PROVIDER MANUAL FOR

PHARMACIES

Published By:

Medical Services Division
North Dakota Department of Human Services
600 E Boulevard Ave Dept 325
Bismarck, ND 58505-0250

January 2022

NORTH Dakota | Human Services
Be Legendary.™

Table of Contents

NORTH Dakota | Human Services
Be Legendary.™

ND MEDICAID REFERENCE SHEET

Pharmacy Claim Inquiries	1-701-328-4086 medicaidpharmacy@nd.gov
Medical Claim Inquiries / Eligibility Verify Line	1-877-328-7098 mmisinfo@nd.gov
Medical Services	1-800-755-2604
Blue Cross Blue Shield of ND (Medicaid Expansion)	1-833-777-5779
Medicaid Fraud	1-701-328-4024 medicaidfraud@nd.gov
Third Party Liability	1-701-328-2347 medicaidtpl@nd.gov
Coordinated Services Program (CSP)	1-701-328-2346 medicaidcsp@nd.gov

Pharmacy Prior Authorization Website: www.hidesigns.com/ndmedicaid

Link to: General Information for Providers Manual

Link to: Medication Therapy Management (MTM) Manual

DUR OVERRIDE CODES - one from each column are needed to override an alert

CONFLICT CODES

ER Early refill

INTERVENTION CODES

M0 Prescriber consulted
P0 Patient consulted
R0 Pharmacist consulted other source

OUTCOME CODES

1B Filled Rx as is
1C Filled with different dose
1D Filled with different directions
1F Filled with different quantity
1G Filled with prescriber approval

Early Refill DUR Codes (ER, M0, 1B): May use to override an early refill rejection if member has used 61% or more of day supply and medication is not a controlled substance.

One Dispensing Fee Per Month: May use when appropriate (unit of use products, liquids, creams, antibiotics, etc.) – NCPDP D.0 Submission Clarification Code of 5.

Compound Ingredient Override: May use to request non-covered ingredients in a compound not be considered for payment. Only the covered ingredient will be considered for payment and subject to coverage rules – NCPDP D.0 Submission Clarification Code of 08.

NORTH Dakota | Human Services
Be Legendary.™

STATE DIRECTORY

Addresses and Telephone Numbers

PHARMACY PROGRAM INQUIRIES
Brendan Joyce, PharmD, R.Ph.
Administrator, Pharmacy Services
Medical Services Division
ND Department of Human Services
600 E Boulevard Ave, Dept 325
Bismarck ND 58505-0250
1-701-328-4023
medicaidpharmacy@nd.gov

POS STATE NETWORK COMMUNICATIONS INQUIRIES
ITD Support Center
600 E Boulevard Ave
Bismarck ND 58505
1-701-328-4470
1-877-328-4470

THIRD PARTY LIABILITY INQUIRIES
1-701-328-2347
medicaidtpl@nd.gov

PROVIDER ENROLLMENT INQUIRIES
1-701-277-6999
NDMedicaidEnrollment@noridian.com

MEDICAL CLAIM INQUIRIES
1-877-328-7098
mmisinfo@nd.gov

MEDICAID FRAUD INQUIRIES
1-701-328-4024
medicaidfraud@nd.gov

PRIOR APPROVAL FORMS / PREFERRED DRUG LIST / PRIOR AUTHORIZATION INQUIRIES
http://www.hidesigns.com/ndmedicaid/

SHS INQUIRIES
Division of Special Health Services
600 E Boulevard Ave, Dept. 301
Bismarck ND 58505-0200
1-701-328-2436

AIDS DRUG ASSISTANCE PROGRAM (ADAP) INQUIRIES
Ryan White Part B Coordinator
600 E Blvd Ave Dept 301
Bismarck, ND 58505-0200
Phone: (701) 328-2379
Fax: (701) 328-0338

POS SWITCH COMPANIES NETWORK INQUIRIES (See Page 20)
RelayHealth Help Desk 1-800-401-5973
eRx Network Help Desk1-866-379-6389

NORTH Dakota | Human Services
Be Legendary.™

INTRODUCTION

This billing manual is designed to aid providers in billing for these claims. Further detail on claims processing requirements are located in our payer sheet on our website http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-pharmacy.html.

