



**Department of  
Job and Family Services**

**Ted Strickland, Governor  
Douglas E. Lumpkin, Director**

January 15, 2010

**Medical Assistance Letter No. 565**

**TO: All Eligible Pharmacy Providers  
Directors, County Departments of Job and Family Services**  
**FROM: Douglas E. Lumpkin, Director**  
**SUBJECT: Changes to Coverage of Prescription Drugs and Certain Supplies**

This letter provides information regarding changes to coverage of prescription drugs for members of Medicaid Managed Care Plans (MCPs) and to coverage of certain medical supplies for all Ohio Medicaid consumers, including MCP members. To support these changes, amendments are being made to Ohio Administrative Code (OAC) rules 5101:3-9-02 (Pharmacy Services: Medical Supplies and Durable Medical Equipment) and 5101:3-9-09 (Consumer Co-Payments for Certain Pharmacy Medications). OAC rule 5101:3-10-17 (Blood Glucose Monitors [Glucometers] and Supplies) is being rescinded.

Beginning with date of service February 1, 2010, prescription drug coverage for members of Medicaid MCPs will transfer to the Medicaid fee-for-service program. Prescription drug claims for MCP members should be billed through the ODJFS pharmacy point-of-sale (POS) vendor, ACS, in the same way claims for Medicaid fee-for-service consumers are billed. This change means that all Medicaid consumers will have the same list of covered drugs and same prior authorization policy. Medicaid MCPs are no longer responsible for prescription drug coverage for their members. This change is only for prescription drugs that are administered in the patient's home, not for any drugs that are administered in a provider setting such as physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Drugs administered in a home health setting should be billed through the fee-for-service pharmacy program.

This letter has information about the following topics:

1. Pharmacy billing procedures
2. New billing procedures for newborns who have not been assigned a Medicaid ID
3. Changes to billing of certain medical supplies

30 East Broad Street  
Columbus, Ohio 43215  
jfs.ohio.gov

An Equal Opportunity Employer and Service Provider

4. Drug coverage, transition period, and prior authorization
5. Emergency supply if prescriber is not available to request prior authorization
6. Co-payment requirements
7. Tamper-resistant prescription pad requirements
8. ODJFS web page

### **1. Pharmacy Billing Procedures**

Beginning with claims for date of service February 1, 2010, prescription drug claims for all Medicaid consumers, including MCP members, should be billed through the fee-for-service POS vendor, ACS. The ID number submitted should be the 12-digit MMIS billing number. Copies of the MCP member ID cards showing the location of the MMIS billing number are on the attachment to this letter.

Claims should be submitted to ACS with the information contained in the payer sheet, available online at <http://jfs.ohio.gov/ohp/bhpp/omdp/POS.stm>, using BIN 610084, PCN DROHPROD, group OHMEDICAID, and the 12-digit MMIS billing number. For claims processing questions, call ACS at 1-877-518-1545.

Claim adjustments for MCP members for dates of service prior to February 1, 2010, should be sent to the pharmacy benefit manager that originally processed the claim.

### **2. New billing procedures for newborns who have not been assigned a Medicaid ID**

Pharmacies should make every attempt to determine whether a child born to a mother who has Medicaid has been assigned a Medicaid ID. If the consumer does not have an ID card showing the newborn's MMIS billing ID, call ACS to determine if an ID number has been assigned. Beginning February 1, 2010, if a Medicaid ID has not been assigned for the baby, newborns will be covered for prescriptions for the first year after birth under their mother's Medicaid billing ID. The pharmacy should submit the claim for the newborn using the mother's Medicaid ID and the baby's date of birth. Pharmacies should encourage consumers to report newborns to the eligibility caseworker as soon as possible after the birth so they can be added to the case and assigned a Medicaid ID.

### **3. Changes To Billing of Certain Medical Supplies**

OAC 5101:3-9-02, entitled " Pharmacy Services: Medical Supplies and Durable Medical Equipment" is being amended to change the way certain medical supplies are billed. Beginning with date of service February 1, 2010, only pharmacy providers will be able to bill for the supplies listed in the table below. These supplies should be billed using the NDC on the package through the pharmacy POS claim system, and can no longer be billed on a medical claim (CMS-1500 claim form or 837P EDI claim transaction). Claims that were billed to Medicare Part B or a Medicare Advantage plan as the primary payer are not affected by this change and will continue to be paid when billed on a medical claim.

The supplies affected by this change are listed in the table. The Healthcare Common Procedure Coding System (HCPCS) code is listed in the table for reference only. Beginning with date of service February 1, 2010, these supplies will be paid by the NDC number instead of the HCPCS code.

<b>HCPCS Code</b>	<b>Description</b>
A4206	Syringe with needle, sterile less than or equal to 1 cc
A4215	Needles only, sterile, any size, including pen needles
A4245	Alcohol wipes or swabs, box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50
A4256	Normal, low high calibration solutions/chips (pkg)
A4258	Spring powered device for lancet
A4259	Lancets, per box of 100
E0607	Home blood glucose monitor complete
E2100	Blood glucose monitor with voice (PA required)
E2101	Blood glucose monitor with integrated lancing/blood sample (PA required)
S5560	Insulin delivery device, reusable pen; 1.5ml size
S5561	Insulin delivery device, reusable pen; 3ml size
A4614	Peak Expiratory Flow Rate Meter
A4627	Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler

In addition to the products listed in the table, condoms (male or female) may be billed through the pharmacy POS billing system. For Medicaid fee-for-service consumers, condoms may also be billed by other providers, such as clinics and DME dealers, that are registered with ODJFS to bill medical supplies. For MCP members, check with the MCP for coverage of condoms through provider types other than pharmacies. Limits and reimbursements for these supplies that are billed through the pharmacy billing system are listed in Appendix A to OAC rule 5101:3-9-02.

