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

DMA Organizational Announcement

Tom D'Andrea, R.Ph., MBA, Chief of the Pharmacy and Ancillary Services section of the Division of Medical Assistance, has accepted a new opportunity outside of state government and will be leaving his current position on August 28, 2009. Mr. D'Andrea has been with the Division of Medical Assistance since 2004. His accomplishments as section chief have been numerous and his leadership will be missed. Please join us in wishing him all the best and continued success in his new position.

Dr. Lisa Weeks has been appointed acting section chief upon Mr. D'Andrea's departure. Dr. Weeks obtained her BS and PharmD degrees from UNC-Chapel Hill. She has served as outpatient pharmacy program manager since 2007. Prior to her management role, she served on the clinical pharmacy staff at the Division of Medical Assistance and also as the State Health Plan pharmacist. Prior to joining state government, Dr. Weeks held numerous positions in retail and hospital pharmacy. Her responsibilities will include the Outpatient Pharmacy Program, the Physician's Drug Program, Durable Medical Equipment, Optical and Hearing, and Independent Practitioner/Therapies.

New Prior Authorization Requirements for Brand-name ACE Inhibitors, Angiotensin Receptor Blockers, and Renin Inhibitors

Effective with date of service August 10, 2009, the N.C. Outpatient Pharmacy Program began requiring prior authorization for brand-name ACE Inhibitors, Angiotensin Receptor Blockers, and Renin Inhibitors. Prescribers can request prior authorization by contacting ACS at 866-246-8505 (telephone) or 866-246-8507 (fax). The criteria and PA request form for these medications are available on the N.C. Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbm.com>. Generic ACE Inhibitors do not require prior authorization.

Changes to Prior Authorization Requirements for Antinarcotics/Antihyperkinesia Agents

Effective with date of service August 10, 2009, the N.C. Outpatient Pharmacy Program added prior authorization requirements for Nuvigil (armodafinil). Prescribers can request prior authorization by contacting ACS at 866-246-8505 (telephone) or 866-246-8507 (fax). The criteria and PA request form for these medications are available on the N.C. Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbm.com>.

Changes to Prior Authorization Requirements for Proton Pump Inhibitors

Effective with date of service August 10, 2009, the N.C. Outpatient Pharmacy Program amended the prior authorization requirements for Proton Pump Inhibitors to allow patients receiving Plavix (clopidogrel) concomitantly with pantoprazole to be exempt from prior authorization criteria on pantoprazole. The criteria are available on the N.C. Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbm.com>.

False Claims Act Education Compliance for Federal Fiscal Year 2008

Effective January 1, 2007, Section 6023 of the Deficit Reduction Act (DRA) of 2005 requires providers receiving annual Medicaid payments of \$5 million or more to educate employees, contractors, and agents about federal and state fraud and false claims laws and the whistleblower protections available under those laws.

Each year DMA will notify those providers who received a minimum of \$5 million in Medicaid payments during the last federal fiscal year (October 1 through September 30) that they must submit a Letter of Attestation to Medicaid in compliance with the DRA. (A complete list of providers who meet this requirement will be available on DMA's website at <http://www.ncdhhs.gov/dma/fcadata/default.htm>). This minimum amount may have been paid to one N.C. Medicaid provider number or to multiple Medicaid provider numbers associated with the same tax identification number. A separate notification will be mailed for each Medicaid provider number.

Providers must complete and submit a copy of the Letter of Attestation Form within 30 days of the date of notification. Upon completion, submit the Letter to EDS by fax or by mail.

Mail to
EDS
Attn: PVS-False Claims Act
P.O. Box 300012
Raleigh NC 27622

OR

Fax to
919-851-4014
Attn: PVS-False Claims Act

Compliance with Section 6023 of the DRA is a condition of receiving Medicaid payments. Medicaid payments will be denied for providers who do not submit a signed Letter of Attestation within 30 days of the date of notification. Providers may resubmit claims once the signed Letter is submitted to and received by EDS.

- <http://www.ncdhhs.gov/dma/fca/index.htm>
- <http://www.ncdhhs.gov/dma/fcadata/default.htm>

Web-based Provider Enrollment Applications Available Online Beginning August 31, 2009

CSC is pleased to announce that on August 31, 2009, providers will have the option to enroll online in the Medicaid and Community Care of North Carolina/Carolina ACCESS (CCNC/CA) programs. Providers may use the online applications to enroll, re-enroll, report a change of ownership, report a change of group name/tax name, report a change in tax number or to add services.

We are optimistic that the interactive web application will reduce the number of incomplete applications currently being received by the State. In addition, the following enhancements have been added to the current applications:

- When completing an Individual or Organization Provider Enrollment Application, applicants can simultaneously enroll as a Primary Care Provider (PCP) in the DHHS Community Care of North Carolina/Carolina ACCESS (CCNC/CA) program if the applicant's provider type qualifies the provider to participate.
- A help feature is available on each screen to assist applicants with completing the online application.
- Once an applicant has completed minimal required information, a Reference ID number will be generated. The applicant must retain this Reference ID number to retrieve and complete a saved application. Applications must be retrieved within 90 calendar days.