All Medicaid claims as well as Special Health Services (SHS), AIDS Drug Assistance Program (ADAP), Russell Silver Program, and some county jail claims are processed by the ND Medicaid pharmacy system.

A variety of federal laws outline program requirements with the most significant being:

1. Social Security Act §1927 (ssa.gov)
2. Federal Register: Medicaid Program; Covered Outpatient Drugs

PHARMACY SERVICES PROGRAM REQUIREMENTS

1. Payment of Services:
    a. Federal Upper Limit (FUL): Federal Upper Limit | Medicaid
    b. NADAC: Methodology for Calculating the National Average Drug Acquisition Cost (NADAC) for Medicaid Covered Outpatient Drugs
    c. Maximum Allowable Cost (MAC) program

2. Covered Outpatient Drug (COD) Status

3. Manufacturer/Labeler Drug Rebate Program

4. Prospective/Retrospective Drug Utilization Review.

5. Professional Dispensing Fee

6. The quantity of medication dispensed shall not exceed a 34-day supply unless:
    a. Member has primary insurance
    b. The medication is packaged as a unit of use which lasts beyond 34 days
    c. The medication is low cost where it is a cost benefit to cover 90-day supplies

7. Provider numbers (pharmacy and prescriber) must be NPIs

NORTH Dakota | Human Services
Be Legendary.™

UNIQUE CHARACTERISTICS TO POS SYSTEM

1. All claims submitted are processed in real time and will be either paid or denied. Paid claims may also be reversed by the submitting pharmacy.

2. Eligibility - POS billing confirms the member's Medicaid eligibility on the date the prescription is dispensed. It is not required to make a separate call to the member eligibility verification system (VERIFY) because the POS system uses the same source of information as VERIFY. If the member is ineligible on the dispensing date, the claim will be denied.

3. Recipient Liability

4. Third Party Liability

5. Prospective Drug Utilization Review (ProDUR)

6. POS System Availability - The North Dakota Medicaid POS system is scheduled to be available 24 hours a day, seven days a week except for maintenance.

7. Network Processing Difficulties - The POS system is accessed via one of the pharmacy claims networks connected with North Dakota Medicaid. At times the switch network system may be out of service or unable to exchange information with the state's system. If the condition persists, please contact the network's help desk directly for assistance. The switch companies and their telephone numbers are:

RelayHealth Help Desk	1-800-401-5973
eRx Help Desk	1-866-379-6389

   If one of these conditions persists more than 20 minutes, record the message you received and contact:

   ITD Support Center
   1-701-328-4470
   1-877-328-4470

NORTH Dakota | Human Services
Be Legendary.™

INSTRUCTIONS FOR POINT-OF-SALE (POS) BILLING

North Dakota Medicaid only accepts electronic claims or claims that the provider enters through our web portal at mmis.nd.gov. Pharmacies submitting via POS must submit claims in the National Council for Prescription Drug Programs (NCPDP) version D.0 format.

GENERAL TIPS FOR BILLING

1. Always bill your usual and customary charge to the general public for each prescription. All discounts the member would be eligible to receive (e.g. discounts for age, occupation, or received by payment of a nominal membership fee) are to be reduced from the usual and customary charges before billing Medicaid.

2. Metric decimal quantities should be used per NCPDP guidelines.

3. The NDC dispensed is the NDC that must be billed to ND Medicaid.

4. All services require a prescription order from a licensed prescriber.

5. All initial claims must be submitted within one year from the date of dispensing of the prescription. All adjustments must be submitted within one year of the remittance advice date of the paid prescription.