Amendments are also being made to OAC rules 5101:3-10-03 (Medicaid Supply List) and 5101:3-1-60 (Medicaid Reimbursement) to remove coverage of these HCPCS codes from the medical benefit under the durable medical equipment (DME) fee-for-service program effective February 1, 2010.

#### **4. Drug Coverage, Transition Period, and Prior Authorization**

Beginning date of service February 1, 2010, prescription drug coverage for Medicaid MCP members will be the same as coverage for Medicaid fee-for-service consumers. All coverage is outlined in OAC chapter 5101:3-9. A transition period for MCP members

will be in effect from February 1 through April 30, 2010. For claims within these dates of service, MCP members will be able to continue to receive medications that were filled under the MCP within the previous six months. If the drug claim for a MCP member requires prior authorization, the claim will be authorized during February, March, and April 2010 if the MCP member had a claim for the same drug during the previous six months. The MCP member will be notified that the drug that was filled requires prior authorization, but that they may continue to receive that drug through April 30, 2010. Beginning May 1, 2010, claims will deny at the pharmacy and the prescriber should either change to a drug that does not require prior authorization or request prior authorization.

Some MCPs required drugs administered in a nursing facility, drugs supplied through home infusion, and some other specialty medications to be billed through the medical benefit rather than the pharmacy benefit. In these cases, the pharmacy claims record is not available to ODJFS to be included in the transition period and the claim may deny at the pharmacy even though the consumer has received the drug in the previous six months. In these cases, the prescriber will need to request PA as outlined below.

Prior authorization may be requested by the prescribing provider or a member of the prescribing provider's staff by calling ACS at 1-877-518-1546 or sending a fax to 1-800-396-4111. A "quick list" of preferred drugs is available at <http://jfs.ohio.gov/ohp/bhpp/meddrug.stm>. This site also includes other information about the Ohio Medicaid pharmacy program, including the approved drug list, Pharmacy Provider Manual, PA request fax form, and Pharmacy & Therapeutics Committee information. Pharmacy and medical providers may request a pocket-sized copy of the preferred drug list and/or a visit from an educational outreach pharmacist by calling ACS at (614) 682-2034.

#### **5. Emergency Supply If Prescriber Is Not Available To Request Prior Authorization**

If a pharmacy claim is rejected at the pharmacy because prior authorization is required, and the prescriber's office is closed, the pharmacy may call ACS to request payment of up to a 72-hour supply of medication. This will give time for the prescriber to request prior authorization. This emergency override is available only when the prescriber's office is closed (evenings, holidays, and weekends).

#### **6. Co-Payment Requirements**

OAC 5101:3-9-09, entitled " Consumer Co-Payments for Certain Pharmacy Medications" is being amended to include MCP members in the co-payment program for prescription drugs. For most trade name prescriptions, consumers who are eligible for the Medicaid program will be subject to a \$2.00 co-payment for selected trade name medications, and a \$3.00 co-payment for drugs requiring prior authorization. There is no co-payment for generic drugs that do not require prior authorization. When a co-payment is applicable, the pharmacy provider is responsible for collecting the co-payment, and ODJFS will

reduce the pharmacy's reimbursement by the amount of the co-payment whether or not the pharmacy provider collected the co-payment. Pharmacies using the POS claims system will receive notification of the co-payment at the time the claim is submitted.

Prescribing providers may be asked by Medicaid consumers to prescribe generic medications that will not be subject to co-payment. If providers can prescribe a clinically appropriate medication that can be safely substituted for the trade name drug, then the provider may offer that choice so the consumer can get a prescription that is not subject to co-payment.

Co-payments must not be charged by a pharmacy, and co-payments are not applicable, if the consumer is:

- under age 21, or
- pregnant or in the post-partum period (The post-partum period is the immediate post-partum period that begins on the last day of pregnancy and extends through the end of the month in which the sixty-day period following termination of pregnancy ends), or
- in a nursing home or intermediate care facility for the mentally retarded, or
- receiving hospice care

Co-payments must not be charged by a pharmacy, and co-payments are not applicable, if:

- the prescription medication is a trade name medication the department has exempted from co-payment (e.g., the department has indicated the trade name medication should be dispensed rather than the generic), or
- the prescription is for family planning (contraceptive, oxytocic, or prenatal vitamin)

Medications that are administered to a consumer in a provider setting such as physician office, hospital outpatient department, clinic, dialysis center, or infusion center are not subject to co-payments. Medications administered in a home health setting are subject to co-payments.

Most Medicaid consumers who are pregnant or in the post-partum period are exempted from co-payment through the POS system based on their Medicaid eligibility category. However, some pregnant women may be charged a co-payment through the POS system if their eligibility is in a category that has not been automatically exempted. In this case, the pharmacy can override the co-payment requirement by submitting the value 2 in the "Pregnancy Indicator" field (NCPDP field 335-2C) on the pharmacy claim. The co-payment will be reduced to zero and the co-payment amount will not be deducted from the pharmacy payment.

Medicaid consumers residing in a nursing home or intermediate care facility for the mentally retarded are exempted from co-payment by the POS system based on the living arrangement recorded by the eligibility caseworker in the consumer's eligibility record. In the event that the living arrangement has not been updated by the eligibility caseworker, or in the event that a consumer is receiving hospice care, the pharmacy can

submit the appropriate "Patient Location Code" (NCPDP field 307-C7) on the pharmacy claim. Patient location code values 3 (nursing home), 4 (long term/extended care), 7 (skilled care), or 11 (hospice), will override the co-payment requirement. The co-payment will be reduced to zero and the co-payment amount will not be deducted from the pharmacy payment.

