



**An Information Service of the Division of Medical Assistance**

**North Carolina**

**Medicaid Pharmacy**

**Newsletter**

*Number 149*

*August 2007*

**In This Issue...**

**Keeping Address/Contact Information Current with DMA**

**Provider Responsibilities for Claim Submissions**

**Have You Reported Your National Provider Identifier (NPI) to the Division of  
Medical Assistance (DMA)?**

**DME Providers and NPI**

**Basic Medicaid Seminars**

**Changes in Drug Rebate Manufacturers**

Published by EDS, fiscal agent for the North Carolina Medicaid Program  
1-800-688-6696 or 919-851-8888

## **Keeping Address/Contact Information Current with DMA**

If an address or phone number changes, providers are required to notify the Division of Medical Assistance (DMA) using the provider change form. This form is located on the DMA Website at: [www.ncdhhs.gov/dma/formsprov.html](http://www.ncdhhs.gov/dma/formsprov.html). Although this has always been a requirement, this information will become even more critical upon NPI implementation. Once NPI is implemented, address information will become a critical component of claims processing. Failure to update address information, including zip +4, may negatively impact the ability to map the NPI to the appropriate Medicaid provider number. Providers are now required to file claims using the zip+4 in the address fields. The zip+4 on the claim must match the zip+4 in DMA's provider file in order for the NPI to map properly to the Medicaid provider number.

NC Medicaid staff may need to contact providers using the phone number in the DMA's provider file. Providers are encouraged to verify that their address (physical and accounting, if applicable) and phone numbers (including area code) are up to date by contacting EDS Provider Services at 1-866-688-6696 or 919-851-8888.

## **Provider Responsibilities for Claim Submissions**

All providers who submit claims (on paper or electronically) to Medicaid, either directly or through a billing agent, are responsible for ensuring that the services they are billing for have been provided in accordance with state and federal rules and regulations and Medicaid clinical coverage policies. The provider is responsible for obtaining any required prior approvals and referral authorizations prior to rendering the service. All providers must verify that any employee or contracted staff under their supervision meets the required qualifications for the service that is being rendered and billed to Medicaid. Medical record documentation must support the necessity for the services and must be maintained in accordance with all federal and state rules and regulations and Medicaid clinical coverage policies.

Your signature on the claim form certifies that:

- The service is medically indicated and supported by the required medical record documentation, including treatment plans, person-centered plans, assessments, etc.
- Where applicable, prior approvals and referral authorizations have been obtained.
- The service was provided within the scope of the Medicaid participation application or agreement signed by the provider.
- The service was rendered by you or by an employee or contracted staff under your supervision who meet the qualifications for the provision of the service.
- The provision of the service complies with state and federal rules and regulations and Medicaid clinical coverage policy.

For additional information on medical record documentation, service requirements, provider qualifications, and conditions of participation, refer to the provider information page on DMA's Website at <http://www.ncdhhs.gov/dma/prov.htm>.

## **Have You Reported Your National Provider Identifier (NPI) to the Division of Medical Assistance (DMA)?**

Only 75 percent of providers have reported their National Provider Identifier (NPI) to the Division of Medical Assistance (DMA). You must report an NPI for each of your Medicaid provider numbers to DMA's Provider Enrollment unit to comply with HIPAA guidelines. (Atypical providers excluded.) At this time, the National Plan and Provider Enumerator are not providing NPI information to health plans.

Instructions and addresses to report the NPI and taxonomy number can be found on the DMA's Website at <http://www.ncdhhs.gov/dma/NPI.htm>. Pharmacy providers should submit their taxonomy code to DMA, but currently there is no field to include this on the pharmacy online transaction or the paper claim form.

Two options are available for submitting this information: the NPI Collection Spreadsheet (EDI) and the NPI Collection form. Instructions for both are posted on the DMA Website. A copy of the NPI certification (either letter or email) from the National Plan and Provider Enumeration System (NPPES) must be included with each submission to update your DMA provider enrollment file. (If the same NPI represents multiple Medicaid provider numbers, only one NPPES certification is needed.) The NPI reporting process will not be complete without this information. The NPI must be reported and the NPPES certification must be submitted to DMA Provider Enrollment.

The National Council for Prescription Drug Programs (NCPDP) is a CMS certified Electronic File Interchange Organization (EFIO) for obtaining and maintaining National Provider Identifiers (NPIs) on behalf of authorizing pharmacies. The requirements for EFIOs can be viewed at [http://www.cms.hhs.gov/NationalProvIdentStand/07\\_efi.asp#TopOfPage](http://www.cms.hhs.gov/NationalProvIdentStand/07_efi.asp#TopOfPage). NCPDP is urging pharmacies to utilize the services of NCPDP in obtaining their NPI so that providers will experience minimal payment disruption in transitioning from the NCPDP Provider ID or the North Carolina Medicaid Provider number to the NPI.

