



An Information Service of the Division of Medical Assistance

North Carolina

Medicaid Pharmacy

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

Change in Pharmacy Copay

Effective October 1, 2001, the copay for Medicaid prescriptions will change to \$3.00 for brand name drugs. Drugs classified as generic by First Data Bank will remain \$1.00. All copay rules will remain the same.

Override Available for High Dosage Edit

The high dosage edit (Edit 907) can now be overridden by placing a "2" in the prior authorization field. There is still an upper limit on the quantity that can be overridden, so if the claim continues to deny it will need to be submitted on a paper claim form with the physician's directions indicated at the bottom of the form.

This is the same field currently being used for the six-prescription override. For patients with the six prescription limit exemption form on file, it is recommended that a "5" be placed in the PA field each time a prescription is filled. The field will then be available when it is needed for other overrides. As long as a 5 is placed in the field, the prescription will not be counted toward the six-prescription limit. We are in the process of researching other fields (i.e. override/denial field) that can be used, but the PA field was the only one readily available to use in the North Carolina Medicaid Claim Format NCPDP 3.2C specs.

Changes in Drug Rebate Manufacturers

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

Additions

The following labelers have entered into drug rebate agreements and joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
05304	D & K Healthcare Resources, Inc.	7/31/2001
07985	D & K Healthcare Resources, Inc.	7/31/2001
08881	Leader	8/2/2001
10019	Baxter Healthcare Corporation	6/28/2001
36652	Leader	8/2/2001
50057	Pharmaceutical Ventures, Ltd.	6/29/2001
54859	Llorens Pharmaceutical	7/18/2001
56151	Leader	8/2/2001
64682	Collagenex Pharmaceuticals	7/30/2001
65759	D & K Healthcare Resources, Inc	7/31/2001
66215	Actelion Pharmaceuticals	7/9/2001
66460	NuPharmx, LLC	7/17/2001
78622	D & K Healthcare Resources, Inc	7/31/2001

Deletions

The following labelers are leaving the program effective October 1, 2001.

ICN Pharmaceuticals (Labeler code 53095) is being terminated. Drug Emporium (Labeler Code 62865) is being voluntarily terminated.

POS Hours Extended

North Carolina Medicaid has extended the hours for the POS system. The new hours are as follows:

Monday - Thursday	1 AM - 12 midnight
Friday	5 AM - 12 midnight
Saturday	2 AM - 12 midnight
Sunday	6 AM - 12 midnight

The hours for Friday and Sunday are slightly reduced to allow time to backup the files.

Synagis Coverage

Synagis will be reimbursable through the pharmacy program and not the physician's program. It has been approved for prevention of RSV disease in children less than 24 months of age with bronchopulmonary dysplasia (BPD) or with a history of premature birth. The drug is administered once per month during the RSV season, which has been identified as being from October 2001 – March 2002 in our State.

Below is a list of guidelines that are approved by the American Academy of Pediatrics, which must be adhered to for drug coverage to be obtained.

- Synagis prophylaxis should be considered for infants and children younger than two years with BPD that are currently receiving or have received oxygen therapy within the six months prior to the anticipated RSV season.
- Infants with a gestational age of 28 weeks or less **may** benefit from prophylaxis until 12 months of age (at beg. of season).
- Infants with a gestational age of 29 to 32 weeks **may** benefit from prophylaxis until six months of age. same
- Infants with a gestational age of 33 to 35 weeks **may** benefit from prophylaxis until 6 months of age if they are also predisposed to at least two of the following risk factors: A number of young siblings, exposure to tobacco smoke in the home, child care center attendance, multiple births.
- Synagis has not been approved by the Food and Drug Administration (FDA) for patients with congenital heart disease and therefore; will not be covered by the Medicaid Program for this condition alone, since we can only cover FDA approved indications.
- The physician will be required to write in his own handwriting on the face of the prescription the weight and date of birth of the child. (Pharmacist will not be allowed to fill the prescription without this documentation.)
- Not every child under two years of age needs to be placed on Synagis. Only those at high risk or those who already have complicated respiratory problems should be considered. Decisions regarding each patient should be individualized.