Consumers subject to co-payment, who indicate that they are unable to pay their co-payment at the time their medication is dispensed, may indicate their inability to pay and obtain their prescription medication without paying the co-payment. The consumer remains liable for the co-payment and the pharmacy provider may bill the consumer for the co-payment or request payment for a prior uncollected co-payment.

If it is the routine business practice of the provider to refuse service to any individual who owes an outstanding debt to the provider, the provider may consider an unpaid Medicaid co-payment imposed by the co-payment program from a prior transaction as an outstanding debt and may refuse service to a Medicaid consumer who owes the provider an outstanding debt. If the provider intends to refuse service to a Medicaid consumer who owes the provider an outstanding debt, the provider shall notify the individual of the provider's intent to refuse services.

### **7. Tamper-Resistant Prescription Pad Requirements**

The federal Medicaid statute prevents payments of prescriptions "for which the prescription was executed in written (and non-electronic) form unless the prescription was executed on a tamper-resistant pad."

All prescriptions that are written by the prescriber and given to the patient or patient's representative to present to the pharmacy must be tamper-resistant. Prescriptions transmitted to the pharmacy via telephone, fax, or e-prescribing, in accordance with Ohio Board of Pharmacy regulations, are exempt from this requirement.

To be considered tamper-resistant, a prescription form must contain all of the following three characteristics:

Required characteristic:	Examples include but not limited to:
1. One or more features designed to prevent unauthorized copying of a completed or blank prescription form	<ul style="list-style-type: none"> <li>• Text that appears when photocopied or scanned (e.g., "void" or "illegal")</li> <li>• Microprint borders that cannot be copied</li> </ul>
2. One or more features designed to prevent the erasure or modification of information written on the prescription by the prescriber	<ul style="list-style-type: none"> <li>• Erasure or use of solvents will discolor background</li> <li>• Check-off boxes to indicate the quantity prescribed (e.g., 1-24, 25-49, 50-74, etc.)</li> <li>• Quantity border characteristics (dispense quantity and refill number bordered by asterisks and optionally spelled out) for prescriptions generated by an electronic system</li> </ul>

<p>3. One or more features designed to prevent the use of counterfeit prescription forms</p>	<ul style="list-style-type: none"> <li>• Thermo-chromic ink</li> <li>• Sequentially numbered</li> <li>• Security features and descriptions listed on the prescription</li> </ul>
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The tamper-resistant requirement applies in both of the following situations:

- All written prescriptions presented at the pharmacy, including prescriptions for over-the-counter, legend, and controlled drugs; and
- All written prescriptions when ODJFS pays any part of the claim, including when ODJFS is not the primary payer.

The tamper-resistant requirement does not apply in the following situations:

- Prescriptions transmitted to the pharmacy via e-prescribing, fax, or telephone, in accordance with Ohio Board of Pharmacy regulations;
- Orders for medications administered in a provider setting and billed by the administering provider (i.e., medications not billed through the pharmacy);
- Orders for medications administered in a long-term care facility (LTCF), provided the order is written in the patient's medical record and given by medical staff directly to the pharmacy. A prescription for a LTCF resident is considered tamper-resistant if the patient does not have the opportunity to handle the written order.

If a written prescription that is not tamper-resistant is presented at the pharmacy, the pharmacy may fill the prescription on an emergency basis and obtain a compliant tamper-resistant replacement from the prescriber within 72 hours of dispensing. The pharmacist should use professional judgment to define an emergency situation. The replacement may be a compliant written prescription, a fax copy, or an electronically transmitted copy. The replacement should be filed with the original, non-tamper-resistant prescription. Alternatively, the pharmacy may verify the prescription by telephone. In this case, the verification must be documented on the prescription including the name of the prescriber or prescriber's office staff member verifying the prescription, date of verification, and identification of the pharmacy staff member requesting verification.

### **8. Web Page**

The Ohio Department of Job and Family Services maintains a web page that provides valuable information about Ohio Medicaid. The web address for the Ohio Department of Job and Family Services is <http://www.jfs.ohio.gov>. The web address of the Office of Ohio Health Plans front page is <http://www.jfs.ohio.gov/ohp>. Information regarding pharmacy policies may be accessed from the department's web page by browsing to <http://jfs.ohio.gov/ohp/bhpp/meddrug.stm>.

The Ohio Department of Job and Family Services maintains an "electronic manuals" web page of the department's rules, manuals, letters, forms, and handbooks. The web address for this "emanuals" page is <http://emanuals.odjfs.state.oh.us/emanuals/>.

Providers may view documents online by:

- (1) Selecting the "Ohio Health Plans – Provider" folder;
- (2) Selecting the appropriate service provider type or handbook;
- (3) Selecting the "Table of Contents";
- (4) Selecting the desired document type;
- (5) Selecting the desired item from the "Table of Contents" pull-down menu.

The Legal/Policy Central – Calendar site (<http://www.odjfs.state.oh.us/lpc/calendar/>) is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters (<http://www.odjfs.state.oh.us/lpc/mtl/>). The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

To receive electronic notification when new Medicaid transmittal letters are published, subscribe at: <http://www.odjfs.state.oh.us/subscribe>.

### **Questions**

Questions pertaining to this letter should be addressed to:

Ohio Department of Job and Family Services  
Office of Ohio Health Plans, Bureau of Provider Services  
P.O. Box 1461  
Columbus, OH 43216-1461  
Telephone 800-686-1516

Questions pertaining to drug coverage or pharmacy claims should be addressed to ACS:  
Telephone 877-518-1545

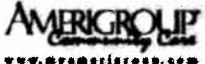
For a visit from an Educational Outreach Pharmacist to receive additional information about the Preferred Drug List (PDL), call the ACS office:  
Telephone 614-682-2034

Attachment: Copies of MCP member ID cards


# Sample Ohio Medicaid Managed Care Plan ID Cards

Placement of MMIS Billing Number and Pharmacy contact information outlined in red.