The information for obtaining a NPI number through NCPDP can be found on their website at [http://www.ncdp.org/frame\\_news\\_npi-info.htm](http://www.ncdp.org/frame_news_npi-info.htm).

### **PLEASE READ, IMPORTANT INFORMATION!**

As you know, NCPDP V5.1 transaction contains no identifying information except for your NPI. If you have one NPI for multiple locations, there will be no way to distinguish the site from which a claim was submitted. If you submit claims for more than one location using the same NPI, you will receive one combined Medicaid payment for all locations. While we cannot require you to apply for an NPI for each location, DMA strongly recommends that you have a separate NPI for each Medicaid provider number. A separate NPI would result in your Medicaid payments being site specific.

If a pharmacy provider files a claim under one NPI, then sub-parts at a later date, this will cause problems with reversals. In order to successfully reverse a claim, the provider must submit the reversal using the NPI number associated with the Medicaid Provider number it was mapped to on the original claim. The NPI number submitted on the claim will appear on the remittance advice (RA). If you choose to subpart after payment is received, then make sure the correct NPI

number is indicated for the reversal. If you need assistance in determining the correct NPI, please contact EDS provider services at 1-800-688-6696.

As an alternative, the original claim can be reversed using the NPI submitted on the claim prior to reporting the new NPI to DMA. After the claim has been reversed, the new NPI can be reported to DMA for update. Once the provider has been updated with the new NPI, the claim can be resubmitted with the new NPI.

### **DME Providers and NPI**

Many pharmacy providers are also enrolled as DME providers. More than likely the NPI will be the same for both the pharmacy provider and the DME provider, so it is critical that the DME taxonomy code be included on the claim when submitting a DME claim.

### **Basic Medicaid Seminars**

Basic Medicaid seminars are being held during the month of October 2007. Seminars are intended to educate providers on the basics of Medicaid billing. The seminar sites and dates will be announced in the September 2007 General Bulletin, <http://www.ncdhhs.gov/dma/prov.htm>. Pre-registration will be required. Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

## Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which are the first five digits of the NDC.

### Additions

The following labelers have entered into Drug Rebate Agreements and have joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
24338	Arbor Pharmaceuticals, Inc.	08/01/2007
31357	Inspire Pharmaceuticals, Inc.	07/19/2007
64597	Avanir Pharmaceuticals, Inc.	08/09/2007
67979	Indevus Pharmaceuticals, Inc.	07/31/2007
68330	Cephazone Pharma, LLC.	08/07/2007

### Terminated Labelers

The following labeler codes will be terminated effective 10/01/2007:

PediaMed Pharmaceuticals, Inc. (Labeler 66346)  
 Laser Pharmaceuticals, LLC (Labeler Code 68134)

### Reinstated Labeler

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
59417	Shire US, Inc.	06/22/2007

### Checkwrite Schedule

August 07, 2007	September 11, 2007	October 09, 2007
August 14, 2007	September 18, 2007	October 16, 2007
August 23, 2007	September 27, 2007	October 23, 2007
		October 31, 2007

### Electronic Cut-Off Schedule

August 02, 2007	September 06, 2007	October 04, 2007
August 09, 2007	September 13, 2007	October 11, 2007
August 16, 2007	September 20, 2007	October 18, 2007
August 30, 2007		October 25, 2007

*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 prior to the electronic cut-off date to be included in the next checkwrite.*

---



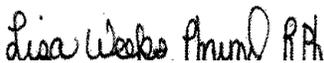
Thomas D'Andrea, R.Ph., MBA  
Chief, Pharmacy and Ancillary Services  
Division of Medical Assistance  
Department of Health and Human Services

---



Ann Slade, R.Ph.  
Chief, Pharmacy Review Section  
Division of Medical Assistance  
Department of Health and Human Services

---



Lisa Weeks, PharmD, R.Ph.  
Outpatient Pharmacy Program Manager  
Division of Medical Assistance  
Department of Health and Human Services

---



Sharon H. Greeson, R.Ph.  
Pharmacy Director  
EDS

---



Mark T. Benton, Sr, Director  
Division of Medical Assistance  
Department of Health and Human Services

---



Cheryl Collier  
Executive Director  
EDS