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**North Carolina  
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**In This Issue...**

**Updated Federal Upper Limit Reimbursement List**

**Roche Provider Rebates**

**Upcoming Policy Implementation: BRANDS Monitoring**

**Provider Self-Audit Protocol**

**Enrollment Application Status Inquiries**

**Change to Medicaid Identification (MID) Card**

**Subscribe and Receive Email Alerts for Medicaid Updates**

**NC Health Choice Providers with Outstanding Medical Claims with Dates of  
Services Prior to October 1, 2011**

**Changes in Drug Rebate Manufacturers**

## 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
00054302802	ACETYLCYSTEINE 20% VIAL
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
00168000315	TRIAMCINOLONE 0.025% CREAM
00168000380	TRIAMCINOLONE 0.025% 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
00168004046	BETAMETHASONE VA 0.1% CREAM
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

00228206710	OXAZEPAM 10 MG CAPSULE
00378537501	DOXEPIN 75 MG CAPSULE
00378641001	DOXEPIN 100 MG CAPSULE
00378641010	DOXEPIN 100 MG CAPSULE
00472016315	NYSTAIN 100,000 UNIT/GM CREAM
00472016330	NYSTAIN 100,000 UNIT/GM CREAM
00472016615	NYSTAIN 100,000 UNIT 15GMS
00472016630	NYSTAIN 100,000 UNITS 30GMS
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
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
24208058060	GENTAMICIN OPTH SOLN
24208058064	GENTAMICIN 3 MG/ML EYE DROPS
24208067004	SULFACETAMIDE 10% 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
51672125903	CLOBETASOL 0.05% OINTMENT
51672126301	NYSTATIN-TRIAMCINOLONE CREAM
51672126302	NYSTATIN-TRIAMCINOLONE CREAM
51672126303	NYSTATIN-TRIAMCINOLONE CREAM
51672127201	NYSTATIN-TRIAMCINOLONE OINT
51672127202	NYSTATIN-TRIAMCINOLONE OINTM
51672127203	NYSTATIN-TRIAMCINOLONE OINTM
51672128003	DESONIDE 0.05% CREAM
51672128202	TRIAMCINOLONE 0.1% CREAM
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
61314063305	GENTAMICIN 3MG/ML EYE DROPS (3%)
61314064305	TOBRAMYCIN 0.3% EYE DROPS
61314070101	SULFACETAMIDE 10% EYE DROPS
68462034737	OXYCODONE CONC 20 MG/ML SOLN

### Roche Provider Rebates

Effective June 1, 2012, all claims for diabetic supplies that meet the requirements for the Roche provider rebate that process and pay with dates of service on or after June 1, 2012, will receive an automated rebate payment in conjunction with their reimbursement from N.C. Medicaid. There will be no action required of providers to receive the provider rebate. Providers should no longer submit provider rebates to Roche for reimbursement for claims with dates of service on or after June 1, 2012.

The rebate payment will be paid one checkwrite after the claim payment is generated and these claims will appear on the Remittance Advice (RA) with an ICN region starting with 81. If a claim is later reversed or adjusted, the rebate claim will also be adjusted in the checkwrite following the claim recoupment (this will appear as a region 90 adjustment for both pharmacy and DME

providers). Pharmacy providers will not see this payment on their POS transaction, but the payment will be included on the RA.

If you are not currently enrolled in the Roche rebate program, please log on to <https://rxvp.accu-chek.com> no later than Tuesday, May 22, 2012 to enroll in the rebate program. With your enrollment, Roche will process your eligible N.C. Medicaid claims for May 2012.

Below are the Roche provider rebates that will be paid by NDC:

Strip Product	Size	NDC #	2012 Roche Provider Rebate Amount
ACCU-CHEK AVIVA STRIPS 50's	50	65702-0103-10	\$26.23
ACCU-CHEK AVIVA PLUS STRIPS 50's	50	65702-0407-10	\$26.23
ACCU-CHEK COMPACT 51's	51	50924-0988-50	\$27.64
ACCU-CHEK SMARTVIEW STRIPS (NANO)	50	65702-0492-10	\$26.23
SOFTCLIX LANCING DEVICE KIT (BLUE)	1	50924-0957-01	\$5.08
MULTICLIX LANCING DEVICE KIT	1	50924-0446-01	\$5.08
SOFTCLIX LANCING DEVICE KIT (BLACK)	1	65702-0400-10	\$5.08

### Upcoming Policy Implementation: BRANDS Monitoring

On June 5, 2012, DMA, partnering with Community Care of North Carolina, will implement a policy that creates a prior authorization process called BRANDS. Similar to the A+KIDS program, BRANDS (Brand Request-Adverse event Needs Documentation) is a web-based application available on the Document for Safety website, [www.documentforsafety.org](http://www.documentforsafety.org).