## Amerigroup Community Care

 <p>Effective Date: <b>MOYEF</b> Date of Birth: <b>MOYDOB</b> Subscriber #: <b>MEMBERID</b></p>	<p><b>MEMBER:</b> Please carry this card at all times. Show this card before you get medical care. If you have an emergency, call 911 or go to the nearest emergency room. If you are not sure whether you need to go to the emergency room, call your primary care physician or the Nurse Helpline at 1-800-800-4441. If you suspect fraud or abuse, call 1-800-800-4441. If you are deaf or hard of hearing, please call 1-800-800-2980.</p> <p><b>HOSPITALS:</b> Pre-admission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-800-2980.</p> <p><b>PROVIDERS:</b> Certain services must be pre-certified. This includes medical injectable administered in the provider's office. If pre-certification has not been obtained, please contact the PCP listed on this card before accessing treatment. Services that are not pre-certified may not be covered. For pre-certification or verifying eligibility, call 1-800-800-2980.</p>
<p><b>SUBMIT CLAIMS TO:</b> AMERIGROUP - P.O. BOX 81018 - VIRGINIA BEACH, VA 23468-1018 USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD. EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO ES CONSIDERADO FRAUDE.</p>	


## Buckeye Community Health Plans

 <p>Member Name: _____</p> <p>Effective Date: _____</p> <p>DOB: _____</p> <p>PCP Name: _____</p> <p>PCP Phone #: _____</p> <p>If you have an emergency, call 911 or go to the NEAREST emergency room (ER). You do not have to contact Buckeye for an okay before you get emergency services. If you are not sure whether you need to go to the ER, call your PCP or Buckeye Nurse Helpline toll-free at 1-866-246-4359, option 7, or TTY at 1-800-750-8731. Nurse Helpline is open 24 hours per day.</p>	<p><b>MEMBER SERVICES:</b> 1-866-246-4359 (TTY 1-800-750-8731)</p> <p><b>EMERGENCY:</b> This card does not guarantee eligibility or authorization. For eligibility, call Buckeye at 1-866-246-8731. For prior authorization and care management referral, call 1-866-246-4359.</p> <p>Non-participating providers must have all services prior authorized through Buckeye, except for emergency services or services that are self-referred. Please call Buckeye at 1-866-246-4359 for more information on services that are self-referred.</p> <p><b>PHARMACIES:</b> For prior authorization and questions, call 1-877-518-1545.</p> <p><b>CLAIMS JURISDICTION:</b> Buckeye Community Health Plan PO Box 8200 Farmington, MO 65648</p>

## CareSource

 <p><b>CareSource</b> CFC Member</p> <p>Member Name: <b>MARY DOG</b> Date of Birth: <b>04-12-73</b></p> <p>CareSource Member ID #: <b>0123456789</b></p> <p><b>MMIS #: 987654321000</b> Case #: <b>7654321000</b></p> <p>Primary Care Provider/Clinic Name: <b>DR. GOOD</b> Provider/Clinic Phone: <b>(637) 123-4567</b></p> <p>Member Services: 1-800-498-0134 (TDD) 1-800-750-8750 or 711 24-hour nurse line: 1-866-200-8554 (TDD) 1-800-750-8750 or 711</p>	<p><b>THIS CARD IS FOR IDENTIFICATION ONLY AND DOES NOT VERIFY ELIGIBILITY.</b></p> <p><b>MEMBER:</b> Show your ID card to medical providers BEFORE you receive care. Never let anyone else use your ID card. In case of an emergency, call 911 or go to the nearest emergency room (ER). If you are unsure if you need to go to the ER, call your primary care provider or call our 24-hour toll-free nurse advice line (see front of card for phone number).</p> <p><b>HEALTH CARE PROVIDER:</b> You must verify member eligibility for the date of service. Visit our website <a href="http://www.caresource.com">www.caresource.com</a> or call 1-800-498-0134 for assistance. Assistance or requests for member services at:</p> <p><b>MAIL MEDICAL CLAIMS TO:</b> CareSource, Inc., Box 670, Dayton, OH 45421-8700</p> <p>Retail Rx drug claims to OH Medicaid - use MMIS # Pharmacies call 1-877-518-1545</p> <p>Nurse Medical Support: 1-800-750-8750 (use CareSource ID #) Rx: 636-618423 TDD: 637-6799 <a href="http://www.caresource.com">www.caresource.com</a></p>

# Molina Healthcare

		<b>ABD</b>
<b>Member</b> <b>TEST USER ABD</b>		
<b>Identification #</b> <b>12345678910</b>	<b>Date of Birth:</b> <b>01/14/1952</b>	<b>Effective Date:</b> <b>12/01/2009</b>
<b>Primary Care Provider: TEST PCP</b>		
<b>Primary Care Provider Phone: (513)555-5080</b>		
<b>MMIS # 12345678910</b>		<b>Issue Date: 12/02/2009</b>

**MEMBERS:** Call Molina Healthcare Member Services at 1-800-488-4888 (TTY for the hearing impaired: 1-800-750-0778 or 711) Monday - Friday, 9:00 a.m. - 5:00 p.m.

