i>Available on or after March 1, 2012. Contains the FastClix lancing device.</i> )	1 Meter Kit	1 Meter	65702010110
ACCU-CHEK Aviva Care Kit	1 Meter Kit	1 Meter	65702010110
ACCU-CHEK Compact Plus Care Kit	1 Meter Kit	1 Meter	50924001901
ACCU-CHEK Aviva Test Strips	50 count	1 bottle	65702010310
ACCU-CHEK Compact Test Strips	51 count	1 bottle	50924098850
ACCU-CHEK Aviva Plus Test Strips	50 count	1 bottle	65702040710
ACCU-CHEK Aviva Control Solution (2 levels)	1 bottle	1 bottle	65702010710

ACCU-CHEK Compact Control Solution (2 levels)	1 bottle	1 bottle	65702036910
ACCU-CHEK FastClix Lancets ( <i>available on or after January 3, 2012</i> )	102 count	1 box	65702028810
ACCU-CHEK Multiclix Lancets	102 count	1 box	50924045001
ACCU-CHEK Softclix Lancets	100 count	1 box	50924097110
ACCU-CHEK Softclix Lancing Device (Blue)	1 count	1	50924095701
ACCU-CHEK Softclix Lancing Device (Black)	1 count	1	65702040010
ACCU-CHEK FastClix Lancing Device Kit ( <i>available on or after March 1, 2012</i> )	1 count	1	65702048110
ACCU-CHEK Multiclix Lancing Device Kit	1 count	1	50924044601

### **Billing Instructions for Submitting Diabetic Supplies under DME**

Claims for diabetic test strips, control solution, lancets and lancing devices submitted under the DME program must be billed using the NDC in addition to the HCPCS code. The NDC will be entered in the shaded area of block 24A of the CMS-1500 claim form. During the time period March 15, 2012 through April 14, 2012 when the one-time override is available for Prodigy products, DME providers will need to place the SC modifier in block 24D of the CMS-1500 claim form to bypass the requirement to bill for Roche NDCs listed in the chart above. As of April 15, 2012, this modifier will no longer be accepted. These requirements will not apply to private duty nursing and home health providers until April 15, 2012.

HCPCS codes and supply limits for diabetic supplies are the same as outlined in Clinical Coverage Policy 5A, Durable Medical Equipment, as indicated below:

<b>HCPCS Code</b>	<b>Product Description</b>	<b>Quantity Limit</b>
A4253	Blood glucose test or reagent strips (1 unit = 50 strips)	4/month – age $\geq$ 21
A4253	Blood glucose test or reagent strips (1 unit = 50 strips)	6/month – age < 21
A4259	Lancets (1 unit = 100 lancets)	2/month
A4258	Lancing device	2/year
A4256	Normal, high, low calibrator solution	4/year

### **Prior Authorization Instructions for Insulin Pump Users**

With an effective date based on date of service of January 15, 2012 prior authorization will be required for insulin-pump dependent recipients who cannot use Roche products due to a dedicated glucometer communicating with their insulin pump. In these instances the provider must be a durable medical equipment (DME) provider or a pharmacy/DME provider. Claims with a prior authorization on file will need to be submitted with a NU and U9 modifier. Claims for test strips not supplied by Roche that do not have a Prior authorization on file for A4253 NU, U9 will be denied for lack of authorization. The U9 modifier will indicate that test strips **not** supplied by Roche have been authorized for payment. Prior authorization requests should be submitted to HP at the following addresses:

**NC Medicaid**  
**P.O.Box 31188**  
**Raleigh, NC 27622**

**NC Health Choice  
P.O.Box 322490  
Raleigh, NC 27622**

**Billing Instructions for Submitting Diabetic Supplies under Pharmacy Point-of-Sale System**

Claims for diabetic test strips, control solution, lancets and lancing devices submitted at point-of-sale must be billed using the NDC. Test strips must be billed in multiples of 50 and lancets must be billed in multiples of 100 except for the ACCU-CHEK Compact Test Strips, 51 count package size, the ACCU-CHEK Multiclix Lancets, 102 count package size, and the ACCU-CHEK Fastclix Lancets, 102 count package size. In order to accommodate the unbreakable package sizes under the pharmacy point-of-sale system, the ACCU-CHEK Compact Test Strips (NDC 50924-0988-50) can be billed up to 204 test strips per month for recipients 21 years of age and older and up to 306 test strips per month for recipients under 21 years of age will be allowed. **Point-of-sale system changes have been completed to accommodate the higher quantity limits for test strips for pediatric recipients less than 21 years of age.**

