UTAH STATE MEDICAID DUR COMMITTEE
THE AMBER SHEET

Volume 14 Number 1
February 2006
Dr. Lowry Bushnell, DUR Board Chairman
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Cost Effective Drugs: A guide for physicians®

Dr. David A. Moore, a local practicing family physician, has conducted his own research locally into the cost differences for patient medication for various disease states and providers. Dr. Moore has compiled his findings into a pamphlet by this name, and is making it available for anyone interested. All findings expressed are those of Dr. Moore and represent his views alone. You may obtain a copy of his publication by contacting him directly at: davidaslc@hotmail.com.

Medicare Part D

Thank you to all for your many efforts implementing the new Medicare Part D prescription drug program. You are to be commended! While this is not a *Medicaid* program, we are nevertheless tied to the program through the many dual eligible clients that now receive their prescription benefits through Medicare.

The Center for Medicare/Medicaid Services (CMS) has required each Medicare Prescription Drug Plan to establish an appropriate transition process for all new enrollees. All of these transition plans include at least a one time fill of drugs "excluded" from the plans' formulary. Plans are to reimburse for these "off-formulary" drugs once. Ensure with the plan that your pharmacy is eligible for the specific plan and make every effort to remain available for your clients. Remember, these are elderly or disabled who have established physicians and pharmacy and should be assisted to maintain those relations.

Below follows some information that may be useful when working with dual eligible clients. Facilitated enrollment occurs at point-of-sale (POS) when efforts to identify an enrollment for a client in the Medicare program fail. CMS has established this process to get the client started in the system and get them their medications.

POS Facilitated Enrollment Process in 4 Steps for Pharmacists

1. Request Customer's Part D plan ID card. Alternatively, individuals may have a plan enrollment "acknowledgment letter" that should contain the BIN, PCN, GROUP, and Member ID information. In addition, even if the individual has no proof of enrollment, their plan's billing information may be available through the new E1 query. If none of these sources of information are available, and the customer is dually eligible for Medicare and Medicaid, the POS Facilitated Enrollment process will still allow you to fill the dual's prescription.

2. Submit an E1-transaction to the TrOOP Facilitator. This ensures that the member has not already been assigned to a PDP. If you are not sure how to submit an E1-transaction, please contact your software vendor. If the E1-transaction returns a valid BIN/PCN, indicating the member has been enrolled with a PDP or MA-PD, you may NOT submit the claim under the POS Facilitated Enrollment. (If the E1 returns just a help desk phone number, this means that the beneficiary has been enrolled in a plan, but that the billing data is still in process.)

3. Identify a "Dual Eligible" Member. The first step is to request the member's Medicare and Medicaid Identification cards. If the member cannot provide clear evidence of enrollment in both programs, the claim should **NOT** be processed under the POS Facilitated Enrollment process. Please see below options available to verify a member's dual eligibility.

To verify Medicaid eligibility. In addition to the existing state resources, such as IVR systems, you can use the following as verification of Medicaid eligibility:

- Medicaid ID Card.
- Recent history of Medicaid billing in the pharmacy patient profile.
- Copy of current Medicaid award letter.

To verify Medicare eligibility:

- Submit an expanded E1 query to determine A, B, or AB eligibility.
- Request to see a Medicare Card; or
- Medicare Summary Notice. (MSN); or
- Call the dedicated Medicare pharmacy eligibility line at 1-866-835-7595.

4. Bill the POS Contractor. Please note that there is no need to call WellPoint to confirm enrollment, as no enrollment preexists the claim submission. Please also note that there are no edits for Non-Formulary Drugs, or for Prior Authorization or Step Therapy. However, drugs excluded from Medicare or Part D coverage will not be paid for.

Make sure you have first submitted an E1 query and ruled out evidence of enrollment in a Part D plan, then enter the claim into your claims system in accordance with the WellPoint (Anthem) payer sheet (available at http://www.anthem.com/jsp/antiphona/apm/nav/ilink_pop_native.do?content_id=PW_A081085), with **BIN** Number **610575** and **Processor Control Number CMSDUAL01**, and **patient ID as the Medicaid number and the Medicare number as the cardholder ID.** The Medicare pharmacy eligibility line is 1-866-835-7595, and the WellPoint Pharmacy Help Desk is 1-800-662-0210. Days supply is limited to 14 days.

Part D vs. Part B

There are many questions surrounding Part D and Part B applications. For most purposes it is helpful to understand that Diabetic strips and lancets are only covered under Part B. Drugs that require administration via a covered DME (e.g. inhalation drugs, drugs requiring an infusion pump), and "injectable/intravenous drugs administered "incident to" a physician service and "not usually self administered", are all Part B. Other drug categories (immunosupressants, oral anti-cancer, anti-emetic, erythrpoeitin, prophylactic vaccines, parental nutrition) will depend on the circumstances as to which program will cover the medication. A partial table outlining when a drug is covered under Part D or Part B is available below.