**Emergency Services:** Call 911 (if available) or go to the nearest emergency department or other appropriate setting. If you are not sure whether you need to go to the emergency department, call your primary care provider (PCP) or the number printed on the front of this card. You may also contact the Molina Healthcare 24-Hour Nurse Advice Line at 1-800-273-8788, 1-800-488-3637 (Deafblind) 1-800-755-2929 (TTY for the hearing impaired). Follow up with your PCP after all emergency department visits.

**Referral Services:** Your member handbook notes services that require a referral from your PCP.


**PHYSICIANS/PROVIDERS/HOSPITALS:** For prior authorization, post-stabilization, eligibility, claim or branch information call 1-800-642-4166.

**Hospital Admissions:** Authorization must be obtained by the hospital prior to all non-emergency admissions.

**PHARMACISTS:** Retail Rx drug claims to OH Medicaid - use MMIS #. Pharmacists call 1-877-518-1545. Member Pharmacy issues call 1-800-324-8680.

**Class Subscribers:** PO Box 22712, Long Beach, CA 90801 - 12M Claims Proc ID #26149  
[www.molinahealthcare.com](http://www.molinahealthcare.com)

# Paramount Advantage

		<b>ID #</b> <b>GROUP #</b> <b>EFF. DATE</b>
<b>MEMBER NAME</b>	<b>MMIS #</b>	<b>TELEPHONE #</b>
<b>Primary Care Provider</b>		
<b>Retail RX drug claims to OH Medicaid - use MMIS#</b> <b>Pharmacies call 1-877-518-1545</b> <b>Member Pharmacy issues call 1-800-324-8680</b>		

**EMERGENCY SERVICES**  
 Call 911 or go to the nearest emergency room (ER). If you are not sure whether you need to go to the emergency room, call your primary care provider (PCP) or Pharmacists' 24-hour toll-free call-in-system (ProMedica Call Center) at (419) 291-5880 or toll free at 1-800-294-8773, TTY (419) 291-5579, or the Ohio Relay Service TTY at 1-800-750-0790.

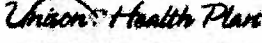

**REFERRAL SERVICES**  
 You must have a referral from your primary care provider for all services/claims except as indicated in your member handbook.

**HOSPITAL ADMISSIONS**  
 Prior authorization must be obtained by the hospital prior to all non-emergency admissions.

**MEMBER SERVICES/MEMBERSHIP**  
 For eligibility, claims or branch information call MEMBER SERVICES at (419) 887-2525 from 7:00 a.m. - 7:00 p.m. Monday-Friday or toll free at 1-800-492-3558, TTY (419) 887-2528 or call free at 1-866-740-5870.  
 If for any reason you need to change your PCP, call MEMBER SERVICES first so that you can begin using that new PCP immediately.

**Mailing Address:** PO Box 828, Toledo, OH 43607-0028  
**Office Address:** 1801 Indian Wood Circle, Maumee, OH 43537  
**Member file issues call Medicaid Consumer Hotline:**  
 1-800-324-8680 / TTY 1-800-792-3572

# Unison Health Plan

		
<b>Health Plan (80044) 911-25175-00</b>		
<b>Member ID: 000123456</b>		
<b>Member:</b> Jane E Doe	<b>Payer ID: 25175</b>	
<b>MMIS:</b> 1234555555555	<b>OH - Medicaid</b>	
<b>PCP Name:</b> Smith, Dr. R. <b>PCP Phone:</b> (555)555-1212 <b>City Medical Center Inc</b> <b>PCP ID:</b> 000000111111	<b>Retail Rx drug claims to OH Medicaid - use MMIS #</b> <b>Pharmacies call: 1-877-518-1545</b>	
0501	Administered by Unison Health Plan of OH, LLC	


This card does not guarantee coverage. By using this card for services, you agree to the release of medical information, as stated in your Member handbook.

**For Members:**  
 800-895-2017 TTY 711  
 NurseLine: 800-542-8636 TTY 800-855-2880  
 Mental Health: 886-281-7682

**For Providers:** [www.unisonhealthplan.com](http://www.unisonhealthplan.com) 800-600-9007  
**Medical Claims:** PO Box 1257, Monroeville, PA, 15146-5138  
**Eligibility:** 886-566-4786 **Utilization Management:** 800-366-7304

If you have an emergency, call 911 or go to the nearest emergency room. If you are not sure whether you need to go to the emergency room, call your Primary Care Provider or the 24/7 NurseLine.

# WellCare of Ohio

	
<b>Member ID #:</b> 000000000000 <b>MMIS Billing #:</b> 000000000000 <b>Member:</b> [First MI, Last Name] <b>Effective Date:</b> [XX/XX/XXXX] <b>Plan Name:</b> CPC	<b>Primary Care Provider</b> [Dr. First Last Name] [Provider Group Name] [Address 1] [Address 2] [City, State ZIP] Phone: [XXX-XXX-XXXX]
<b>Non-pharmacy claims are to be mailed to:</b> WellCare of Ohio P.O. Box 31224 • Tampa, FL 33631-3224 • 1-800-953-7779	
To get the current eligibility status of a member, please visit our Web site at <a href="http://ohio.wellcare.com">ohio.wellcare.com</a> or call Member Services at 1-800-953-7779 (TTY 1-877-247-4372).	
<b>Retail pharmacy processed by OH Medicaid, not WellCare.</b> <b>Retail Rx drug claims to OH Medicaid - use MMIS #.</b> <b>Pharmacies call 1-877-518-1545.</b>	
<b>MEMBERS - for pharmacy help, call the Medicaid Consumer Hotline at 1-800-324-8680 (TTY 1-800-792-3572).</b>	



**Department of  
Job and Family Services**

**Ted Strickland**, Governor  
**Douglas E. Lumpkin**, Director

January 15, 2010

**Medicaid Handbook Transmittal Letter (MHTL) No. 3344-10-01**

**TO:** All Eligible Providers of Durable Medical Equipment Services  
Directors, County Departments of Job and Family Services

**FROM:** Douglas E. Lumpkin, Director

**SUBJECT:** Changes to Coverage of Prescription Drugs and Certain Durable  
Medical Equipment (DME) supplies

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This letter provides information regarding changes to coverage of certain medical supplies for all Ohio Medicaid consumers, including members of Medicaid Managed Care Plans (MCPs). To support these changes, amendments are being made to Ohio Administrative Code (OAC) rule 5101:3-9-02 (Pharmacy Services: Medical Supplies and Durable Medical Equipment) and OAC 5101:3-10-17 (Blood Glucose Monitors [Glucometers] and Supplies) is being rescinded.