ACCU-CHEK Multiclix Lancets (NDC 59024-0450-01) and ACCU-CHEK Fastclix Lancets (NDC 65702-0288-10) can be billed up to 204 lancets per month. For Medicaid billing, 1 lancing device = 1 unit. Rates apply to these diabetic supplies; therefore, no copayments and no dispensing fees apply.

During the time period March 15, 2012 through April 14, 2012 when the one-time override is available for Prodigy products, pharmacy providers can place a “1” in the prior authorization type code field (461-EU) or a “2” in the submission clarification field (420-DK) to override the requirement to bill for Roche NDCs. As of April 15, 2012, this override will no longer be available and only the Roche NDCs referenced above will be covered. Diabetic supply limits will be the same as under the DME program. Prior authorization requests for additional quantities or for non-Roche diabetic supplies must go through the DME program.

**Blood Glucose Monitors**

ACCU-CHEK Aviva and Compact Plus blood glucose monitors are free to N.C. Medicaid and N.C. Health Choice recipients through the DME and Outpatient Pharmacy Programs. DME providers will have access to free blood glucose monitors to supply to recipients. Pharmacy providers can dispense free blood glucose monitors to recipients by submitting the following information to Roche Diagnostics:

Rx GRP (Carrier Group): MAX26266  
ID#: 1ACCUCHEK  
Suffix (Dependent) Code: 01  
Rx BIN#: 610415  
PCN: PCS  
COB: Primary  
Other Coverage Code: Blank

For additional information, providers may call ACCU-CHEK Customer Care, 1-877-906-8969 or DMA Clinical Policies and Programs at 919-855-4310 (DME) or 919-855-4300 (Pharmacy).

## **Syringe and Pen Needle Coverage through Pharmacy Point-of-Sale**

For Medicaid and Health Choice recipients, syringes and pen needles are covered through the pharmacy point-of-sale system as long as there is a history drug claim on file in the previous 90 days. Currently insulin, growth hormones, Byetta and Forteo are considered to be a valid history claim in order to receive either the syringes or pen needles.

## **Point-of-Sale Override for Leukotrienes, Statins, Orally Inhaled Steroids, and Second Generation Anticonvulsants**

This is a reminder that pharmacists can override a point-of-sale (POS) message that prior authorization (PA) is required for leukotrienes, statins, orally inhaled steroids, and second generation anticonvulsants (for seizure disorders only) for both N.C. Medicaid and N.C. Health Choice drug claims. If the prescriber has indicated that the PA criteria have been met, by writing "**Meets PA Criteria**" on the face of the prescription in the prescriber's own handwriting, the pharmacist will be able to override the PA edit for these drugs. This information may also be entered in the comment block on e-prescriptions. If the prescribed drug in one of these drug classes has a generic version available, "**medically necessary**" must also be written on the face of the prescription in the prescriber's own handwriting in order to dispense the brand name drug. A "**I**" in the PA field (461-EU) or a "**2**" in the submission clarification field (420-DK) will override the PA edit. These overrides will be monitored by Program Integrity.

Providers may also contact ACS at 1-866-246-8505 (telephone) or 1-866-246-8507 (fax) to request PA for these medications. The PA criteria and request form for these drug classes are available on the NC Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbm.com>. If the PA is approved by ACS, the POS override codes will not be needed.

