



MARYLAND PHARMACY PROGRAM

Medicaid - Pharmacy Assistance – Pharmacy Discount

No. 24
Thursday, March 2, 2006

ADVISORY

In an effort to give timely notice to the pharmacy and prescriber communities concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH's) **Medicaid Pharmacy Program** (MPP) has developed the **Medicaid Pharmacy Program Advisory**. An email network has been established for dissemination purposes, which incorporates the email lists of pharmacy and prescriber societies, associations and organizations. It is our hope that the information is disseminated to all interested parties.

Dummy DEA Numbers To Be Discontinued

Effective March 15, 2006, First Health Services, Inc. will no longer issue monthly dummy DEA numbers for Point-of-Sale (POS) prescription drug claims processing. It is mandatory all prescriptions be submitted at POS with a valid DEA number, or the claim will deny. We are requesting all prescribers provide their individual DEA number on all written, faxed, or e-prescribed Medical Assistance prescription orders. In the event a prescriber does not have a valid DEA number, then they are to use the hospital, clinic, or assigned medical supervisor's number. Providers of pharmacy services will need to contact the prescriber and obtain a valid DEA number if not on the prescription order. Your cooperation will ensure your patients will be able to obtain needed medications timely at POS. For any concerns or questions please call 410-767-1455.

Medicare Part D Issues

We thank the pharmacy community again, for your diligent efforts in helping Medicaid and former Pharmacy Assistance recipients to convert to Medicare Part D. We hope you will continue with your excellent cooperation. This Advisory will clarify some misinformation and confusion about the Medicare Part D program

Not All 65 Year-Old Patients Are Eligible for Medicare – Since the Implementation of Medicare Part D (January 1, 2006), some pharmacists hesitate submitting claims to Medicaid for people who are 65 years old or older. These pharmacists assume all senior citizens 65 or older have been dropped from Medicaid rolls. However, Medicaid prescription drug coverage will continue for some. If people 65 or older do not meet Medicare eligibility requirements, i.e. have not contributed to Medicare, such as aliens, individuals who have not worked in this country or those for whom Medicare premiums have not been paid, they are not entitled to receive Medicare benefits. Medicaid eligible senior citizens should not be assumed to have no prescription drug coverage just because they are not enrolled in PDPs; rather, the pharmacists shall consider submitting their prescription claims to Medicaid.

Changing Enrollment in Part D Plans – Dual eligible Recipients are entitled to change plans as frequently as once a month. This is not true for the Medicare population in general. In the event a very expensive drug is not on a particular plan's formulary, recipients (those with red and white Medicaid cards) may change plans. Pharmacist can advise their patients accordingly.

Maryland Medical Assistance Program – There are two groups of recipients on Maryland Medical Assistance (red and white card). Medicaid will continue to pay for drugs for those not on Medicare. For individuals with full Medicaid eligibility and Medicare Part D coverage, Medicaid will only cover the excluded drugs. (See Advisory 22 dated November 23, 2005 for which drugs are excluded from Medicare Part D.)

Maryland Pharmacy Assistance Program – The Maryland Pharmacy Assistance Program (gold and white card) is still in operation for individuals who are not on Medicare.

Maryland Pharmacy Discount Program – The Maryland Pharmacy Discount Program (gold and white card) ended on January 1, 2006. This card is no longer valid.

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Low Income Subsidies – Some of the people who had received Pharmacy Assistance failed to apply for Low Income Subsidies. Pharmacists are encouraged to advise these people to apply for Low Income Subsidies from the Social Security Administration. Others are eligible for Low Income Subsidies, but for some reason, the Medicare Prescription Plans did not receive notification. If a plan's point-of-service system dictates large co-payments for dual eligible recipients (red and white cards), pharmacists can contact the plans regarding the problem with low-income subsidies. The plans are getting substantially better at carrying Low Income Subsidy information in their systems, but there are still many gaps. Pharmacists can ask the plans to refer to CMS for confirmation for specific recipients. The plans have contacts at CMS who can verify the Low Income Subsidy. This may delay the filling of the prescription for a few hours, but correct co-payments will be charged.