



An Information Service of the Division of Medical Assistance

**North Carolina
Medicaid Pharmacy**

Newsletter

Number 136

July 2006

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Applying for the National Provider Identifier

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires the adoption of a standard unique identifier for healthcare providers. The final rule for the National Provider Identifier (NPI) was issued on January 23, 2004 and adopts the NPI as this national standard.

Healthcare providers can apply now for their NPI at the following website: <https://nppes.cms.hhs.gov>. All HIPAA-covered physicians, suppliers, and other health care providers must apply for and be issued an NPI by **May 23, 2007**. In addition, all health plans must be able to accept the NPI instead of the plan specific provider identifiers on all HIPAA standard transactions by **May 23, 2007**. In other words, after this date, claims submitted to Medicaid must be billed with your NPI number instead of your current Medicaid provider number.

ALERT: When applying for an NPI, you are urged to include all Medicaid provider numbers on the NPI application form. Be sure to indicate North Carolina as your state name. It is our understanding that at some point CMS will make enumeration information available to states. At that time, this information will assist DMA in the development of crosswalks between your NPI and your Medicaid provider numbers. The Division of Medical Assistance has initiated its NPI project. Please look for future bulletins regarding procedures for gathering NPIs and taxonomies.

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. 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.ncpdp.org/frame_news_npi-info.htm.

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, separate NPIs would result in your Medicaid payments being site specific.

Medication Therapy Management Program (MTMP) Forms

On the following pages, DMA is providing example forms and instructions which can be used for the Medication Therapy Management Program (MTMP). As mentioned previously, these are merely examples and DMA will not require that these specific forms be used.

North Carolina Medicaid — MEDICATION THERAPY MANAGEMENT PROGRAM (MTMP)

The recipient's pharmacist and primary care physician must review the recipient's medication profile every three months to ensure clinically appropriate and cost-effective use of drug therapy and to optimize patient specific therapeutic outcomes. NC DMA has created a MTMP form (2 pages) to assist in the documentation of this process.

Step 1: Complete MTMP Patient Medication Profile Form (page 1)

Reviewing Pharmacy

- Fill in all requested recipient and primary care physician (PCP) information and recipient's active drug profile, inclusive of OTC, and non-routine (e.g., PRN) medications.
 - Pharmacy may substitute their pharmacy computer generated medication profile if it contains all of the necessary information, including medication-related diagnosis.

Sign and date MTMP Patient Medication Profile form.

Step 2: Complete MTMP Medication Review Communication Form (page 2)

Reviewing Pharmacist

Fill in recipient, pharmacy, and PCP demographic information.

Review recipient's medication profile and document medication-related problems and cost-effective alternatives identified.

Document recommended plan of action for every medication-related problem and/or cost-effective alternative identified.

Document any recipient specific education provided.

Document any additional comments.

Sign and date MTMP Medication Review Communication form.

Step 3: Reviewing Pharmacy — Fax MTMP form, including the Patient Medication Profile form and Medication Review Communication form, to the recipient's PCP.

Step 4: PCP Review

- Review MTMP Patient Medication Profile and Medication Review Communication.
- Document a response for each medication-related problem and/or cost-effective therapy recommendation.
- Document any additional comments and/or follow-up actions as part of the MTMP review.
- Sign and date the Medication Review Communication form, to assure compliance with the frequency of review and agreement on actions undertaken.
- Return MTMP forms, including the Patient Medication Profile form and Medication Review Communication form, to the reviewing pharmacy.

Step 5: Reviewing Pharmacy

- Review and implement medication therapy management recommendations agreed upon with the PCP.
- Follow up with necessary recipient education and PCP communication.
- Retain copies of the signed documentation and MTMP Form(s) on file in the pharmacy for five years.
 - If the PCP refuses to sign the MTMP form, the pharmacy must document this on the form. The name of the PCP who refused to sign and the reason for the refusal must be stated.

North Carolina Medicaid — MEDICATION THERAPY MANAGEMENT PROGRAM (Page 1)

Patient Medication Profile*

Patient Information

| | | |
|------------------------------------|-------------------------|-----------------------|
| Patient Name: _____ | Medicaid ID#: _____ | Date of Birth: _____ |
| Primary Care Physician Name: _____ | Prescriber Phone: _____ | Prescriber Fax: _____ |
| Pharmacy Name: _____ | Pharmacy Phone: _____ | Pharmacy Fax: _____ |

Is the patient known to be allergic to any medications? Yes No; If yes, please list: _____

Medication Profile: Complete all information for each line. Include all medications the patient is taking, including known OTC, Herbal, and non-routine (e.g., PRN) products. If necessary, additional pages may be attached.

| Start Date | Medication Name/Strength/Quantity | Regimen(dosage/route/times per day) | Purpose for use(Diagnosis if available) | Prescribing Physician and contact information | Precautions/Warnings | Stop date |
|------------|-----------------------------------|-------------------------------------|---|---|----------------------|-----------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |

Date Prepared: _____ **RPh Reviewer:** _____

* Pharmacy may substitute their computer generated profile if it contains all of the required information listed, including medication related diagnosis.