Synagis will be reimbursable from October 1, 2001 to March 31, 2002 unless it is determined that the season has changed for our state. If it is determined, upon audit of physicians and pharmacist records, that the drug is being used outside the guidelines, the Medicaid Program will consider a strict prior approval on all coverage of this drug.

MAC List Changes

Effective August 24, 2001, the following changes were made to the Medicaid Drug Federal Upper Limit List:

Generic Name	Price
Benzotropine Mesylate	
0.5mg, Tablet, Oral, 100	\$0.0898
1mg, Tablet, Oral, 100	\$0.0930
2mg, Tablet, Oral, 100	\$0.1027

Response Time for Provider Inquiries

Due to budget constraints for the July 2001/2002 fiscal year, the Division of Medical Assistance (DMA) is unable to fill many vacant positions and is experiencing a shortage in staff. As a result, providers may experience delays when calling or writing to DMA with issues that require a response. DMA appreciates your patience and understanding during this temporary inconvenience.

To ensure that your issues are handled effectively when calling Medicaid, refer to the following list for the contact source and telephone number related to your question.

Topic/Reason For Call	Call	Telephone Number
Accident Related Issues	DMA Third Party Recovery	1-919-733-6294
Advance Directives	DMA Medical Policy Section	1-919-857-4020
Automatic Deposits	EDS Finance Unit	1-800-688-6696 or 1-919-851-8888
Baby Love	DMA Baby Love Coordinator	1-919-857-4020
Billing Issues	EDS Provider Services	1-800-688-6696 or 1-919-851-8888
CAP Retroactive Requests	DMA Community Care	1-919-857-4021
Carolina ACCESS (other than denials)	DMA Managed Care Section	1-888-245-0179 or 1-919-857-4022
ACCESS II information	ACCESS II	1-919-715-7625
Carolina ACCESS denials	EDS Provider Services	1-800-688-6696 or 1-919-851-8888
Checkwrite information	AVR System	1-800-723-4337
Claims status	AVR System	1-800-723-4337
Coverage Issues	EDS Provider Services	1-800-688-6696 or 1-919-851-8888
Denials (other than eligibility denials)	EDS Provider Services	1-800-688-6696 or 1-919-851-8888
Drug Utilization Review	DMA Program Integrity	1-919-733-3590
Electronic Data Interchange (EDI)	EDS ECS Unit	1-800-688-6696 or 1-919-851-8888
Eligibility information, current day	AVR System	1-800-723-4337
Eligibility information, date of service over 12 months	DMA Claims Unit	1-919-857-4018
Electronic Claims Submission	EDS Electronic Commerce Services (ECS) Unit	1-800-688-6696 or 1-919-851-8888
Eligibility Denials	DMA Claims Analysis	1-919-857-4018
Fee Schedules	DMA Financial Operations	1-919-857-4015
Forms (information and orders)	EDS Provider Services	1-800-688-6696
Fraud and Program Abuse	DMA Program Integrity	1-919-733-6681
Health Care Connection (Mecklenburg County Managed Care)	DMA Managed Care Section	1-888-245-0179 or 1-919-857-4022
Health Care Connection, local	Health Benefits Advisors	1-704-373-2273
Health Check	DMA Managed Care Section	1-888-245-0179 or 1-919-857-4022
Health Insurance Payment Program (HIPP)	DMA Third Party Recovery	1-919-733-6294
HMO Risk Contracting , including Health Care Connection	DMA Managed Care Section	1-888-245-0179 or 1-919-857-4022
HMO enrollment verification	AVR System	1-800-723-4337
Medical Policy Questions	EDS Provider Services	1-800-688-6696 or 1-919-851-8888
Medical Policy Questions	DMA Medical Policy	1-919-857-4020
Medicare Crossovers	EDS Provider Enrollment	1-800-688-6696 or 1-919-851-8888
Preadmission Screening and Annual Resident Review (PASARR)	First Health of Tennessee (FH)	1-800-639-6514