6. Use ND Medicaid's websites to find information regarding payment rules:
   http://www.hidesigns.com/ndmedicaid
   North Dakota Department of Human Services (nd.gov)

7. North Dakota Medicaid uses a variety of payment parameters that may result in a rejected claim. Please use the Coverage Rules on Medications to navigate these rejection messages

DRUG COVERAGE

COVERAGE REQUIREMENTS

Federal law requires that the department cover all FDA approved drug products made by manufacturers who have signed a rebate agreement with the Centers for Medicare and Medicaid Services (CMS), except for those drugs in the non-covered services categories listed.

NON-COVERED SERVICES

The following are not covered by the Medicaid program:

1. Drugs determined to be less-than-effective (COD status of 5 or 6)

2. Drugs made by manufacturers which have a labeler code not included in a rebate agreement with CMS.

3. Cost of shipping or delivering a drug

4. Drugs which are limited or excluded by the state or federal law. These include:

    - Agents when used for anorexia or weight gain
    - Agents when used to promote fertility
    - Agents when used for cosmetic purposes or hair growth/removal
    - Drugs dispensed after their expiration date
    - Drugs which are experimental or investigational
    - Drugs used for erectile dysfunction

5. The following products, when provided for Medicaid members in nursing facilities, are part of the per diem and therefore cannot be billed through a pharmacy claim.

    - OTC drugs, even if prescribed
    - Nursing stock drugs and durable medical equipment (e.g. saline, sodium chloride for inhalation and trach therapy)
    - Vitamin and mineral products

6. Drugs when used outside of FDA recommended or compendia supported indications or dosages per the Social Security Act Section 1927.

LIMITED COVERAGE CATEGORIES

1. Agents when used for the symptomatic relief of cough and colds:

    - Coverage: Prescription, non-COD status 5 or 6 drugs classified in First Databank as Therapeutic Code Generic 50.

2. Non-Prescription Drugs:

    - Coverage (doesn't include all products within this list): aspirin, acetaminophen, NSAIDs, antacids, histamine-2 antagonists, iron supplements, non-sedating antihistamines, MiraLAX (and the generics), artificial tears, emergency contraception, keratolytics, certain lice treatments, sodium chloride tablets, and smoking cessation products. These products must have valid NDC numbers, be included in a CMS rebate agreement, and prescribed by an authorized prescriber.

3. Vitamins:

    - Coverage (doesn't include all products within this list): Renal failure multivitamins, fat soluble vitamin combinations commonly used for Cystic Fibrosis, prenatal vitamins, folic acid, iron supplements, vitamins D, E, and injectable vitamin B_{12}
    - The following metabolic supplements are covered for certain conditions: riboflavin, hydroxocobalamin, thiamine, biotin,

4. Medicare Part D Dual eligibles

    Medicaid will cover the following per our limits and requirements for full benefit dual eligibles if their Part D plan does not cover the medication:
    - Coverage: aspirin, acetaminophen, sodium bicarbonate tablets, Miralax (and the generics), artificial tears, sodium chloride tablets, fluoride dental gel, iron supplements
    - Certain prescription vitamins
    - Agents listed in #1 above

5. Compounds must be submitted as a compound via NCPDP version D.0 standards.
    - A payable ingredient must be included in the compound
    - All NDC's submitted must be valid and not discontinued.
    - ND Medicaid must calculate the reimbursement amount total for all ingredients, so 448 ED values have to be the quantity dispensed for each individual ingredient of the compound, while field 442 E7 is the sum of quantities submitted for 448 ED, irrespective of final volume or weight.
    - If an ingredient submitted is not included in the First Data Bank file or does not have a price, the ingredient can either be removed or Submission Clarification

Code 08 can be billed to exclude non-payable ingredients from payment methodology

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) PROGRAM

Effective October 1, 1982, federal financial participation (FFP) was terminated under Medicaid for drugs that the FDA determined to be less than effective (LTE). In reviewing these LTE and identical, related and similar (IRS) drugs, the Secretary of Health and Human Services determined there was not a compelling justification for their medical efficacy; therefore, they are not covered or payable.

