



An Information Service of the Division of Medical Assistance

**North Carolina
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Newsletter**

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

Deleted NDCs from CMS

The following products do not meet the definition of a covered outpatient drug and are not rebate-eligible. Therefore, these drugs will be deleted from the CMS Master Drug Rebate (MDR) file of covered drugs effective as of **April 02, 2009**.

NDC	Drug Name
50383029312	SODIUM HYALURONATE 0.1% LOTION
50383029335	SODIUM HYALURONATE 0.1% LOTION
60258002510	SODIUM HYALURONATE 0.1% LOTION
63717003412	HYLIRA 0.2% GEL
63717003610	HYLIRA HYDRATING LOTION
63717003612	HYLIRA HYDRATING LOTION
68032023800	SODIUM HYALURONATE 0.1% LOTION
68032023812	SODIUM HYALURONATE 0.1% LOTI ON
68032034812	SODIUM HYALURONATE 0.2% GEL

Changes to Prior Authorization Criteria for Sedative Hypnotics

Effective May 15, 2009, the N.C. Outpatient Pharmacy Program will revise the Sedative Hypnotic prior authorization criteria to allow coverage for only fifteen tablets/capsules per drug class in a calendar month without a prior authorization. Quantities greater than 15 tablets/capsules per calendar month will require a prior authorization.

Prescribers can request prior authorization by contacting ACS at 866-246-8507 (fax). Prior authorization requests for these medications will be accepted by fax and U.S. mail only. The signature of the prescriber on the request form will be required as an important safeguard against fraud and abuse.

The updated criteria for these medications will be available on the N.C. Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbn.com>.

Changes to Prior Authorization Criteria for Growth Hormone

Effective May 04, 2009, the N.C. Medicaid Outpatient Pharmacy Program will revise the prior authorization criteria for Growth Hormones to include coverage for children with Craniopharyngiomas, Multiple Pituitary Hormone Deficiencies (Panhypopituitarism), and Unexplained Short Stature. Revisions also include continuation of therapy in adults and in children.

Prescribers can request prior authorization by contacting ACS at 866-246-8505 (telephone) or 866-246-8507 (fax). Prescribers requesting prior authorization of Growth Hormones by fax will have two new forms available to choose from when making their requests: one form will be for children under 21 years of age and one form will be for adults 21 years of age and older.

The updated criteria and new prior authorization request forms for these medications will be available on the N.C. Medicaid Enhanced Pharmacy Program website at <http://www.ncmedicaidpbm.com/>.

Use of the Medicaid Provider Number After National Provider Identifier Implementation

Although providers will not be able to submit Medicaid Provider Numbers (MPNs) on claims after May 1, 2009, they must still use the MPN for the following reasons:

- Prior approval (PA) requests – submit your MPN on all PA requests.
- UB-04 Medicare HMO claims – submit both your NPI and MPN on these claims, even after May 1, 2009.
- Carolina ACCESS override requests – continue to submit your MPN when requesting a Carolina ACCESS override. Do not submit your NPI in place of your MPN on these requests. On your claims, submit the Carolina ACCESS override number.
- Atypical providers – continue to submit your MPN on claims if the billing or referring provider is atypical.
- Automated Voice Response System (AVRS) – certain inquiries (examples: claim status, prior approval) will prompt you to choose from a list of up to 15 MPNs if you have entered an NPI as your provider identifier.
- Requests submitted to finance – anything submitted to finance must include your MPN (examples: refund request, EFT request).
- Medicaid Resolution Inquiry form.
- Medicaid Claim Adjustment Request form.
- Pharmacy Claim Adjustment Request form.

Providers will continue to receive a MPN as part of the enrollment process. In addition, providers will continue to see the MPN on paper Remittance and Status (RA) reports.

Please have your MPN accessible when contacting N.C. Medicaid.

NPI – Get it! Share It! Use It! Getting one is free – Not having one can be costly!