## **Automatic Refills and Automatic Shipments No Longer Allowed**

Effective January 1, 2012, automatic refills and automatic shipments are not allowed under the N.C. Medicaid Outpatient Pharmacy Program. N.C. Medicaid does not pay for any prescription without an explicit request from a recipient or the recipient's responsible party, such as a caregiver, for each refilling event. The pharmacy provider shall not contact the recipient in an effort to initiate a refill unless it is part of a good faith clinical effort to assess the recipient's medication regimen. The possession by a provider of a prescription with remaining refills authorized does not in itself constitute a request to refill a prescription. Recipients or providers cannot waive the explicit refill request and enroll in an electronic automatic refill program.

Any prescriptions filled without a request from a recipient or responsible party will be subject to recovery. Any pharmacy provider with a policy that includes filling prescriptions on a regular date or any type of cyclical procedure will be subject to audit, claim recovery or possible suspension or termination of their Medicaid provider agreement.

## **Upcoming Policy Implementation: Phase I starts February 8, 2012 Off Label Antipsychotic Safety Monitoring in Health Choice Recipients**

It is recognized that many antipsychotic medications do not have Food and Drug Administration (FDA) approved labeling for use in children. The risk for a variety of significant side effects related to the use of antipsychotic medications appears to be significant for children and adolescents. The Off Label Antipsychotic Safety Monitoring in Health Choice Recipients Policy encourages the use of appropriate baseline and follow-up monitoring parameters to facilitate the safe and effective use of antipsychotics. Well-documented safety considerations and limited efficacy information on the use of antipsychotic agents in children support the policy. Starting on February 8, 2012, safety documentation will be requested when an antipsychotic medication is prescribed for a Health Choice recipient. Implementation will occur in phases. The first phase is recipients 6 through 17 years old.

DMA, partnering with Community Care of North Carolina, has developed a registration process to capture safety monitoring documentation. The electronic registration process, known as the A+KIDS registry, is in use already for Medicaid recipients aged 0 – 17. Information about the registry is found at the website [www.documentforsafety.com](http://www.documentforsafety.com). The registry process for Health Choice will mirror the Medicaid process. Data elements requested for documentation in the registry reflect a generally accepted monitoring profile for the safety and efficacy follow-up of the prescribed antipsychotic pharmacotherapy. Prescribers will be prompted to provide safety monitoring documentation when:

- The antipsychotic is prescribed for an indication that is not approved by the federal Food and Drug Administration.
- The antipsychotic is prescribed at a different dosage than approved for an indication by the federal Food and Drug Administration.
- The prescribed antipsychotic will result in the concomitant use of two or more antipsychotic agents.

A user ID and password is required to access the A+KIDS registry. Prescribers already using the registry will use the same login information to enter safety documentation for a Health Choice patient. Prescribers who have not registered should go to [www.documentforsafety.com](http://www.documentforsafety.com) to register as a user. Providers can complete registry information in advance for patients. Providers already registered will see their Health Choice patients who have recently filled an antipsychotic medication listed on the “Home” tab of the A+KIDS registry. Technical support is available for providers Monday through Friday from 8am to 5pm by calling the registry toll free number 855-272-6576

An alternative method to submitting the safety monitoring information electronically is completing a form to submit by fax to ACS at 866-246-8507. The form is available on the DMA outpatient pharmacy website ([www.ncdhhs.gov/dma/pharmacy](http://www.ncdhhs.gov/dma/pharmacy)) and the A+KIDS website ([www.documentforsafety.com](http://www.documentforsafety.com)). Using the fax method to provide information will result in a three-month approval period. Faxed forms missing essential information cannot be processed and will be returned to the prescriber. When information is provided electronically through the registry, approval periods from 6 to 12 months are possible depending on case specific clinical variables. .

