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1-800-688-6696 or 919-851-8888

Deleted NDCs from CMS

The FDA has determined that the following drugs are a DESI code 5; therefore, these drugs will no longer be eligible for Medicaid coverage and rebate billing effective as of **March 12, 2009**.

NDC	Drug Name
42192010701	HYDROCORTISONE ACETATE 2.5% PRAMOXINE HCL 1%
42192010901	HYDROCORTISONE ACETATE 1% PRAMOXINE HCL 1% CREAM
65162087710	ESTROGEN-METHYLTESTOS H.S. T 0.625-1.25
65162087810	ESTROGEN-METHYLTESTOS D.S. T 1.25-2.5MG

The FDA has determined that the following drugs are a DESI code 5; therefore, these drugs will no longer be eligible for Medicaid coverage and rebate billing effective as of **March 11, 2009**.

NDC	Drug Name
16781011360	EXACTACAIN
29336032130	NITROGLYCERIN TRANSDERMAL DELIVERY SYSTEM
53746007701	EE/MT 0.625MG/1.25 TABLETS
53746007801	EE/MT TABS 1.25MG/2.5MG

Reporting Pharmacy POS Issues on the Weekend

The hours of operation for NCXIX POS are 7 days a week, as follows:

- Monday 5:00 am – Midnight
- Tuesday 2:30 am – Midnight
- Wednesday 2:30 am – Midnight
- Thursday 2:30 am – Midnight
- Friday 7:00 am – Midnight
- Saturday 2:30 am – Midnight
- Sunday 7:00 am – Midnight

The POS system should be up and available during these times. On rare occasions pharmacy providers may experience unexplained host processing errors or downtime on the weekends.

If you have a problem on the weekend, please contact your VAN (Relayhealth, QS1, etc) and have them open a ticket with the processing center in Plano.

As a reminder Provider Services is available from 8:30a.m. - 4:30 p.m. weekdays to answer general Medicaid pharmacy questions. They can be reached at 919-851-8888 or 1-800-688-6696. Calls between 4:30 p.m. to 5 p.m. weekdays should be directed to 919-233-6846. All communication/technical POS problems should be directed to your “switch,” especially NCPDP reject codes 99 for Host Processing Error.

Computer Sciences Corporation to Assume N.C. Medicaid Provider Enrollment, Credentialing, and Verification Activities

In late April 2009, Computer Sciences Corporation (CSC) will assume the Medicaid provider enrollment, credentialing, and verification activities currently performed by DMA Provider Services. This operational transition from DMA to CSC is occurring as part of the N.C. Department of Health and Human Services (DHHS) Replacement Medicaid Management Information System (MMIS) contract with CSC.

This operational transition is only for the provider enrollment and maintenance activities currently carried out by DMA. Providers will continue to follow the current practices for inquiries on claims billing, claim status, and claims payment.

Additional information will be published in the April 2009 General Medicaid Bulletin and on the <http://www.ncdhhs.gov/dma/provider/mmis.htm>.

Medical Risk Management Project

In December 2008, DMA launched a new behavioral health initiative called Medical Risk Management (MRM). The initiative interfaces with the Behavior Pharmacy Management (BPM) project that DMA rolled out in late 2005. Both MRM and BPM are products of Comprehensive NeuroScience, Inc. (CNS), a clinical research company that focuses on improving care and reducing cost through integrated care management solutions. Funding for the project is provided by Eli Lilly and Company.

The MRM product will begin as a pilot project in Stanly, Cabarrus, and Rowan counties in the Piedmont Behavioral Health Care catchment area and in the Southern Piedmont Community Care Plan of the Community Care of North Carolina (CCNC) network. Approximately 800 ongoing patients are targeted for the intervention. The targeted patients are those at high risk for adverse health outcomes because of serious mental illness and complex comorbidities.

The primary purposes of MRM are to assist with care coordination, to identify arising care issues, and to help ensure optimum care for patients. Every other month, integrated behavioral and medical health information is provided to the patients' key health providers. This information is provided in a report called an integrated health profile (IHP). The report becomes a useful tool to access comprehensive health information about the patient. Information about diagnoses, emergency room and office visits, and medication adherence is included in the report. Providers who receive an IHP and have questions about it or the information it contains should contact Kathy Sayers (telephone 919-674-0266; e-mail mksayers@cnsmail.com), the MRM Healthcare Liaison for North Carolina. A provider feedback form is enclosed with the IHP. Providers are encouraged to make voluntary comments and return the form according to the instructions.

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>
42227	LEV Pharmaceuticals	01/01/2009
52569	Generamed, Inc	02/26/2009

Terminated Labelers

The following labelers will be terminated from the Medicaid Drug Rebate Program effective July 1, 2009:

Idenix Pharmaceuticals	(Labeler 24108)
Presutti Laboratories, Inc	(Labeler 66378)

Voluntarily Terminated Labelers

The following labelers have requested voluntary termination effective July 1, 2009:

WE Pharmaceuticals, Inc	(Labeler 59196)
Ligand Pharmaceuticals, Inc	(Labeler 64365)

Checkwrite Schedule

March 10, 2009	April 07, 2009	May 12, 2009
March 17, 2009	April 14, 2009	May 19, 2009
March 26, 2009	April 23, 2009	May 28, 2009
	May 05, 2009	

Electronic Cut-Off Schedule

March 05, 2009	April 02, 2009	May 07, 2009
March 12, 2009	April 09, 2009	May 14, 2009
March 19, 2009	April 16, 2009	May 21, 2009
	April 30, 2009	

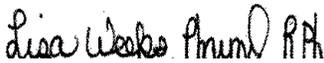
Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight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



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