At the end of the online enrollment application process, the applicant will have the option to print a copy of the submitted application for future reference.

Applicants who use the online application must submit supporting hard-copy documentation to CSC. The applicant will be given instructions for mailing the supporting documentation. Until the supporting documentation (with original signatures) is received, the application is not considered complete.

We encourage applicants to use the online application process. However, applicants who choose not to enroll online will have the option to download an application in Adobe Acrobat PDF format and mail the completed application and supporting documentation to CSC. Please note that any application received after October 1, 2009, must be submitted using the new web-based application or the downloaded Adobe Acrobat version of the new application. Previous versions of the Provider Enrollment Packets will not be accepted after October 1, 2009.

Applicants with questions regarding the completion of the online application should contact the CSC EVC Center by phone (866-844-1113), fax (866-844-1382), or e-mail (NCMedicaid@csc.com).

Electronic Claim Submission Exceptions

The list of exceptions (originally published in the July 2009 Medicaid Bulletin) to the proposed requirement for electronic claim submissions is available on DMA's website at <http://www.ncdhhs.gov/dma/provider/ECSEExceptions.htm>. Providers should be aware that as budget initiatives are revised, the list of exceptions may also change. Please refer to the exceptions list frequently to stay up to date on the electronic claim submission initiative and the exceptions.

Notice of Medicaid Identification Card Changes

Beginning September 8, 2009, the N.C. Medicaid Program will begin issuance of one Medicaid identification (MID) card per year to each recipient. The annual cards will be printed on gray card stock. DMA will phase out the blue, pink, green, and buff-colored MID cards. The new cards will include the individual's name, MID number, issue date, and CCNC/CA primary care provider information (if applicable). The new cards do not indicate dates of eligibility.

Recipients who are issued new cards may have been approved for months in the past only, the current month only, or an ongoing period of up to 12 months. (See new card sample below.)

Because the new card no longer serves as proof of eligibility, it is essential that at each visit providers verify the cardholder's:

- Identity (if an adult)
- Current eligibility
- Medicaid program
- CCNC/CA primary care provider information
- Other insurance information

Because the new gray-colored card will not be issued prior to September 8, current recipients will be issued an old version (blue, pink, green, or buff-colored) of the monthly card for September. Individuals approved for Medicaid prior to September 8 will also be issued an old version of the monthly cards. Therefore, during the month of September, providers will continue to see the blue, pink, green, and buff-colored cards and may also begin to see the new gray-colored cards. Old monthly cards with September or earlier eligibility dates will continue to serve as proof of eligibility for the months shown on the card.

For additional information about the new Medicaid Identification card, refer to the article published in the August 2009 Medicaid Bulletin.

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ANNUAL MEDICAID IDENTIFICATION CARD

CASEHEAD NAME
CASEHEAD ADDRESS LINE 1
CASEHEAD ADDRESS LINE 2
CASEHEAD ADDRESS LINE 3
CASEHEAD ADDRESS LINE 4
CASEHEAD ADDRESS LINE 5

Recipient Signature _____
(Not valid unless signed)

USE OF THIS CARD BY ANYONE NOT LISTED ON THE CARD IS FRAUD AND IS PUNISHABLE BY A FINE, IMPRISONMENT OR BOTH

N.C. DEPT. OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

RECIPIENT I.D.	RECIPIENT NAME	ISSUE DATE
000.00.0000.N	JONNXXXXX Q. PUBLIC	SEPT. 8, 2009

PRIMARY CARE PROVIDER NAME
PRIMARY CARE PROVIDER ADDRESS LINE 1
PRIMARY CARE PROVIDER ADDRESS LINE 2
PRIMARY CARE PHONE NO. AND AFTER HOURS NO.

For questions about your Medicaid coverage and/or to report Medicaid fraud, waste or program abuse, please contact CARE-LINE at 1-800-662-7030 or locally call 919-855-4400.

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NOTICE TO PROVIDERS

The Medicaid Identification card is not proof of Medicaid eligibility. It is the responsibility of the medical provider to verify the identity of the individual, the Medicaid covered services, medical home/primary care physician with whom the recipient is enrolled, and to obtain authorization from the primary care physician as required. Refer to the Basic Medicaid Billing Guide at <http://www.ncdhhs.gov/dma/basicmed/> for information on how to verify eligibility for Medicaid covered services and to obtain authorization.

Eligible Provider: A provider must be enrolled in the NC Medicaid program to be paid for services rendered to NC Medicaid recipients. If not enrolled, go to www.nctracks.nc.gov to find enrollment information and forms or call the CSC Enrollment Verification and Credentialing (EVC) Center at 1-866-844-1113.