### **Pharmacy Override Protocol**

Point of sale (POS) overrides are available for occurrences where the prescriber has not provided registry documentation either electronically or by fax for the recipient. Each override will apply to all claims for antipsychotic medication(s) on the same date of service. The message "Safety documentation requested. Prescriber go to [www.documentforsafety.com](http://www.documentforsafety.com) or Call ACS 866-246-8505" will return to the pharmacy for antipsychotic claims for a Health Choice recipient without safety monitoring documentation. The claim will not process successfully. A POS override should be utilized for rejected claims if timely registration by the prescriber does not occur. **A "1" in the PA field (461-EU) or a "2" in the submission clarification field (420-DK) will override the PA edit.** Patients should not be denied their antipsychotic medication(s) in response to the safety documentation requested message. The prescriber of the antipsychotic medication should be alerted when an override is used, and the language returned in the original POS message regarding the safety documentation request should be shared with him/her. Use of overrides will remain unlimited through March 15, 2012. After March 15, 2012, each patient has available two point of sale override opportunities per 365 calendar days for two unique dates of service. If a third override is attempted, the message "Override limit exceeded. Prescriber go to [www.documentforsafety.com](http://www.documentforsafety.com) or call ACS 866-246-8505" will return to the pharmacy. This message cannot be overridden. This alert indicates the prescriber must provide safety monitoring documentation for the patient in order for successful claims processing to result, and this information should be shared with the prescriber.

A widespread training effort about the safety monitoring documentation initiative has been underway since early 2011. Community Care of North Carolina is leading the outreach effort to provide training and education. Objectives of the registry include improving the use of evidence based safety monitoring for patients for whom an antipsychotic agent is prescribed, reduction of antipsychotic polypharmacy, and reduction of cases where the FDA maximum dose is utilized.

### **Provider Enrollment Fee**

The \$100 fee required from individual providers and organizations that submit an initial enrollment application, a re-credentialing application, or a re-enrollment application, for participation in the NC Medicaid or Health Choice programs will be directly associated with an applicant's site/location. The effective date will be communicated to providers in future bulletin articles.

If a provider has the same tax identification number for multiple sites/locations a separate enrollment fee is required for each site/location. An individual provider who is linked to multiple provider groups is not responsible for paying an enrollment fee for each group affiliation. An individual provider who is linked to multiple provider groups is only responsible for one (1) \$100 enrollment fee.

The \$100 enrollment fee will apply concurrently with the \$505 application fee as set forth in Section 6401(a) of the Affordable Care Act (ACA) as amended by section 10603 of the ACA, amended section 1866 (j). The non-refundable \$100 enrollment fee will be due immediately upon receipt of invoice. Failure to remit payment within thirty (30) days will deem the provider enrollment application incomplete resulting in denial of participation with NC Medicaid.

## Submitting Provider Refunds

There are separate actions that may be filed when submitting Refunds with a Remittance and Status Report. When submitting a refund request use the following instructions:

- Highlight the appropriate recipient name and MID number, claim information (ICN) and dollar amount of the refund to apply to that recipient.
- Ensure that the check amount and notations on the RA agree to the same total being refunded.
- Attach a copy of the RA to the check and submit.
- Refund checks must be payable to HP Enterprise Services – Refund. Mail the refund with the requested information to:

**HP Enterprise Services**  
**ATTN: Finance - REFUND**  
**P.O. Box 30968**  
**Raleigh NC 27622-3011**

If a copy of the RA is not available, providers are able to submit a refund request using the **Medicaid Provider Refund Form**. This form is available on DMA's website at <http://www.ncdhhs.gov/dma/provider/forms.htm> (under Claims and Claim Adjustment forms).

When completing the **Medicaid Provider Refund Form**, follow these instructions:

- Enter the data electronically before printing the form to reduce questions from HP Enterprise Services when the check and form are received.
- Enter information for each claim by detail line. As entries are made into the form, the total refund amount will be automatically calculated.
- The sum of the entries **must** equal the amount of the refund check submitted with this form.
- Once the form entries are completed, compare the total amount on the refund check to the calculated total refund amount in cell L13 on the form. This will cross check the entries on the form with the intended refund amount.
- Print a copy of the completed **Medicaid Provider Refund Form** and submit.
- Refund checks must be payable to HP Enterprise Services– Refund. Mail the refund with the requested information to:

**HP Enterprise Services**  
**ATTN: Finance - REFUND**  
**P.O. Box 30968**  
**Raleigh NC 27622-3011**

### Tips for Submitting Refunds:

- If refunding from a central office for multiple provider numbers, submit separate refunds for **each provider**, as questions regarding one of the providers may impact the processing of all of the refunds when submitted on one check.
- Refund checks must be payable to HP Enterprise Services– REFUND. The bank may reject a check made out otherwise, and your refund will not be processed.
- If the refund is in response to a written request from DMA, make the refund check payable to DMA and mail it to the address indicated in the refund request letter.