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North Carolina Medicaid — MEDICATION THERAPY MANAGEMENT PROGRAM (Page 2)

Medication Review Communication Form

TO: (Primary Care Physician): _____
Fax: _____

Date: _____
Phone: _____

FROM (Pharmacy): _____ **Phone:** _____ **Fax:** _____

Patient Name: _____

Medicaid ID #: _____

Prescription Issues: Based on review of the recipient's medication profile (page 1), the following medication related issues have been identified for your review to ensure clinically appropriate and cost-effective use of drug therapy. **Please provide a response for every recommended action.**

Medication Related Issues Identified

Recommended Plan of Action

PCP Response and Comments

| | | |
|--|----------------------------------|--|
| <input type="checkbox"/> Medication Dose/Frequency/Duration <input type="checkbox"/> Adverse Drug Event <input type="checkbox"/> Therapeutic Duplication <input type="checkbox"/> Drug/Drug Interaction <input type="checkbox"/> Drug/Disease Interaction <input type="checkbox"/> Drug/Food Interaction <input type="checkbox"/> Discontinued Medication <input type="checkbox"/> Medication Compliance <input type="checkbox"/> Contraindication <input type="checkbox"/> Drug Allergy <input type="checkbox"/> Other; _____ | 1. 2. 3. 4. | 1. Accept Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: 2. Accept Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: 3. Accept Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: 4. Accept Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: |
|--|----------------------------------|--|

Cost-Effective Recommendations

| | | |
|--|--------------|--|
| <input type="checkbox"/> Dose Consolidation <input type="checkbox"/> Dose Optimization <input type="checkbox"/> Generic Alternative <input type="checkbox"/> Other; _____ | 1. 2. | 1. Accept Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: 2. Accept Recommendation <input type="checkbox"/> Yes <input type="checkbox"/> No Comment: |
|--|--------------|--|

Patient Specific Education Provided: _____

Comments: _____

Time Spent with Patient: _____ **Scheduled plan for follow-up appointment:** _____

Primary Care Physician and Pharmacist signatures are required by NC Medicaid to assure compliance with the frequency of review and agreement on actions undertaken. Please complete, sign and return fax to pharmacy.

Date: _____ **RPh Reviewer:** _____

Date: _____ **Primary Care Physician:** _____

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Administrative Update for Synagis Claims Processing

The following information clarifies the current administrative process for Synagis claims processing:

The N.C. Medicaid program should not be billed for Synagis claims unless there is an accurate and complete Synagis criteria form on file in the pharmacy or a Synagis Medical Review Outside of Criteria form that has been reviewed and approved by DMA on file in the pharmacy. Payment of Synagis claims will be reviewed and may be subject to recoupment by Program Integrity.

Claims for Synagis doses that include multiple vial strengths must be submitted as a single compound drug claim, with a maximum of 250mg per month (which can only include one (1) 50mg vial per month). Synagis doses that require multiple vial strengths that are submitted as individual claims will be subject to recoupment by Program Integrity

Electronic Funds Transfer (EFT)Form – Revised Form

EDS offers EFT as an alternative to paper checks. This service enables Medicaid payments to be automatically deposited in the provider's bank account. EFT guarantees payment in a timely manner and prevents checks from being lost or stolen. This form has been revised and is included in this bulletin.

To initiate the automatic deposit process, providers are required to complete and return the EFT form. To confirm the provider's account number and bank transit number, a voided check or a letter from the bank verifying the banking information, must be attached to the form. A separate EFT form and voided check or bank letter must be submitted for each provider number. Providers must also submit a new EFT form and voided check or bank letter if they change banks or bank accounts. It is not necessary to fill in and send the revised form to maintain direct deposit by EFT if the provider has an EFT form with current information already on file. With the numerous bank mergers, please make sure that the bank routing number is correct. Many times banks will allow their customers to use old check stock that may contain old routing numbers. Although these checks will process and pay, there have been EFT deposits that have rejected.

Completed forms may be faxed to the number or mailed to the address listed on the form. If a provider has the ability to scan documents and send via email, the EFT form and voided check/bank letter may be emailed to EFT@ncxix.hcg.eds.com.