CSC to Assume N.C. Medicaid Provider Enrollment, Credentialing, and Verification Activities

DMA is pleased to announce that Medicaid provider enrollment, credentialing, and verification functions will be transferred from DMA Provider Services to CSC in late April 2009. This change will result in timelier processing of provider enrollment applications and will increase the support available to providers in need of assistance with enrollment and maintenance activities.

Please note that EDS will continue to perform all other provider support functions. Providers will continue to call EDS for claim status, checkwrite information, billing problems, etc., just as they do today. At this time, CSC will assume responsibility for only provider enrollment, credentialing, and verification activities.

Effective April 20, 2009, providers will mail all Medicaid enrollment forms, including applications, agreements, Medicaid Provider Change Forms, and Carolina ACCESS applications and agreements, to CSC at the address shown in the chart below. Providers accessing the DMA website for enrollment information after April 20, 2009, will be redirected to the CSC website to obtain provider enrollment forms.

CSC will operate a dedicated Medicaid Provider Enrollment, Verification, and Credentialing (EVC) Call Center for providers to inquire on the status of their Medicaid applications or change requests. The EVC Call Center hours of operation will be 8:00 a.m. to 5:00 p.m., Monday through Friday, except for State approved holidays. The toll-free CSC telephone and fax numbers are shown in the chart below.

Calls to the EVC Call Center will be answered by representatives who specialize in provider enrollment and credentialing functions. CSC will log and track information captured during the call in order to ensure consistent quality of all inquiry responses. CSC's goal is to resolve inquiries in the initial call. If additional research or escalation is necessary, a response and resolution will be provided within 48 hours of receipt of the call.

The EVC Call Center will be staffed with experienced health care professionals who will provide support in the following areas:

- Enrollment and credentialing processing
- Change request processing
- Enrollment, verification, and credentialing status
- Obtaining appropriate forms and instructions
- Assistance with forms completion
- Website support for downloading forms and instructions

CSC will accommodate many methods of provider communication including telephone, e-mail, fax, and written correspondence. All correspondence coming through the EVC Call Center will be maintained in a central repository to allow easy access to and quick retrieval of provider inquiries.

Beginning in April, CSC will also initiate a process to verify information for currently enrolled Medicaid providers. In accordance with CMS requirements for Medicaid participation (42 CFR.455.100 through 106), CSC will initiate credentialing activities for those enrolled providers who have not been credentialed in the last 14 months. CSC will notify providers when verification and credentialing activities will begin for their provider types.

DMA and CSC will continue to inform providers of various events and changes through the general Medicaid Bulletin, the DMA website, and the CSC website to ensure a smooth and seamless transition of enrollment, credentialing, and verification activities.

Beginning April 20, 2009, the CSC website can be accessed at <http://www.nctracks.nc.gov>. In addition to enrollment forms and enrollment/credentialing information, the website will also include instructions for completing forms, frequently asked questions, and other information to ensure that providers are well informed in advance of submitting applications.

EVC Call Center Contact Information

Enrollment, Verification, and Credentialing Call Center Toll-Free Number	866-844-1113
EVC Call Center Fax Number	866-844-1382
EVC Call Center E-Mail Address	NCMedicaid@csc.com
CSC Mailing Address	N.C. Medicaid Provider Enrollment CSC PO BOX 30020 Raleigh NC 27622-8020
CSC Site Address	N.C. Medicaid Provider Enrollment CSC 2610 Wycliff Road, Suite 102 Raleigh NC 27607-3073
CSC Website Address	http://www.nctracks.nc.gov

Refer to DMA’s website at <http://www.ncdhhs.gov/dma/provider/mmis.htm> for more information about CSC and the development and implementation of the Replacement Medicaid Management Information System (MMIS).

Provider Exclusions, Fraud, and Abuse

CMS requires every state to remind providers to screen their employees and contractors for excluded persons. The information below outlines this requirement and also gives specific instructions to providers on how to access the list of individuals excluded by the Health and Human Services Office of Inspector General (HHS-OIG).