- If DMA, the DHHS Controller, the Attorney General, or a third-party collections agency has requested a payment, either refund or amount due, make the check payable as the correspondence indicates and mail it to the address indicated. Checks received by HP Enterprise Services are processed as refunds. Payments misdirected to HP Enterprise Services could result in additional actions by DMA, other government agencies, or their agents.
- If a refund is sent due to a claim billing error, it is important to ensure that the credit has processed on the RA, as noted above, prior to resubmitting the claim. This will eliminate any possibility of the resubmitted claim being denied due to a duplicate claim.
- If completing the **Medicaid Provider Refund Form**, save a copy of the form to the computer local drive so that providers have easy access to the form.

**Note:** Although the refund process is available to send monies back to Medicaid, the preferred method is through the void or replacement electronic adjustment process.

### **NC Health Choice Claims Processing Transition**

Effective with dates of service on and after October 1, 2011, NC Health Choice (NCHC) medical and pharmacy claims will be processed by DMA's fiscal agent, HP Enterprise Services instead of BCBS and Medco. There will be a five-month run-out period for providers to file claims for dates of service through September 30, 2011 to BCBS and Medco. The run-out period will begin on October 1, 2011 and end on February 29, 2012. **You must file all claims for dates of service through September 30, 2011 with BCBS and Medco by February 29, 2012.**

As stated in previous bulletins, providers who want to begin or continue serving NCHC recipients after the transition date must enroll in NC Medicaid and file claims according to NC Medicaid guidelines. Legislation requires Medicaid enrolled providers to submit claims electronically (SL2011-145 § 10.31(b)(6)). However, certain exceptions require claims to be submitted on paper. The exceptions are listed on DMA's website at <http://ncdhhs.gov/dma/provider/ECSEExceptions.htm>.

Only those claims which comply with the exceptions will be accepted on paper. NCHC providers should mail paper claims and any NCHC claims related written correspondence to:

**HP Enterprise Services  
P.O. Box 300001  
Raleigh, NC 27622-0001**

The HPES mailing address for NCHC Prior Approval is:

**HP Enterprise Services  
Prior Approval  
P.O. Box 322490  
Raleigh, NC 27622**

Questions regarding NCHC claims submission for dates of service 10/1/2011 and after should be directed to the HPES Provider Services Department at 1-800-688-6696, menu option 3.

## Changes in Drug Rebate Manufacturers

The following changes have been made in manufacturers with Drug Rebate Agreements. It is listed by manufacturer's code, which are the first five digits of the NDC.

### Addition

The following labeler has entered into a Drug Rebate Agreement and has joined the rebate program effective on the date indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
59834	Edgemont Pharmaceuticals, LLC	01/12/2012
76179	Kedrion BioPharma, Inc	01/26/2012

### Voluntarily Terminated Labelers

The following labeler has requested voluntary termination effective April 1, 2012:

Zerxis Pharma, LLC	(Labeler 18011)
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**Checkwrite Schedule**

January 10, 2012	February 07, 2012	March 06, 2012
January 18, 2012	February 14, 2012	March 13, 2012
January 26, 2012	February 22, 2012	March 20, 2012
	February 29, 2012	March 29, 2012

**Electronic Cut-Off Schedule**

January 05, 2012	February 02, 2012	March 01, 2012
January 12, 2012	February 09, 2012	March 08, 2012
January 19, 2012	February 16, 2012	March 15, 2012
	February 23, 2012	March 22, 2012

*Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS Claims must be transmitted and completed by 12:00 midnight on the day of the electronic cut-off date to be included in the next checkwrite.*

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Chief, Pharmacy and Ancillary Services  
Division of Medical Assistance  
Department of Health and Human Services

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