**Changes To Billing of Certain Medical Supplies**

OAC 5101:3-9-02, entitled " Pharmacy Services: Medical Supplies and Durable Medical Equipment" is being amended to change the way certain medical supplies are billed. Beginning with date of service February 1, 2010, only pharmacy providers will be able to bill for the supplies listed in the table below. These supplies should be billed using the NDC on the package through the pharmacy point-of-sale (POS) claim system, and can no longer be billed on a medical claim (CMS-1500 claim form or 837P EDI claim transaction). Claims that were billed to Medicare Part B or a Medicare Advantage plan as the primary payer are not affected by this change and will continue to be paid when billed on a medical claim.

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The supplies affected by this change are listed in the table. The Healthcare Common Procedure Coding System (HCPCS) code is listed in the table for reference only. Beginning with date of service February 1, 2010, these supplies will be paid by the NDC number instead of the HCPCS code.

HCPCS Code	Description
A4206	Syringe with needle, sterile less than or equal to 1 cc
A4215	Needles only, sterile, any size, including pen needles
A4245	Alcohol wipes or swabs, box
A4250	Urine test or reagent strips or tablets (100 tablets or strips)
A4252	Blood ketone test or reagent strip, each
A4253	Blood glucose test or reagent strips for home blood glucose monitor, per 50
A4256	Normal, low high calibration solutions/chips (pkg)
A4258	Spring powered device for lancet
A4259	Lancets, per box of 100
E0607	Home blood glucose monitor complete
E2100	Blood glucose monitor with voice (PA required)
E2101	Blood glucose monitor with integrated lancing/blood sample (PA required)
S5560	Insulin delivery device, reusable pen; 1.5ml size
S5561	Insulin delivery device, reusable pen; 3ml size
A4614	Peak Expiratory Flow Rate Meter
A4627	Spacer, bag, or reservoir, with or without mask, for use with metered dose inhaler

In addition to the products listed in the table condoms (male or female) may be billed through the pharmacy POS billing system. For Medicaid fee-for-service consumers, condoms may also be billed by other providers, such as clinics and DME dealers, that are registered with ODJFS to bill medical supplies. For MCP members, check with the MCP for coverage of condoms through provider types other than pharmacies. Limits and reimbursements for these supplies that are billed through the pharmacy billing system are listed in Appendix A of OAC 5101:3-9-02.

Amendments are also being made to OAC 5101:3-10-03 (Medicaid Supply List) and 5101:3-1-60 (Medicaid Reimbursement) to remove coverage of these HCPCS codes from the medical benefit under the durable medical equipment (DME) fee for service program effective February 1, 2010.

#### **DME Question Line and Mailbox:**

The Department has established a dedicated Durable Medical Equipment (DME) Question Line and Voice Mailbox to improve response to provider questions regarding program coverage and limitations. The number for this service is 614-466-1503. The DME Question Line and Voice Mailbox is not able to answer questions regarding

individual consumer eligibility, prior authorization requests to include the initiation or status of a prior authorization or information regarding previous claims submissions for durable medical equipment.

**Webpage:**

The Ohio Department of Job and Family Services maintains an "electronic manuals" web page of the department's rules, manuals, letters, forms, and handbooks. The URL for this "eManuals" page is <http://emanuals.odjfs.state.oh.us/emanuals/>. Providers may view documents online by:

- (1) Selecting the "Ohio Health Plans – Provider" folder;
- (2) Selecting the appropriate topic from the document list; and
- (3) Selecting the desired item from the "Table of Contents" pull-down menu.

Most current Medicaid maximum reimbursement rates for services other than pharmacy services and the medical supplies listed in this MHTL are listed in rule 5101:3-1-60 or in Appendix DD to that rule. Providers may view these rates by:

- (1) Selecting the "Legal Services" folder;
- (2) Selecting "ODJFS Ohio Administrative Code"; and
- (3) Selecting "5101:3-1-60 Medicaid Reimbursement" from the "Table of Contents" pull-down menu.

The Legal/Policy Central – Calendar site (<http://www.odjfs.state.oh.us/lpc/calendar/>) is a quick reference for finding documents that have recently been published. This site also provides a link to a listing of ODJFS manual transmittal letters (<http://www.odjfs.state.oh.us/lpc/mtl/>). The listing is categorized by letter number and subject, and a link is provided to each easy-print (PDF) document.

Questions pertaining to this MHTL should be directed to the following:

Office of Ohio Health Plans  
Bureau of Provider Services  
P.O. Box 1461  
Columbus, OH 43216-1461  
Telephone 800-686-1516



**Department of  
Job and Family Services**

**Ted Strickland**, Governor  
**Douglas E. Lumpkin**, Director

December 14, 2009

Medical Assistance Letter No. 561

**TO:** All Eligible Prescribing Providers  
All Eligible Pharmacy Providers  
Directors, County Departments of Job and Family Services  
**FROM:** Douglas E. Lumpkin, Director  
**SUBJECT:** Announcement of Changes to Coverage of Prescription Drugs and Certain Medical Supplies

This letter provides information regarding changes to coverage of prescription drugs for members of Medicaid Managed Care plans (MCPs) and to coverage of certain medical supplies for all Ohio Medicaid consumers, including MCP members.

