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Billing Claims for Beneficiaries with Medicare Deductibles

Pharmacy providers who bill pharmacy claims for beneficiaries who have a Medicare deductible should bill Medicaid for the portion of the pharmacy claim that is applied to the Medicare deductible on the pharmacy manual claim form. These claims will be manually reviewed for payment. An 'O' should be entered in the family planning field on the form.

A copy of the Medicare explanation of benefits (EOB) must also accompany the claim.

A copy of the pharmacy manual claim form is available on DMA's website at <http://www.dhhs.state.nc.us/dma/Forms/pharmclaim.pdf>.

Subscribe & Receive Email Alerts on Important North Carolina Medicaid and NC Health Choice Updates

N.C. Division of Medical Assistance (DMA) allows all providers the opportunity to sign up for N.C. Medicaid/N.C. Health Choice (NCHC) Email Alerts. Providers will receive Email Alerts on behalf of all Medicaid and NCHC programs. Email Alerts are sent to providers when there is important information to share outside of the general Medicaid Provider Bulletins. To receive Email Alerts subscribe at www.seeuthere.com/hp/medicaidalert.

Providers and their staff members may subscribe to the Email Alerts. Contact information including an email address, provider type and specialty is essential for the subscription process. You may unsubscribe at any time. Email addresses are never shared, sold or used for any purpose other than Medicaid Email Alerts.

Prescribers Not Enrolled in the Medicaid Program

The Affordable Care Act established a new rule that prohibits Medicaid programs from paying for prescriptions written by prescribers who are not enrolled in the Medicaid program. On January 1st, 2013, pharmacy providers will begin to receive a message at point-of-sale for prescriptions written by prescribers not enrolled in the Medicaid program. The actual message will say "***Prescriber not enrolled in Medicaid - claims will deny starting on April 1, 2013***". This will hold true for originals and refills, so if a prescriber has an un-enrolled status anytime during the life of the prescription, then the claim will deny after April 1, 2013.

Updated EOB Code Crosswalk to HIPAA Standard Codes

Note to providers: This article is published whenever an updated EOB HIPAA Master is placed on the N.C. Division of Medical Assistance (DMA) website.

The list of standard national codes used on the Electronic Remittance Advice (ERA) has been cross-walked to Medicaid EOB codes as an informational aid to research adjudicated claims listed on the Remittance and Status Report (RA). An updated version of the list is available on DMA's website at www.ncdhhs.gov/dma/hipaa/EOBcrosswalk.htm.

Changes to the format of the crosswalk were added in July 2010. The changes allow for codes to be filtered and sorted in a more efficient manner when multiple codes map to the same Medicaid EOB. In addition, the crosswalk has been divided into separate crosswalks based on claims types Institutional, Professional, Dental, and Pharmacy. This will eliminate some of the one-to-many mappings.

Resolving Denied Claims – HPES Call Center

HP Enterprise Services (HPES) is the fiscal agent contracted by the N.C. Division of Medical Assistance (DMA). HPES processes claims for enrolled providers according to DMA's policies and guidelines. The HPES Call Center (1-800-688-6696) is available Monday - Friday 8:00 a.m. - 4:30 p.m to assist providers with their claim denials. When contacting HPES, providers should have the Explanation of Benefit (EOB) code and/or description provided in the N.C. Medicaid Remittance and Status Report (RA) or the ASC X12 5010 835 transaction.

If the HPES call center determines that the resolution needs further clarification, the HPES phone analyst will escalate the call to the team lead. Providers can also request that the call be referred to the team lead. Should the claim denial need further review, the team lead will forward to the Research Department. If a resolution is not reached, the HPES research team will contact DMA for guidance and will follow-up with the provider on the resolution.