Note: Providers will continue to receive paper checks for two checkwrite periods before automatic deposit begins or resumes to a new bank account. Providers may verify that the EFT process for automatic deposit has been completed by checking the top left corner of the last page of their Remittance and Status Report, which will indicate **EFT number** rather than **check number**.

The Electronic Funds Transfer Form is available on DMA's website at <http://www.ncdhhs.gov/dma/forms/eft.pdf>.

Contact Information for EDS Finance

EDS is working to make it easier for the provider community to contact Finance with questions and for follow-up communications. We recently added the following email addresses:

EFT@ncxix.hcg.eds.com – Contact this address if you need the form to request Electronic Funds Transfer (EFT), have the ability to scan in and return the forms, or have a question regarding EFT.

RemittancePayments@ncxix.hcg.eds.com – Contact this address if you have not received your Remittance Advice (RA), cannot read your RA, or have questions regarding your RA.

NCXIXFinance@ncxix.hcg.eds.com – Contact this address if you have a question for Finance on items OTHER THAN Remittance Advices or EFT.

Note: Please make sure that you do not send Personal Health Information to any of the above email addresses. This will prevent possible disclosure of confidential data, thereby avoiding violation of HIPAA regulations. Violations can result in substantial penalties.

North Carolina Medicaid Drug File Updates

The North Carolina Medicaid Drug file is updated on a weekly basis by First Data Bank. There is currently not an option to receive daily updates because of all of the Medicaid processing rules that must be applied. In situations where a new generic is released to the market and it is not on the Medicaid drugfile, the following options are available:

- 1) Hold the claim and process when the drug is on the file (the effective date for all new drugs is retroactive to the date it was released to the market). In this situation, you may want to confirm that the new drug is under a rebate labeler code (most generic companies are).

or

- 2) Enter DAW 5 for the brand name and dispense the product

Early Periodic Screening, Diagnosis and Treatment Services (EPSDT)

Medicaid covers a broad array of health and dental services for recipients under the age of 21. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) is defined by federal law and includes periodic screening, vision, dental and hearing services. In addition, section 1905 (a) of the Social Security Act (the Act) requires that any medically necessary health care service listed in section 1905 (a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.

Medicaid recipients under that age of 21 may receive health care services that are non-covered under the North Carolina Medicaid State Plan when the service is necessary to correct or ameliorate the recipient's condition. **However, only services that may be covered under federal Medicaid law can be considered for approval.** If the recipient needs a service not covered by North Carolina Medicaid, the physician or other North Carolina enrolled Medicaid provider should submit a request for the non-covered service on behalf of the recipient to:

Director
c/o Assistant Director for Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
919-715-7679 FAX

The non-covered service request form can be located at
<http://www.dhhs.state.nc.us/dma/forms.html>.

More information regarding the process can be located in the December 2005 N.C. Medicaid Special Bulletin titled **Medicaid for Children, Early Periodic Screening, Diagnostic and Treatment (EPSDT) and Health Check** at <http://www.dhhs.state.nc.us/dma/>.

Federal Mac List Changes

Effective July 23, 2006, the following changes were made to the Medicaid Drug Federal Upper Limit List:

FUL Deletions

Generic Name

Albuterol
0.09 mg/inh, Aerosol, Metered, Inhalation, 17 gm

Dexamethasone; Neomycin Sulfate; Polymyxin B Sulfate
0.1%; EQ 3.5 mg/ Base/gm; 10,000 units/gm, Ointment, Ophthalmic, 3.5 gm

Federal Mac List Changes (cont).**FUL Decreases**

| <u>Generic Name</u> | <u>FUL Price</u> |
|---|-------------------------|
| Cyclobenzaprine Hydrochloride 10 mg, Tablet, Oral, 100 | \$0.1302 B |

FUL Increases

| <u>Generic Name</u> | <u>FUL Price</u> |
|--|-------------------------|
| Desipramine Hydrochloride 50 mg, Tablet, Oral, 100 | \$0.5339 B |
| Acetaminophen; Oxycodone Hydrochloride 650 mg; 10 mg, Tablet, Oral, 100 | \$1.4187 R |
| Clarithromycin 250 mg, Tablet, Oral, 60 | \$2.3725 B |
| 500 mg, Tablet, Oral, 60 | \$2.3725 B |