The HHS-OIG excludes individuals and entities from participation in Medicare, Medicaid, the State Children’s Health Insurance Program (SCHIP), and all federal health care programs [as defined in section 1128B(f) of the Social Security Act (the Act)] based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156.

When the HHS-OIG has excluded a provider, federal health care programs (including Medicaid and SCHIP programs) are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities [Section 1903(i)(2) of the Act; and 42 CFR section 1001.1901(b)]. This payment ban applies to any items or services reimbursable under a Medicaid program that are furnished by an excluded individual or entity, and extends to

- all methods of reimbursement, whether payment results from itemized claims, cost reports, fee schedules, or a prospective payment system;
- payment for administrative and management services that are not directly related to patient care, but that are a necessary component of providing items and services to Medicaid recipients, when those payments are reported on a cost report or are otherwise payable by the Medicaid program; and

- payment to cover an excluded individual's salary, expenses, or fringe benefits, regardless of whether he or she provide direct patient care, when those payments are reported on a cost report or are otherwise payable by the Medicaid program.

The following list sets forth some examples of the types of items or services that are reimbursed by Medicaid that, when provided by excluded parties, are not reimbursable:

- services performed by excluded nurses, technicians, or other excluded individuals who work for a hospital, nursing home, home health agency, or physician practice, where such services are related to administrative duties, preparation of surgical trays, or review of treatment plans if such services are reimbursed directly or indirectly (such as through a pay-per-service or a bundled payment) by a Medicaid program, even if the individuals do not furnish direct care to Medicaid recipients;
- services performed by excluded pharmacists or other excluded individuals who enter prescription information for pharmacy billing or who are involved in any way in filling prescriptions for drugs reimbursed, directly or indirectly, by a Medicaid program;
- services performed by excluded ambulance drivers, dispatchers, and other employees involved in providing transportation reimbursed by a Medicaid program to hospital patients or nursing home residents;
- services performed for program recipients by excluded individuals who sell, deliver, or refill orders for medical devices or equipment being reimbursed by a Medicaid program;
- services performed by excluded social workers who are employed by health care entities to provide services to Medicaid recipients, and whose services are reimbursed, directly or indirectly, by a Medicaid program;
- services performed by an excluded administrator, billing agent, accountant, claims processor, or utilization reviewer that are related to and reimbursed, directly or indirectly, by a Medicaid program;
- items or services provided to a Medicaid recipient by an excluded individual who works for an entity that has a contractual agreement with, and is paid by, a Medicaid program; and
- items or equipment sold by an excluded manufacturer or supplier, used in the care or treatment of recipients and reimbursed, directly or indirectly, by a Medicaid program.

To protect against payments for items and services furnished or ordered by excluded parties, DMA advises all current providers, and providers applying to participate in the N.C. Medicaid Program, to take the following steps to determine whether their employees and contractors are excluded individuals or entities:

- Screen all employees and contractors to determine whether any of them have been excluded.
- Search the HHS-OIG website using the name of each individual or entity.

- Search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search.
- Immediately report to DMA any exclusion information discovered.

Compliance with this obligation is a condition of participation for N.C. Medicaid and DMA will notify the HHS-OIG promptly of any administrative action taken against a provider who fails to comply with these screening and reporting obligations.

Civil monetary penalties may be imposed against Medicaid providers and managed care entities (MCEs) who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid recipients.

Where Providers Can Look for Excluded Parties

The HHS-OIG maintains the List of Excluded Individuals/Entities (LEIE) as a database that is accessible to the general public. The database provides information about parties excluded from participation in Medicare, Medicaid, and all other federal health care programs. The LEIE website is located at <http://www.oig.hhs.gov/fraud/exclusions.asp> and is available in two formats.

The online search engine identifies currently excluded individuals or entities. When a match is identified, it is possible for the searcher to verify the accuracy of the match using a Social Security Number (SSN) or Employer Identification Number (EIN). The downloadable version of the database may be compared against an existing database maintained by a provider. However, unlike the online format, the downloadable database does not contain SSNs or EINs.