The BRANDS program supports the NC Medicaid policy *Prior Approval for Brand-Name Drugs (DAW-1)*. To request a brand name medication for a patient when multiple generic equivalents are available in the marketplace, this policy requires documentation of an adverse event experienced by the patient that was associated with use of a generic equivalent. The BRANDS application allows the provider to request a brand name medication for a patient and document the adverse effect related to the generic equivalent at the same time. All requests must use the BRANDS application, fax requests will not be accepted. In addition to the BRANDS authorization, brand "*Medically Necessary*" must still be written on the face of the prescription in the prescriber's own handwriting in order for the pharmacy to be able to process the prescription for the brand name drug.

- Authorization of a brand name medication generally includes authorization of any brand product, in any available strength and dosage form, that contains the same generic ingredient(s).
- Medications used for the treatment of seizures and those designated as Narrow Therapeutic Index drugs by the NC Board of Pharmacy (e.g., Coumadin, Synthroid) are exempt from the requirements of this policy.
- Adverse event reports created in the web application may be submitted to the FDA MedWatch program.

Providers who have registered on the Document for Safety website to use the A+KIDS application or on the SmartDUR website to use the Synagis application do not need to register again; the same User ID and Password will give access to the BRANDS application. Providers without a User ID and Password can go to the Document for Safety website at any time to register.

Registered providers may start requesting brand medications through the BRANDS application at any time starting on May 10<sup>th</sup>, 2012; however, point-of-sale messaging will not start until June 5<sup>th</sup>. Once the program is implemented, pharmacy providers will receive the following denial message: “Prescriber must complete Adverse Event Report at [www.documentforsafety.org](http://www.documentforsafety.org) for DAW-1”.

### **Provider Self-Audit Protocol**

The North Carolina Division of Medical Assistance (DMA) Program Integrity Unit relies upon the health care industry to assist in the identification and resolution of matters that adversely affect the Medicaid and Health Choice Programs. A cooperative effort serves as common interest to protecting the financial integrity of the Medicaid and Health Choice Programs while ensuring proper payments to providers. DMA recommends that providers conduct periodic, **voluntary self-audits** to identify instances where services reimbursed by the Medicaid and Health Choice Programs are not in compliance with the Programs’ requirements.

This protocol does not affect the requirements of the Single Audit Act or other independent audit requirements. The **self-audit** protocol facilitates the resolution of matters that in the provider’s reasonable assessment, potentially violate State or federal administrative law, regulation or policy governing the Medicaid and Health Choice Programs, or matters exclusively involving overpayments or errors that do not suggest violations of law. Upon review of information submitted by the provider or upon further investigation, DMA may determine that the matter implicates state criminal or federal law. In such instances, DMA will refer the matter to the appropriate state or federal agency.

Voluntary Self-Audit Package information is located at:

<http://www.ncdhhs.gov/dma/program%20integrity/SelfAuditPackagePISA0001.pdf>

### **Enrollment Application Status Inquiries**

Providers can inquire about the status of their enrollment applications or change requests: via telephone (866.844.1113) and via e-mail ([NCMedicaid@csc.com](mailto:NCMedicaid@csc.com)). Customer Service Agents (CSAs) are available at the CSC EVC Operations Center Monday through Friday, from 8 a.m.

until 5 p.m. Eastern Time to respond to inquiries. A CSA will respond to all inquiries within 48 hours.

