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“Medically Necessary” NOT Required for Preferred Brands with Non-Preferred Generics

Prescribers are not required to hand write “*Medically Necessary*” on prescriptions when a brand is preferred over its generic equivalent. A zero in the DAW field allows the claim to pay correctly. When a brand and generic have equal status on the Preferred Drug List, (i.e., both are preferred or both are non-preferred), “*Medically Necessary*” handwritten on the prescription is required. This also applies for drugs that are not on the Preferred Drug List.

NCTracks BIN Number

NCTracks go-live is fast approaching! Please be sure to use the following BIN, PCN, and Group Number when submitting claims to North Carolina Medicaid and Health Choice on and after July 1st, 2013:

BIN: 610242

PCN: all zero's

Group Number: *There is no group number*

NCTracks: The New Multi-payer System for N.C. DHHS Coming on July 1, 2013

Note to Providers: This article was originally published in March 2013.

NCTracks is a multi-payer system that will consolidate several claims processing platforms into a single solution for multiple divisions within the N.C. Department of Health and Human Services (DHHS), including the Division of Medical Assistance, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the Division of Public Health, and the Office of Rural Health and Community Care.

The new NCTracks system will go live on July 1, 2013. In advance of that date, there are a number of things that providers can do to prepare for the transition, including taking advantage of upcoming training opportunities.

For more information, visit www.ncmmis.ncdhhs.gov/communication.asp and sign up to receive the NCTracks Connections newsletter. Also, see the April 2013 Special Bulletin - Cutoff Dates for Transition from Legacy Claims Processing and Payment Systems to NCTracks (www.ncdhhs.gov/dma/bulletin/pdfbulletin/0413_Special_Bulletin_NCTracks.pdf).

Provider Affiliation Information is Needed for NCTracks

For NCTracks, the multi-payer replacement Medicaid Management Information System (MMIS) that goes live on July 1, 2013, there is information that needs to be obtained and/or confirmed from participating healthcare providers. Among this information is provider affiliation. Affiliation information is gathered as part of the new provider enrollment, re-enrollment, and provider re-credentialing processes. Groups that have already re-credentialed with the Enrollment, Verification, and Credentialing (EVC) system should have designated their affiliated rendering/servicing providers, and no further action is required.

Provider affiliation determines on behalf of which individual providers a group can bill and receive payment. Missing and or/inaccurate provider affiliation information in the current and new NCTracks system can result in claims processing delays, misdirected payments, or claims denials. Therefore, it is important that the information is captured or updated as soon as possible.

Providers that need to update their provider affiliations can do so on or after July 1 using the NCTracks Provider Portal at www.nctracks.nc.gov.

After go-live, providers will have until July 30, 2013 to complete the provider affiliation process. Failure to complete the affiliation process will result in claim denials.

If you have questions regarding provider affiliation or the provider recredentialing process, call the EVC Help Desk at 866-844-1113.

Termination of Inactive N.C. Medicaid and N.C. Health Choice Provider Numbers *Note to Providers: This article originally ran in September 2011.*

This is a reminder notice to all providers. The N.C. Division of Medical Assistance (DMA) updated policy terminates inactive providers to reduce the risk of fraudulent and unscrupulous claims, as announced in the July 2011 Medicaid Bulletin.

N.C. Medicaid and N.C. Health Choice (NCHC) provider numbers that do not reflect any billing activity within the previous 12 months will be terminated.

If providers cannot attest that they have provided services to N.C. Medicaid or NCHC recipients in the previous 12-month period, their provider numbers will be terminated. A new enrollment application, agreement to re-enroll and appropriate fees must be submitted to CSC for any provider who was terminated. As a result, a lapse in provider eligibility may occur.

Terminated providers who wish to re-enroll can reach CSC by phone at 1-866-844-1113 or by email at NCMedicaid@csc.com.

Termination activity occurs on a quarterly basis with provider notices being mailed out on April 1, July 1, October 1, and January 1 of each year with termination dates of May 1, August 1, November 1, and February 1, respectively. These notices are sent to the current mailing address listed in the provider's file. Providers are reminded to update their contact and ownership information in a timely manner by submitting a Medicaid Provider Change form found at www.nctracks.nc.gov/provider/400_Ops_EPF_ChangeForm.pdf.

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 on the FUL list until the FUL rate has been adjusted to adequately cover the cost of the drug.

As indicated in previous communications, use of the *DAWI* override code is being monitored. A claim submitted for more than the State Maximum Allowable Cost (SMAC) rate on file may lead to an identifiable overpayment. Any difference between the SMAC rate on file for the date of service and the actual rate applied to the claim (*if higher*) may be considered an overpayment and subject to recoupment.