Medicaid Fraud and Abuse – Confidential Online Complaint Form

Background

DMA's Program Integrity Section is devoted to ensuring that Medicaid payments are accurate and that fraud, waste or program abuse are **identified** and **reported**. To assist Program Integrity and to better serve the citizens of North Carolina to prevent Medicaid fraud, waste or program abuse, we have created a new confidential **Online Complaint Form**.

How to Report Suspected Medicaid Fraud, Waste and Program Abuse

DMA's Program Integrity Section has a new confidential Online Complaint Form that will now allow you to promptly report suspected Medicaid fraud, waste or program abuse. Everyone is encouraged to report matters involving Medicaid fraud, waste and program abuse. Anyone that reports suspected Medicaid fraud, waste or program abuse via this confidential online complaint form may remain anonymous by indicating this on the form.

All complaints of misconduct are kept confidential and are protected from disclosure according to the N.C. State Administrative Procedure Act, Sections 10A NCAC 21A.0403. Program Integrity will not reveal the identity of the complainant to any person, **except as required by law**.

Where to Find the Program Integrity Confidential Online Complaint Form

DMA's Program Integrity confidential Online Complaint Form is available on the Program Integrity webpage at <http://www.ncdhhs.gov/dma/pi.htm>. Everyone now has the ability to complete and submit this form electronically online.

Other Ways to Report Suspected Medicaid Fraud, Waste or Program Abuse

Other options to report suspected Medicaid fraud, waste or program abuse is to contact the North Carolina Division of Medical Assistance, by calling the CARE-LINE Information and Referral Service (<http://www.ncdhhs.gov/ocs/>) at 1-800-662-7030 (English or Spanish) and request to speak with someone in DMA's Program Integrity Section.

Undeliverable Mail

Currently, if a Remittance and Status Report (RA) or check cannot be delivered due to an incorrect billing address in the provider's file, all claims for the provider number are suspended and the subsequent RAs and checks are no longer printed.

Effective April 20, 2009, **any correspondence**, including RAs or checks, that is returned to DMA, CSC or EDS as undeliverable due to an incorrect billing address will result in the suspension of the provider number.

Once a suspension has been placed on the provider number, the provider has 90 days to submit an address change. After 90 days, if the address has not been corrected, suspended claims will be denied and the provider number will be terminated. Once terminated, a provider must complete a new application and agreement to re-enroll and may have a lapse in eligibility as a Medicaid provider.

Federal Mac List Changes

Effective April 30, 2009, the following changes will be made to the Medicaid Drug Federal Upper Limit list:

FUL Deletions

Generic Name

Brompheniramine Maleate; Dextromethorphan Hydrobromide; Pseudoephedrine Hydrochloride
2 mg/10 mg/30 mg/5 ml, Syrup, Oral, 480

Perphenazine

2 mg, Tablet, Oral, 100
16 mg, Tablet, Oral, 100

FUL Additions

Acetylcysteine

20%, Solution, Inhalation, Oral, 30 ml 0.2680 B

FUL Additions (cont.)