Topic/Reason For Call	Call	Telephone Number
Preadmission Review for In-patient Psychiatric Admissions/Continued Stay	First Health of Tennessee (FH)	1-800-770-3084
Prior Approval	EDS Prior Approval Unit	1-800-688-6696 or 1-919-851-8888
Private Insurance (Denials)	DMA Third Party Recovery	1-919-733-6294
Procedure Code Pricing	AVR System	1-800-723-4337
Provider Enrollment – Managed Care	DMA Managed Care	1-919-857-4022
Provider Enrollment – MQB	EDS Provider Enrollment	1-800-688-6696 or 919-851-8888
Provider Enrollment – All Other Providers	DMA Provider Services	1-919-857-4017
Rate Setting and Reimbursement	DMA Financial Operations	1-919-857-4015
Recipient Questions (Number for recipients to call)	DHHS Care Line	1-800-662-7030
Third Party Insurance Code Book	DMA Third Party Recovery Section	1-919-733-6294 Fax: 1-919-715-4725

The Automated Voice Response system (1-800-723-4337) can be used to inquire about:

Recipient eligibility	Hospice participation	Hysterectomy statement status
Managed Care enrollment	Drug coverage information	Sterilization consent status
Prior approval information	Dental benefit limitations	Claim status
Procedure code pricing	Refraction benefit limitations	Checkwrite information
Modifier information		

The Automated Attendant telephone line (1-800-688-6696 or 919-851-8888) can be used to access the EDS Provider Services Unit, Prior Approval unit or the Electronic Commerce Services (ECS) unit.

For Electronic Commerce Services “Press 1”	For Prior Approval “Press 2”	For Provider Services Press 3”
<p>If you select ECS from the main menu, you will be prompted to:</p> <p>“Press 1 to reach an ECS Analyst”</p>	<p>If you select Prior Approval from the main menu, you will be prompted to:</p> <p>“Press 2 for Optical or Hearing Aid”</p> <p>“Press 3 for Long-Term Care, Surgery or Out-of-State” (Includes Psychiatric and Ambulance services)</p> <p>“Press 4 for Dental”</p> <p>“Press 5 for DME”</p> <p>“Press 9 for Enhanced Care, Therapeutic Leave or Hospice” (Includes High Risk Intervention)</p>	<p>If you select Provider Services from the main menu, you will be prompted to:</p> <p>“Press 6 if you are calling from a Physician’s Office or a County Health Department” (Includes Health Check, Eye Care, Chiropractor, Ambulatory Surgery, IP, Nurse Midwife, Nurse Practitioner, Radiologist, Podiatrist, Health-Related Services in Public Schools Providers, CRNA, Independent Diagnostic Testing Facilities, Independent Mental Health Providers, and Anesthesiology)</p> <p>“Press 7 if you are calling from a Hospital or a Long-Term Care Facility” (Includes Mental Health, Psychiatric Residential Treatment Facilities Level II – IV, Hearing Aid, and Dialysis providers)</p>

For Electronic Commerce Services “Press 1”	For Prior Approval “Press 2”	For Provider Services Press 3”
		“Press 8 if you are a Pharmacy, Dental, Health Care, Personal Care, DME or Domiciliary Care Facility” (Includes Ambulance, CAP, DSS/DHS, Hospice, Home Infusion Therapy, Private Duty Nursing, Rural Health, FQHC, Adult Care Homes, At-Risk Case Management, and HIV Case Management providers)
<p align="center">“For operator-assisted calls - stay on the line”</p> <p>Once you select the appropriate unit, you will be connected to an individual to handle your call or placed in a queue for the first available agent. All calls placed in a queue are handled in the order in which they are received.</p>		

To ensure that correspondence and documents are processed in a timely manner, refer to the following list of mailing addresses for the Medicaid program.