FUL Increases

| <u>Generic Name</u> | <u>FUL Price</u> |
|--|-------------------------|
| Clindamycin Phosphate 1%, Swab, Topical, 60 | \$0.6300 B |
| Cyclobenzaprine Hydrochloride 5 mg, Tablet, Oral, 100 | \$0.2475 R |
| Dexamethasone; Neomycin Sulfate; Polymyxin B Sulfate 0.1%; EQ 3.5 mg/ Base/gm; 10,000 units/gm, Ointment, Ophthalmic, 3 gm | \$1.0714 B |
| Digoxin 0.125 mg, Tablet, Oral, 100 | \$0.2132 B |
| 0.25 mg, Tablet, Oral, 100 | \$0.2132 B |
| Zonisamide 50 mg, Capsule, Oral, 100 | \$1.0218 R |

Changes in Drug Rebate Manufacturers

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> |
|-------------|--|-------------|
| 11528 | Centrix Pharmaceutical, Inc. | 04/27/2006 |
| 13548 | Coria Laboratories, Ltd. | 04/01/2006 |
| 14508 | Sun Pharmaceutical Industries, Inc. | 03/08/2006 |
| 15054 | Tercica, Inc. | 01/26/2006 |
| 15127 | Select Brand Distributors | 10/01/2006 |
| 15370 | Carwin Associates, Inc. | 06/16/2006 |
| 15584 | Bristol-Myers Squibb and Gilead Sciences | 07/01/2006 |
| 15821 | Focus Laboratories, Inc. | 07/03/2006 |
| 16249 | Insmmed, Inc. | 03/27/2006 |
| 16252 | Cobalt Laboratories, Inc. | 06/01/2006 |
| 16417 | Laser Pharmaceuticals, LLC | 04/04/2006 |
| 16477 | Laser Pharmaceuticals, LLC | 04/04/2006 |
| 16781 | Onset Therapeutics | 04/17/2006 |
| 16881 | Deston Therapeutics, LLC | 06/12/2006 |
| 16887 | Vernalis Pharmaceuticals, Inc. | 06/15/2006 |
| 18011 | Zerxis Pharma, L.L.C. | 06/20/2006 |
| 18754 | A Aarons, Inc. | 07/03/2006 |
| 45809 | Shionogi USA, Inc. | 10/01/2006 |
| 50201 | Tower Laboratories. Ltd. | 07/06/2006 |
| 59746 | Jubilant Pharma, Inc. | 07/01/2006 |
| 61480 | Plymouth Pharmaceuticals, Inc. | 06/14/2006 |
| 62559 | ANIP Acquisition Company | 04/08/2006 |
| 62756 | Sun Pharmaceutical Industries Ltd. | 04/26/2006 |
| 67159 | CV Therapeutics, Inc. (CVT) | 03/15/2006 |

Reinstated Labelers

Jubilant Pharma, Inc. (Labeler Code 59746) has signed a new rebate agreement and was reinstated in the drug rebate program effective 07/01/2006.

Select Brand Distributors (Labeler Code 15127) and Shionogi USA, Inc. (Labeler Code 45809) have signed new rebate agreements and are reinstated in the drug rebate program effective 10/01/2006.

Medline Industries, Inc. (Labeler Code 53329) has signed a new rebate agreement and was reinstated in the drug rebate program effective 01/23/2006.

Changes in Drug Rebate Manufacturers (cont.)

Terminated Labelers

The following labeler codes are being terminated effective July 1, 2006:

Code Manufacturer

15020 GSP Company
15310 Creekwood Pharmaceutical, Inc

54807 R.I.D., Inc.
55053 Econolab
66814 World Gen LLC

The following labeler codes will be terminated effective October 1, 2006:

13863 Forum Products Inc.
62294 DiHoMA Chemical & Manufacturing, Corporation

The following labeler codes have voluntarily terminated effective July 1, 2006:

15704 Hampton-Laine, LLC
17236 R&S Northeast
38779 Medisca, Inc.

The following labeler code will voluntarily terminate effective October 1, 2006:

00048 Knoll Pharmaceutical Company Labeler Code

Checkwrite Schedule

| | | |
|---------------|-----------------|--------------------|
| July 06, 2006 | August 08, 2006 | September 08, 2006 |
| July 11, 2006 | August 15, 2006 | September 15, 2006 |
| July 18, 2006 | August 22, 2006 | September 22, 2006 |
| July 27, 2006 | August 30, 2006 | September 30, 2006 |

Electronic Cut-Off Schedule

| | | |
|---------------|-----------------|--------------------|
| July 07, 2006 | August 04, 2006 | September 01, 2006 |
| July 14, 2006 | August 11, 2006 | September 08, 2006 |
| July 21, 2006 | August 18, 2006 | September 15, 2006 |
| July 07, 2006 | August 25, 2006 | September 22, 2006 |

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.



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