Beginning with date of service February 1, 2010, prescription drug coverage for members of Medicaid MCPs will transfer to the Medicaid fee-for-service (FFS) program. This change means that all Medicaid consumers will have the same list of covered drugs and same prior authorization policy. Medicaid MCPs are no longer responsible for prescription drug coverage for their members.

This change is only for prescription drugs that are administered in the patient's home, not for any drugs that are administered in a provider setting such as physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Drugs administered in a home health setting should be billed through the fee-for-service pharmacy program. Some medical supplies, such as diabetic testing supplies, supplies for injection of insulin and other drugs, inhaler spacers, and peak flow meters, will only be able to be billed by pharmacies (including hospital pharmacies) and will no longer be covered when billed by any other provider type, including durable medical equipment (DME) dealers, clinics, or individual physician offices.

This letter also contains information about CyberAccess, a secure web site that allows Ohio Medicaid providers to review the Medicaid prescription claims history for their patients, review prescription prior authorizations, and send electronic prescriptions (e-prescribe) for their Medicaid patients.

Prescriptions billed through the FFS program may be subject to co-payments. In addition, the federal requirement for tamper-resistant prescription pads will now include

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prescriptions for members of MCPs because they will be billed to the FFS program. Each of these topics is explained in more detail below.

### **Drug Coverage, Transition Period, and Prior Authorization**

Prescription drug coverage for Medicaid MCP members will be the same as coverage for Medicaid fee-for-service consumers. A transition period for MCP members will be in effect from February 1 through April 30, 2010. For claims within these dates of service, MCP members will be able to continue to receive medications that were filled under the MCP within the previous six months. If the drug claim for a MCP member requires prior authorization, the claim will be authorized during February, March, and April 2010 if the MCP member had a claim for the same drug during the previous six months that was covered by the MCP. The MCP member will be notified that the drug that was filled requires prior authorization, but that they may continue to receive that drug through April 30, 2010. Beginning May 1, 2010, claims will deny at the pharmacy and the prescriber should either change to a drug that does not require prior authorization or request prior authorization. The prescribing provider or a member of the prescribing prescriber's staff may request prior authorization by calling ACS at 1-877-518-1546 or sending a fax to 1-800-396-4111. A "quick list" of preferred drugs is available at <http://ifs.ohio.gov/ohp/bhpp/meddrug.stm>. This site also includes other information about the Ohio Medicaid pharmacy program, including the approved drug list, Pharmacy Provider Manual, PA request fax form, and Pharmacy & Therapeutics Committee information. Providers may request a pocket-sized copy of the preferred drug list and/or a visit from an educational outreach pharmacist by calling ACS at (614) 682-2034.

### **CyberAccess**

The Ohio Department of Job and Family Services (ODJFS) has contracted with ACS, its pharmacy vendor, to provide the CyberAccess system. CyberAccess is a user-friendly, intuitive internet portal for providers to access clinical alerts and pharmacy information regarding their patients. Prescribers can also use the tool to verify a drug's prior authorization status and to send "e-prescriptions" to pharmacies.

The CyberAccess tool is a web-based, HIPAA-compliant portal for prescribers and/or their authorized staff with the ability to:

- Review two years of claims data (patient profile information) including eligibility information and prescribed drug history
- Identify potential care management concerns using criteria derived from an analysis of the patient's claims history, including best practices recommendations, potential drug-related problems, and disease management or disease-related concerns
- Electronically verify Preferred Drug List status, including determining if a drug requires prior authorization and if the patient meets approval criteria within the SmartPA automated prior authorization system,
- Electronically send prescriptions to pharmacies (e-prescribe)

This tool can help to improve patient care by allowing better coordination between prescribers, as well as enabling a provider to see at a glance all of the prescriptions filled through the Medicaid program to avoid duplication or interactions.

Any Medicaid-participating practice can register to use CyberAccess. Contact ACS at (614) 682-2034 for additional information and to request a visit from an educational outreach pharmacist who can demonstrate the website and register your practice.

**Tamper-Resistant Prescription Pad Requirements**

The federal Medicaid statute prevents payments of prescriptions "for which the prescription was executed in written (and non-electronic) form unless the prescription was executed on a tamper-resistant pad."

All prescriptions that are written by the prescriber and given to the patient or patient's representative to present to the pharmacy must be tamper-resistant. Prescriptions transmitted to the pharmacy via telephone, fax, or e-prescribing, in accordance with Ohio Board of Pharmacy regulations, are exempt from this requirement.

To be considered tamper resistant, a prescription form must contain all of the following three characteristics:

Required characteristic:	Examples include but not limited to:
1. One or more features designed to prevent unauthorized copying of a completed or blank prescription form	<ul style="list-style-type: none"> <li>• Text that appears when photocopied or scanned (e.g., "void" or "illegal")</li> <li>• Microprint borders that cannot be copied</li> </ul>
2. One or more features designed to prevent the erasure or modification of information written on the prescription by the prescriber	<ul style="list-style-type: none"> <li>• Erasure or use of solvents will discolor background</li> <li>• Check-off boxes to indicate the quantity prescribed (e.g., 1-24, 25-49, 50-74, etc.)</li> <li>• Quantity border characteristics (dispense quantity and refill number bordered by asterisks and optionally spelled out) for prescriptions generated by an electronic system</li> </ul>
3. One or more features designed to prevent the use of counterfeit prescription forms	<ul style="list-style-type: none"> <li>• Thermochromic ink</li> <li>• Sequentially numbered</li> <li>• Security features and descriptions listed on the prescription</li> </ul>

The tamper-resistant requirement applies in both of the following situations:

- All written prescriptions presented at the pharmacy, including prescriptions for over-the-counter, legend, and controlled drugs; and
- All written prescriptions when ODJFS pays any part of the claim, including when ODJFS is not the primary payer.