HCFA-1500 Claims EDS PO Box 30968 Raleigh, NC 27622	Prior Approval Requests EDS PO Box 31188 Raleigh, NC 27622
Pharmacy Claims EDS PO Box 300001 Raleigh, NC 27622	Drug Rebates EDS PO Box 300002 Raleigh, NC 27622
Adjustments EDS PO Box 300009 Raleigh, NC 27622	Medicare Crossovers EDS PO Box 300011 Raleigh, NC 27622
UB-92 Claims EDS PO Box 300010 Raleigh, NC 27622	All Other Claims EDS PO Box 300011 Raleigh, NC 27622
Returned Checks EDS PO Box 300001 Raleigh, NC 27622	Sterilization Consent Forms EDS PO Box 300012 Raleigh, NC 27622
Hysterectomy Statements EDS PO Box 300012 Raleigh, NC 27622	General Correspondence EDS PO Box 300009 Raleigh, NC 27622
When sending Certified mail, UPS or Federal Express, send to: <div style="float: right; text-align: right;"> EDS 4905 Waters Edge Drive Raleigh, NC 27606 </div>	

Carolina ACCESS Division of Medical Assistance 2516 Mail Service Center Raleigh, NC 27699-2516	Claims Analysis and Medicare Buy-in Division of Medical Assistance 2519 Mail Service Center Raleigh, NC 27699-2519
Community Care Program Division of Medical Assistance 2502 Mail Service Center Raleigh, NC 27699-2502	Eligibility Unit Division of Medical Assistance 2512 Mail Service Center Raleigh, NC 27699-2512
Financial Operations Division of Medical Assistance 2509 Mail Service Center Raleigh, NC 27699-2509	Managed Care Division of Medical Assistance 2516 Mail Service Center Raleigh, NC 27699-2516
Medical Policy/Utilization Control Division of Medical Assistance 2511 Mail Service Center Raleigh, NC 27699-2511	Program Integrity Division of Medical Assistance 2515 Mail Service Center Raleigh, NC 27699-2515
Provider Services Division of Medical Assistance 2506 Mail Service Center Raleigh, NC 27699-2506	Third Party Recovery/Health Insurance Premium Payment Program Division of Medical Assistance 2508 Mail Service Center Raleigh, NC 27699-2508
If you do not know which DMA section or unit's address to use, send your correspondence to the following general address: <div style="text-align: center;"> (Name of DMA employee) Division of Medical Assistance 2501 Mail Service Center Raleigh, NC 27699-2501 </div>	
When sending Certified mail, UPS or Federal Express, send to: <div style="text-align: right;"> Division of Medical Assistance 1985 Umstead Drive Raleigh, NC 27626 </div>	

Filing the Six Prescription Override Forms

To facilitate the auditing process and to provide for the ready retrieval of information, exempt letters should be filed in alphabetical order (by the recipient's last name). Each letter is good for a six-month period; however, letters must be kept on file for five years for audit purposes.

The exempt letter **MUST** have the appropriate diagnosis checked and **MUST** be dated and signed by the prescriber. The form is located on DMA's Website at <http://www.dhhs.state.nc.us/dma>.

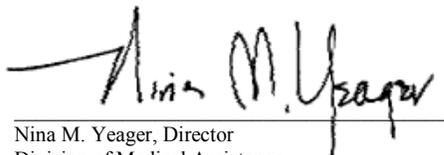
Checkwrite Schedule

September 5, 2001	October 9, 2001	November 6, 2001
September 11, 2001	October 16, 2001	November 14, 2001
September 18, 2001	October 25, 2001	November 20, 2001
September 27, 2001		November 29, 2001

Electronic Cut-Off Schedule

September 7, 2001	October 5, 2001	November 2, 2001
September 14, 2001	October 12, 2001	November 9, 2001
September 21, 2001	October 19, 2001	November 16, 2001
		November 21, 2001

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.



Nina M. Yeager, Director
Division of Medical Assistance
Department of Health and Human Services



Ricky Pope
Executive Director
EDS



P.O. Box 300001
Raleigh, North Carolina 27622

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