NDC	DRUG NAME
00054003721	CLARITHROMYCIN 500 MG TABLET
00054302802	ACETYLCYSTEINE 20% VIAL
00093075701	PIROXICAM 20 MG CAPSULE
00093075705	PIROXICAM 20 MG CAPSULE
00143211205	DOXYCYCLINE HYCLATE 100 MG TABS
00143314150	DOXYCYCLINE HYCLATE 50 MG CAPS
00143314205	DOXYCYCLINE HYCLATE 100 MG C
00143314250	DOXYCYCLINE HYCLATE 100 MG CAPS
00143980305	DOXYCYCLINE HYCLATE 100 MG CAPS
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 CAPS
00168025846	CLOTRIMAZOLE-BETAMETHASONE CAPS
00168031002	DESONIDE 0.05% LOTION
00168031004	DESONIDE 0.05% LOTION
00168038360	METRONIDAZOLE 0.75% LOTION
00185072401	CARISOPRODOL COMPOUND TAB
00185072405	CARISOPRODOL COMPOUND TAB
00228206710	OXAZEPAM 10 MG CAPSULE
00228206910	OXAZEPAM 15 MG CAPSULE

00378135501	TRIAMTERENE-HCTZ 75-50
00378135505	TRIAMTERENE-HCTZ 75-50
00378425001	DOXEPIN 50 MG CAPSULE
00378537501	DOXEPIN 75 MG CAPSULE
00378850091	CLARITHROMYCIN 500 MG TABLET
00406895901	DEXTROAMPHETAMINE 10 MG TAB
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
00555095302	DEXTROAMPHETAMINE 10 MG TAB
00574723412	PHENADOZ 25 MG SUPPOSITORY
00591081055	SILVER SULFADIAZINE 1% CREAM
00591081085	SILVER SULFADIAZINE 1% CREAM
00591544050	DOXYCYCLINE HYCLATE 100 MG CAPS
00591555305	DOXYCYCLINE HYCLATE 100 MG TABS
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
00713053612	PROMETHEGAN 12.5 MG SUPPOS
00713063986	HALOBETASOL PROP 0.05% OINTM
00781100801	TRIAMTERENE-HCTZ 75-50
00781100805	TRIAMTERENE-HCTZ 75-50
00781107101	METHAZOLAMIDE 50 MG TABLET
00781169501	ISOSORBIDE DN 20 MG TABLET
00781169510	ISOSORBIDE DN 20 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
43538051012	GENADUR NAIL LACQUER
43598021040	SSD 1% CREAM
43598021050	SSD 1% CREAM
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
45802006535	TRIAMCINOLONE 0.5% CREAM
45802042235	DESONIDE 0.05% CREAM
45802042237	DESONIDE 0.05% CREAM
48102010101	METHAZOLAMIDE 50 MG TABLET
49884024601	CARISOPRODOL COMPOUND TABLET
49884024605	CARISOPRODOL COMPOUND TABLET
50111033301	METRONIDAZOLE 250 MG TABLET
50111033401	METRONIDAZOLE 500 MG TABLET
50111033402	METRONIDAZOLE 500 MG TABLET
50383026760	CLOBETASOL 0.05% CREAM
51672125301	FLUOCINONIDE 0.05% CREAM
51672125302	FLUOCINONIDE 0.05% CREAM
51672125303	FLUOCINONIDE 0.05% CREAM
51672125304	FLUOCINONIDE 0.05% CREAM
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
51672127304	FLUOCINONIDE 0.05% SOLUTION
51672128003	DESONIDE 0.05% CREAM
51672128202	TRIAMCINOLONE 0.1% CREAM
51672128901	NYSTATIN 100,000 UNIT/GM CREAM
51672128902	NYSTATIN 100,000 UNIT/GM CREAM
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 CREAM
51672404806	CLOTRIMAZOLE-BETAMETHASONE CREAM
51672411606	METRONIDAZOLE TOPICAL 0.75% GEL
53489011905	DOXYCYCLINE HYCLATE 100 MG CAP
53489012002	DOXYCYCLINE HYCLATE 100 MG TABLET
53489012005	DOXYCYCLINE HYCLATE 100 MG TABLET
59746000103	METHYLPREDNISOLONE 4 MG DOSE
59762372802	CLINDAMYCIN PH 1% SOLUTION
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
61314064610	NEOMYCIN-POLYMYXIN-HC EAR SOL
61314070101	SULFACETAMIDE 10% EYE DROPS
64679094901	CLARITHROMYCIN 500 MG TABLET
67405011045	METRONIDAZOLE 0.75% CREAM
68382076214	CLARITHROMYCIN 500 MG TABLET
68462034737	OXYCODONE CONC 20 MG/ML SOLN

Changes in Drug Rebate Manufacturers

The following changes have been made to manufacturers with Drug Rebate Agreements. It is listed by manufacturer's code, which are the first five digits of the NDC.

Voluntarily Terminated Labeler

The following labeler has requested voluntary termination effective October 1, 2013:

Healthcare Products Hi-Tech Pharmacal Co.

(Labeler 61787)

Checkwrite Schedule

June 11, 2013	July 09, 2013	August 09, 2013
June 18, 2013	July 16, 2013	August 16, 2013
June 27, 2013	July 23, 2013	August 23, 2013
	July 30, 2013	August 30, 2013

Electronic Cut-Off Schedule

June 06, 2013	July 05, 2013	August 06, 2013
June 13, 2013	July 12, 2013	August 13, 2013
June 20, 2013	July 19, 2013	August 20, 2013
	July 26, 2013	August 27, 2013

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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