In order to bill Part B, a provider **must** be a Part B provider. Part B billings can be made to the Plan B carrier for the region on the CMS 1500 paper claim form (formerly known as the HCFA 1500). The carrier processes the claim and Medicare reimbursement balances not covered (typically co-insurance and deductible) are sent to Medicaid for processing for dual eligible

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individuals. Non dual eligible clients are responsible for their own co-insurance and deductible either themselves or through supplemental insurance, if any.

Product/Drug/Drug Category *(Listing is NOT all-inclusive)*	Part D	Part D Excluded	Part B
Anti-emetics, oral	Yes - Except for use within 48 hours of chemotherapy	No	Yes - When used within 48 hours of chemotherapy
Barbiturates	No	Yes	No
Benzodiazepines	No	Yes	No
Blood glucose testing strips	No	No	Yes - DME benefit
Chemotherapy drugs, oral	Yes - Except for cancer treatment	No	Yes - When used for cancer treatment
Cough and cold products	No	Yes	No
Erythropoietin	Yes - Except for treatment of anemia for dialysis patients or 'incident to' Physician Services utilization for other indications	No	Yes - When used for anemia for dialysis patients or 'incident to' Physician Services for other indications
Fioricet®	No	Yes	No
Fioricet® with Codeine	Yes	No	No
Fiorinal®	No	Yes	No
Fiorinal® with Codeine	Yes	No	No
Immunosuppressants	Yes - Except following a Medicare-covered transplant	No	Yes - Following a Medicare-covered transplant
Insulin	Yes	No	
Insulin syringes	Yes	No	
Lancets	No	No	Yes - DME benefit
Over-The-Counter (OTC) drugs	No	Some	No
Parenteral nutrition	Yes - Except in }permanent~ dysfunction of digestive tract	No	Yes - When used in }permanent~ dysfunction of digestive tract
Smoking cessation drugs (legend)	No	Yes	No
Smoking cessation drugs (OTC)	No	Yes	No
Vaccines, prophylactic	Yes - Except for influenza, pneumococcal, and hepatitis B (for intermediate to high risk)	No	Yes - For influenza, pneumococcal, and hepatitis B (for intermediate - high risk)
Vitamins / Minerals	No	Yes	No

OTC and Other Part D Excluded

1. Drugs excluded under Medicare Part D are not covered for dual eligible recipients, except for certain limited drugs which are provided, in accordance with SSA Section 1927(d)(2), to other Medicaid recipients including those who are full benefit dual eligible beneficiareis under the Medicare Prescription Drug Benefit Part D. These drugs are limited to include:

(a) all legend cough and cold agents used for symptomatic relief,
(b) all barbiturates
(c) all benzodiazepines
(d) the following over-the-counter drugs or drug categories:

Acetaminophen
Aspirin
Bisacodyl
Chlorpheniramine
Citrate of magnesia
diabetic cough syrup
Doxylamine succinate
Ferrous gluconate/sulfate
Glucose blood test strips
Lancets
Magnesium carbonate
Milk of magnesia
Permethrin rinses
Famotidine OTC
Diabetic urine tests
Psyllium muciloid powder
Bismuth subsalicylate suspension
Children's generic electrolyte solutions
Multiple vitamin drops for children
Piperonyl butoxide/Pyrethrins shampoo
Pseudoephedrine 30 and 60 mg tabs
Antacid liquid and tablets
Diphenhydramine
Non-oyster shell calcium
Guaifensein with/without DM
Loratidine (single agent)
Contraceptives
Docusate
Clotriamzole
Hydrocoritsone
Insulin
Loperamide
Kaolin with pectin
Niacin 250 and 500mg
Prilosec OTC
Triaminic(s)
Sennosides tables
Ibuprofen
Triple antibiotic ointment

2. Drug Efficacy Study Implementation Project Drugs (DESI Drugs) as determined by the FDA to be less-than-effective are not a benefit.

3. Other durgs and/or categories of drugs as determined by the Utah State Division of Health Care Financing and listed in the Pharmacy Provider Manual are not a benefit.

4. In accordance with Utah Law 58-17b-606 (4), when a multisource legend drug is available in the generic form, reimbursement for the generic form of the drug will be made unless the treating physiican demonstrates a medical necessity for dispensing the non-generic form o fthe drug will be made unless the reating physician demonstrates a medcial necessity for dispensing the non-generic, brand-name legend drug.

Medicaid Pharmacy Website

Coming soon to a computer near you - a Medicaid pharmacy website that will specialize in all things pharmacy related. Prior authorization requirements, restriction requirements, program information, DUR Board Info, resource library, news and frequently asked questions are some things you will find. Stay tuned.....