- **Prior Approval:** Some Medicaid services must be approved in advance. Refer to the Basic Medicaid Billing Guide for prior approval requirements. Changes are published the first of each month in Medicaid Provider bulletins.
- <http://www.ncdhhs.gov/dma/bulletin/>.
- Out of state providers must obtain approval prior to delivering Medicaid services unless there is a medical emergency as defined in the Social Security Act, Section 1923(b)(2)(B)(i-iii) and (C)(i-iii). In cases of medical emergency that result in patient hospitalization, out of state providers must notify North Carolina Medicaid within 72 hours (three business days) of the admission date.
- **Claim Filing:** Bill other insurance first; Medicaid is last payor. Medicaid payment is full payment even if charges exceed the payment. Refer to the Basic Medicaid Billing Guide for additional information regarding claim filing.

DMA-5005A (Rev. 08/09) Yearly

Clinical Coverage Policies

The following new or amended clinical coverage policies are now available on DMA's website at <http://www.ncdhhs.gov/dma/mp>.

- 1E-5, Obstetrics
- 9, Outpatient Pharmacy Program

These policies supersede previously published policies and procedures. Providers may contact EDS at 1-800-688-6696 or 919-851-8888 with billing questions.

Federal MAC List Changes

Effective August 28, 2009, the following changes will be made to the Medicaid Drug Federal Upper Limit list:

FUL Deletions

Generic Name

Desipramine Hydrochloride
 25 mg, Tablet, Oral, 100
 50 mg, Tablet, Oral, 100
 75 mg, Tablet, Oral, 100
 100 mg, Tablet, Oral, 100
 150 mg, Tablet, Oral, 100

FUL Additions

Generic Name

FUL Price

Clindamycin Phosphate EQ 1% Base, Gel, Topical, 60 gm	\$0.7647 B
Clobetasol Propionate 0.05%, Aerosol, Foam, Topical, 100 gm	\$2.9796 B
Desogestrel; Ethinyl Estradiol 0.15 mg; 0.03 mg, Tablet, Oral, 28	\$1.0950 B
Divalproex Sodium EQ 125 mg, Valproic Acid, Capsule, Delayed Release Pellets, Oral, 100	\$0.8210 M
Hydrocortisone Butyrate 0.1%, Solution, Topical, 20 ml	\$0.3788 B
Hydromorphone Hydrochloride 2 mg, Tablet, Oral, 100	\$0.2184 B

FUL Additions (cont.)

<u>Generic Name</u>	<u>FUL Price</u>
Lamotrigine	
5 mg, Tablet, Chewable, Oral, 100	\$0.6609 B
25 mg, Tablet, Chewable, Oral, 100	\$0.6923 B
25 mg, Tablet, Oral, 100	\$0.3035 B
100 mg, Tablet, Oral, 100	\$0.3467 B
150 mg, Tablet, Oral, 60	\$0.3800 B
200 mg, Tablet, Oral, 60	\$0.4135 B
Metoprolol Succinate	
EQ 100 mg Tartrate, Tablet, Extended Release, Oral, 100	\$1.4238 R
EQ 200 mg Tartrate, Tablet, Extended Release, Oral, 100	\$2.2650 R
Metronidazole	
0.75%, Lotion, Topical, 59 ml	\$1.1695 R
Mycophenolate Mofetil	
250 mg, Capsule, Oral, 100	\$0.5291 R
500 mg, Tablet, Oral, 100	\$1.0580 R
Omeprazole	
40 mg, Capsule, Delayed Release Pellets, Oral, 100	\$1.7343 R
Rifampin	
150 mg, Capsule, Oral, 30	\$1.4780 R
Stavudine	
15 mg, Capsule, Oral, 60	\$2.2555 B
20 mg, Capsule, Oral, 60	\$2.3457 B
30 mg, Capsule, Oral, 60	\$2.4912 B
40 mg, Capsule, Oral, 60	\$2.6875 B

Changes in Drug Rebate Manufacturers

The following changes have been made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer's 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>
43068	Vanda Pharmaceuticals, Inc	07/03/2009
43199	County Line Pharmaceuticals, LLC	07/27/2009
59338	Amag Pharmaceuticals, Inc	07/23/2009

Voluntarily Terminated Labeler

The following labeler has requested voluntary termination effective October 1, 2009:

Triax Pharmaceuticals, LLC (Labeler 14290)

Checkwrite Schedule

August 11, 2009	September 09, 2009	October 06, 2009
August 18, 2009	September 15, 2009	October 14, 2009
August 27, 2009	September 24, 2009	October 20, 2009
		October 29, 2009
		November 11, 2009

Electronic Cut-Off Schedule

August 06, 2009	September 03, 2009	October 01, 2009
August 13, 2009	September 10, 2009	October 08, 2009
August 20, 2009	September 17, 2009	October 15, 2009
		October 22, 2009
		October 29, 2009

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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