When a provider calls the toll-free number, select from the following options to direct the call:

- Option 1 for currently enrolled providers inquiring about recredentialing or expired licenses and/or certifications
- Option 2 for EHR incentive payments, NC-MIPS, or NCID
- Option 3 for all other questions
- 0 to speak with an agent

The Call Center staff requires the caller to provide:

- the last four digits of the provider's Tax Identification Number
- either the Social Security Number (SSN) or
- the Employer Identification Number (EIN)

If the caller cannot verify this information, the CSA cannot discuss the provider file with the caller. After providing the required information, the CSA will ask for:

- the provider's National Provider Identifier (NPI) for a new enrollment; the provider's Medicaid Provider Number (MPN) for re-enrollment; or the Reference ID for an online application
- the provider's name
- the physical site or accounting address
- the caller's name, phone number, and e-mail address

Once the correct provider record is located and verified, the CSA will research the provider's inquiry and provide a status update. If a provider is not satisfied with the service or answer provided, the provider may ask to speak with a Call Center supervisor. The provider also has the option to leave a message for the manager on the Manager Voicemail Line. All calls will be returned within 24 hours.

### **Change to Medicaid Identification (MID) Card**

During a transition process over the next year, Medicaid-funded mental health, substance abuse, and intellectual/developmental disability services (MH/SA/IDD) will be administered by one of eleven Local Management Entities (LMEs) operating Medicaid Managed Care Organizations (MCOs) as DMA vendors.

Beginning in early April 2012, all new, replacement and annual MID Cards issued for recipients in LME-MCO counties will have the LME-MCO information on the left side of the card below the **Annual Medicaid Identification Card** statement.

The roll-out schedule for enrolled in the LME-MCO networks is printed in the Special March 2012 Medicaid Bulletin.

## Subscribe and Receive Email Alerts for Medicaid Updates

NC Medicaid allows all providers the ability to sign up for NC Medicaid email alerts. Email alerts send notices to providers on behalf of the NC Division of Medical Assistance (DMA) and NC Health Choice (NCHC) programs. Email alerts are sent to providers when there is important information to share outside of the general Medicaid Provider Bulletins. To receive email alerts, subscribe to the Email alerts at [www.hp.com/go/medicaidalert](http://www.hp.com/go/medicaidalert). Providers and their staff members may subscribe to the email alerts. Contact information including an email address and provider type of specialty is essential for the subscription process. You may unsubscribe at any time. **Email addresses are never shared, sold or used for any purpose other than Medicaid email alerts.**

## NC Health Choice Providers with Outstanding Medical Claims with Dates of Services Prior to October 1, 2011

Effective February 29, 2012 providers should **only** mail all outstanding NC Health Choice paper claims for dates of Service **prior to October 1, 2011** to:

DMA-Budget Management  
Mail Service Center 2501  
1985 Umstead Drive  
Raleigh NC 27699-2501

Providers were previously notified by Blue Cross and Blue Shield of NC (BCBSNC) to mail all outstanding claims before 2/29/12 to BCBSNC to ensure timely processing. The Division of Medical Assistance (DMA) will work to try and resolve any claims received after 2/29/12 with dates of service prior to October 1, 2011 in a timely fashion but cannot guarantee payment.

## 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 labelers have entered into a Drug Rebate Agreement and have joined the rebate program effective on the date indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
20482	Insys Therapeutics, Inc	04/10/2012
76329	International Medication System Ltd	04/19/2012
76346	Corcept Therapeutics, Inc	04/11/2012

**Checkwrite Schedule**

April 10, 2012	May 08, 2012	June 12, 2012
April 17, 2012	May 12, 2012	June 19, 2012
April 26, 2012	May 22, 2012	June 28, 2012
April 10, 2012	May 31, 2012	June 31, 2012

**Electronic Cut-Off Schedule**

April 05, 2012	May 03, 2012	June 07, 2012
April 12, 2012	May 10, 2012	June 14, 2012
April 19, 2012	May 17, 2012	June 21, 2012
	May 24, 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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**Lisa Weeks, PharmD, R.Ph.**  
 Chief, Pharmacy and Ancillary Services  
 Division of Medical Assistance  
 NC Department of Health and Human Services

**Debbie Pittard**  
 Acting Assistant Director for Program Integrity  
 Division of Medical Assistance  
 NC Department of Health and Human Services

**Jason Swartz, RPh, MBA**  
 Outpatient Pharmacy Program Manager  
 Division of Medical Assistance  
 NC Department of Health and Human Services

**Sharon H. Greeson, R.Ph.**  
 Pharmacy Director  
 HP Enterprise Services

**Craigan L. Gray, MD, MBA, JD**  
 Director  
 Division of Medical Assistance  
 NC Department of Health and Human Services

**Melissa Robinson**  
 Executive Director  
 HP Enterprise Services

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