Alendronate Sodium	
EQ 5 mg, Tablet, Oral, 100	0.4293 R
EQ 10 mg, Tablet, Oral, 100	0.4293 R
Bisoprolol Fumarate; Hydrochlorothiazide	
10 mg; 6.25 mg, Tablet, Oral, 100	0.2542 B
Clobetasol Propionate	
0.05%, Gel, Topical, 60 gm	0.4640 B
0.05%, Ointment, Topical, 45 gm	0.1940 B
0.05%, Solution, Topical, 50 ml	0.4200 B
Codeine Phosphate; Promethazine Hydrochloride	
10 mg/5 ml; 6.25 mg/5 ml, Syrup, Oral, 480 ml	0.0380 R
Fluorouracil	
5%, Solution, Topical, 10 ml	11.6895 R
Fosinopril Sodium; Hydrochlorothiazide	
10 mg; 12.5 mg, Tablet, Oral, 100	1.3454 R
20 mg; 12.5 mg, Tablet, Oral, 100	1.3454 R
Hydralazine Hydrochloride	
10 mg, Tablet, Oral, 100	0.2556 B
25 mg, Tablet, Oral, 100	0.3284 B
50 mg, Tablet, Oral, 100	0.4200 B
100 mg, Tablet, Oral, 100	0.7838 B
Hydrochlorothiazide	
12.5 mg, Capsule, Oral, 100	0.1200 B
Hydrochlorothiazide; Moexipril Hydrochloride	
12.5 mg; 7.5 mg, Tablet, Oral, 100	1.2111 B
12.5 mg; 15 mg, Tablet, Oral, 100	1.2111 B
25 mg; 15 mg, Tablet, Oral, 100	1.2111 B
Hydrocortisone Butyrate	
0.10%, Cream, Topical, 45 gm	1.1177 R
Nystatin	
100,000 Units/ml, Suspension, Oral, 60 ml	0.2062 B
Orphenadrine Citrate	
100 mg, Tablet, Extended Release, Oral, 100	1.0425 B
Oxcarbazepine	
150 mg, Tablet, Oral, 100	0.9000 B
300 mg, Tablet, Oral, 100	1.7100 B
600 mg, Tablet, Oral, 100	3.4200 B

FUL Additions (cont.)

Pilocarpine	
7.5 mg, Tablet, Oral, 100	1.9425 B
Prazosin Hydrochloride	
EQ 5 mg, Capsule, Oral, 250	0.5370 B
Propranolol Hydrochloride	
60 mg, Capsule, Extended Release, Oral, 100	1.3224 B
60 mg, Tablet, Oral, 100	0.6714 B
Risperidone	
0.25 mg, Tablet, Oral, 60	1.3005 R
0.5 mg, Tablet, Oral, 60	1.4273 R
1 mg, Tablet, Oral, 60	1.5173 R
2 mg, Tablet, Oral, 60	2.5358 R
3 mg, Tablet, Oral, 60	2.9783 R
4 mg, Tablet, Oral, 60	4.0002 R
Ropinirole Hydrochloride	
0.25 mg, Tablet, Oral, 100	0.7515 B
0.5 mg, Tablet, Oral, 100	0.7515 B
5 mg, Tablet, Oral, 100	0.7796 B
Triamcinolone Acetonide	
0.025%, Cream, Topical, 80 gm	0.0375 R
Venlafaxine Hydrochloride	
EQ 25 mg, Tablet, Oral, 100	1.1658 B
EQ 37.5 mg, Tablet, Oral, 100	1.2003 B
EQ 50 mg, Tablet, Oral, 100	1.2366 B
EQ 75 mg, Tablet, Oral, 100	1.3110 B
EQ 100 mg, Tablet, Oral, 100	1.3892 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>
24090	Akrimax Pharmaceuticals, LLC	04/22/2009
29978	Capital Pharmaceutical, LLC	03/25/2009
42212	Le Vista Inc	04/15/2009
43478	Rouses Point Pharmaceuticals, LLC	04/10/2009
43553	ConvaTec Inc	04/22/2009

Reinstated Labeler

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
58407	Magna Pharmaceuticals, Inc	03/11/2009

Voluntarily Terminated Labeler

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

Genta, Inc (Labeler 66657)

Checkwrite Schedule

April 07, 2009	May 12, 2009	June 09, 2009
April 14, 2009	May 19, 2009	June 16, 2009
April 23, 2009	May 28, 2009	June 25, 2009
May 05, 2009		

Electronic Cut-Off Schedule

April 02, 2009	May 07, 2009	June 04, 2009
April 09, 2009	May 14, 2009	June 11, 2009
April 16, 2009	May 21, 2009	June 18, 2009
April 30, 2009		

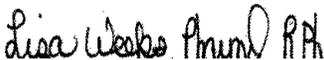
Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight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



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