The tamper-resistant requirement does not apply in the following situations:

- Prescriptions transmitted to the pharmacy via e-prescribing, fax, or telephone, in accordance with Ohio Board of Pharmacy regulations;
- Orders for medications administered in a provider setting and billed by the administering provider (i.e., medications not billed through the pharmacy);
- Orders for medications administered in a long-term care facility (LTCF), provided the order is written in the patient's medical record and given by medical staff

directly to the pharmacy. A prescription for a LTCF resident is considered tamper resistant if the patient does not have the opportunity to handle the written order.

If a written prescription that is not tamper resistant is presented at the pharmacy, the pharmacy may fill the prescription on an emergency basis and obtain a compliant tamper-resistant replacement from the prescriber within 72 hours of dispensing. The pharmacist should use professional judgment to define an emergency situation. The replacement may be a compliant written prescription, a fax copy, or an electronically transmitted copy. The replacement should be filed with the original, non-tamper-resistant prescription. Alternatively, the pharmacy may verify the prescription by telephone. In this case, the verification must be documented on the prescription including the name of the prescriber or prescriber's office staff member verifying the prescription, date of verification, and identification of the pharmacy staff member requesting verification.

### **Co-Payment Requirements**

Consumers may be required to pay a co-payment for prescription drugs. Consumers who are eligible for the Medicaid program will be subject to a \$2.00 co-payment for most trade name prescriptions, and a \$3.00 co-payment for drugs requiring prior authorization. There is no co-payment for generic drugs that do not require prior authorization.

Prescribing providers may be asked by Medicaid consumers to prescribe generic medications that will not be subject to co-payment. If providers can prescribe a clinically appropriate medication that can be safely substituted for the trade name drug, then the provider may offer that choice so the consumer can get a prescription that is not subject to co-payment.

Co-payments must not be charged by a pharmacy, and co-payments are not applicable, if the consumer is:

- under age 21, or
- pregnant or in the post-partum period (The post-partum period is the immediate post-partum period that begins on the last day of pregnancy and extends through the end of the month in which the sixty-day period following termination of pregnancy ends), or
- in a nursing home or intermediate care facility for the mentally retarded, or
- receiving hospice care

Co-payments must not be charged by a pharmacy, and co-payments are not applicable, if:

- the prescription medication is a trade name medication the department has exempted from co-payment (e.g., the department has indicated the trade name medication should be dispensed rather than the generic), or
- the prescription is for family planning (contraceptive, oxytocic, or prenatal vitamin)

Medications that are administered to a consumer in a provider setting such as physician office, hospital outpatient department, clinic, dialysis center, or infusion center are not

subject to co-payments. Medications administered in a home health setting are subject to co-payments.

Consumers subject to co-payment, who indicate that they are unable to pay their co-payment at the time their medication is dispensed, may indicate their inability to pay and obtain their prescription medication without paying the co-payment. The consumer remains liable for the co-payment and the pharmacy provider may bill the consumer for the co-payment or request payment for a prior uncollected co-payment.

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A4253	Blood glucose test or reagent strips for home blood glucose monitor
A4256	Normal, low high calibration solutions/chips
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A4259	Lancets
E0607	Home blood glucose monitor complete
E2100	Blood glucose monitor with voice (PA required)
E2101	Blood glucose monitor with integrated lancing/blood sample (PA required)
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## **Pharmacy Billing Procedures**

Beginning with claims for date of service February 1, 2010, prescription drug claims for all Medicaid consumers, including MCP members, should be billed through the fee-for-service POS vendor, ACS. The ID number submitted should be the MMIS billing number, which is included on the MCP member's MCP identification card.

Claims should be submitted to ACS with the information contained in the payer sheet, available online at <http://jfs.ohio.gov/ohp/bhpp/omdp/POS.stm>, using BIN 610084, PCN DROHPROD, and group OHMEDICAID. For claims processing questions, call ACS at 1-877-518-1545.

## **Web Page**

The Ohio Department of Job and Family Services maintains a web page that provides valuable information about Ohio Medicaid. The web address for the Ohio Department of Job and Family Services is <http://www.jfs.ohio.gov>. The web address of the Office of Ohio Health Plans front page is <http://www.jfs.ohio.gov/ohp>. Information regarding pharmacy policies may be accessed from the department's web page by browsing to <http://jfs.ohio.gov/ohp/bhpp/meddrug.stm>.

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- (4) Selecting the desired document type;
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To receive electronic notification when new Medicaid transmittal letters are published, subscribe at: <http://www.odjfs.state.oh.us/subscribe>.

## **Questions**

Questions pertaining to this letter should be addressed to:

Ohio Department of Job and Family Services  
Office of Ohio Health Plans, Bureau of Provider Services  
P.O. Box 1461  
Columbus, OH 43216-1461

Telephone 800-686-1516

Questions pertaining to prior authorization and prior authorization requests should be addressed to ACS:

Telephone 877-518-1546

Facsimile 800-396-4111

Questions pertaining to pharmacy claims should be addressed to ACS:

Telephone 877-518-1545

For a visit from an Educational Outreach Pharmacist to receive additional information about the Preferred Drug List (PDL) or for a demonstration of CyberAccess, call the ACS office:

Telephone 614-682-2034