Providers may request an onsite visit with an HPES Travel Representative. To request a visit, call the Provider Services unit and speak with a phone analyst. To locate the name of the Travel Representative assigned to your county please visit:

www.ncdhhs.gov/dma/basicmed/AppendixD.pdf

To contact HP Enterprise Services Provider Services unit, call **1-800-688-6696** or **919-851-8888** and select option 3 for the Provider Services Unit and then select the appropriate option from the following chart:

Option Number	Description	Definition
1	NPI Unresolved and Carolina ACCESS denial codes 270, 286, and 2270	All provider types with National Provider Identifier (NPI) or Carolina ACCESS questions
2	Facilities and Hearing Aid	<ul style="list-style-type: none"> • Children's Developmental Service Agencies (CDSA) • Community Intervention Service (CIS) Agencies • Critical Access Behavioral Health Agencies (CABHA) • dialysis providers • hearing aid services • hospitals • long-term care facilities • mental health services

Option Number	Description	Definition
2	Facilities and Hearing Aid	<ul style="list-style-type: none"> • nursing facilities • psychiatric residential treatment facilities • residential child care facilities (Levels II IV)
3	Community Services	<ul style="list-style-type: none"> • dental providers • domiciliary care providers <ul style="list-style-type: none"> • ambulance • Community Alternative Program (CAP) • Department of Social Services (DSS)/Department of Health and Human Services (DHHS) • hospice • home infusion therapy • private duty nursing • rural health centers • federally qualified health clinics • adult care homes • at-risk case management • HIV case management • durable medical equipment • home health care • orthotic/prosthetic • personal care
4	Outpatient Pharmacy	<ul style="list-style-type: none"> • pharmacy providers
5	Physician	<ul style="list-style-type: none"> • ambulatory surgery • anesthesiology • certified registered nurse anesthetist • chiropractor • county health department • eye care • Health Check • independent diagnostic testing facility • independent mental health providers <ul style="list-style-type: none"> • audiology • occupational • physical • respiratory therapists • speech/language

Option Number	Description	Definition
5	Physician	<ul style="list-style-type: none"> • local education agency • nurse midwife • nurse practitioner • physician's office • podiatrist • radiologist
6	Health Choice	<ul style="list-style-type: none"> • all providers

2013 Checkwrite Schedule

The following table lists the cut-off dates, checkwrite dates, and the electronic deposit dates for January 2013 through June 2013. The schedule for the remaining months of 2013 will be published at a later date.

Checkwrite Cycle Cutoff Date	Checkwrite Date	EFT Effective Date
1/3/2013	1/8/2013	1/9/2013
1/10/2013	1/15/2013	1/16/2013
1/17/2013	1/23/2013	1/24/2013
1/24/2013	1/31/2013	2/1/2013
2/7/2013	2/12/2013	2/13/2013
2/14/2013	2/20/2013	2/21/2013
2/21/2013	2/28/2013	3/1/2013
2/28/2013	3/5/2013	3/6/2013
3/7/2013	3/12/2013	3/13/2013
3/14/2013	3/19/2013	3/20/2013
3/21/2013	3/28/2013	3/29/2013
4/4/2013	4/9/2013	4/10/2013
4/11/2013	4/16/2013	4/17/2013
4/18/2013	4/25/2013	4/26/2013

Checkwrite Cycle Cutoff Date	Checkwrite Date	EFT Effective Date
5/2/2013	5/7/2013	5/8/2013
5/9/2013	5/14/2013	5/15/2013
5/16/2013	5/21/2013	5/22/2013
5/23/2013	5/30/2013	5/31/2013
6/6/2013	6/11/2013	6/12/2013
6/13/2013	6/18/2013	6/19/2013
6/20/2013	6/27/2013	6/28/2013

Changes in Drug Rebate Manufacturers

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

Reinstated Labeler

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
13632	Rosemont Pharmaceuticals, Inc	10/23/2012

Voluntarily Terminated Labeler

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

Fluoritab Corporation	(Labeler 00288)
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Checkwrite Schedule

November 06, 2012	December 04, 2012
November 14, 2012	December 11, 2012
November 21, 2012	December 20, 2012

Electronic Cut-Off Schedule

November 01, 2012	November 29, 2012
November 08, 2012	December 06, 2012
November 15, 2012	December 13, 2012

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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