The active ingredient and the route of administration are the major controlling factors regarding the FDA's less-than-effective-drug determinations.

The DESI indicators are now reported to the state quarterly on a drug rebate tape from CMS and may change for any particular drug from quarter to quarter. CMS defines the DESI/IRS drugs as a code 2, 3, 4, 5 or 6 and those definitions are as follows:

Code 2 - DESI/IRS Drugs are determined to be safe and effective

Code 3 - DESI/IRS Drugs are under review

Code 4 - DESI/IRS LTE Drugs for some indications

Code 5 - DESI/IRS LTE Drugs for all indications

Code 6 - DESI/IRS LTE Drugs withdrawn from the market

The North Dakota Medicaid program pays for the Code 2 and 3 drugs. The Code 4, 5 and 6 drugs are considered DESI/IRS less-than-effective-drugs and are non-payable.

See the following links for information –
https://www.fda.gov/drugs/enforcement-activities-fda/drug-efficacy-study-implementation-desi
https://eohhs.ri.gov/ProvidersPartners/ProviderManualsGuidelines/MedicaidProviderManual/Pharmacy/DESIDrugList.aspx

MANUFACTURER/LABELER DRUG REBATE AGREEMENT PROGRAM

Medicaid Drug Rebate Program | Medicaid

OBRA 90 requires that pharmaceutical manufacturers have a rebate agreement in effect with CMS for their pharmaceuticals to be reimbursed by Medicaid programs.

Only pharmaceuticals with a labeler code (first 5 digits of an NDC in the 5-4-2 NDC format) included in a rebate agreement are covered by Medicaid. Some pharmaceutical manufacturers have more than one labeler code. Therefore, if a manufacturer wants all products to be reimbursable, the company must include all labeler codes in their rebate agreement with CMS.

Manufacturer rebate payments to the state are based on prescription claims payment data identified by NDC number. The actual NDC number on the package from which the medication is dispensed must be utilized on all pharmacy claims submitted for payment.

Inaccurate records may result in:

- The Medicaid agency billing the wrong manufacturer
- Disputes between the state and the manufacturer in the amount of rebate due
- An audit of the records of pharmacy providers which may result in false claims charges and reversals of payments

Failure to correctly reflect the actual NDC number dispensed may negatively impact revenues generated for the state. Therefore, it is imperative that pharmacists take care to correctly identify the specific NDC number of the pharmaceutical dispensed.

OUT OF STATE PHARMACIES

Pharmacies that are physically located outside of North Dakota and the three bordering states (MT, SD, MN) must fill out a prior authorization to justify the reason that the service is not available in-state. Drugs that have limited distribution and are known to only be available out of the 4-state area are added to a system list and do not require prior authorization. (Effective September 3, 2002)

NORTH Dakota | Human Services
Be Legendary.™

DRUG UTILIZATION REVIEW (DUR) REQUIREMENTS

The Omnibus Budget Reconciliation Act of 1990 (OBRA 90) requires that all state Medicaid programs include a retrospective and prospective drug utilization review (DUR) program for all covered outpatient pharmaceuticals as well as patient counseling. The primary goal of drug utilization review is to enhance and improve the quality of pharmaceutical care and patient outcomes by encouraging optimal drug use. The DUR program must ensure that prescribed medications are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. The Medicaid DUR program includes: retrospective DUR, prospective DUR, and the State DUR Board, as well as patient counseling.

PROSPECTIVE DRUG UTILIZATION REVIEW (PRODUR)

In compliance with OBRA 90 DUR requirements, pharmacy providers must screen each prescription for certain therapeutic problems using the OBRA 90 defined standards at point of sale before each prescription is dispensed.

Pharmacies must use a prospective DUR software database which screens for the therapeutic problems listed in paragraph 1. a - g, below. The pharmacy provider's prospective DUR program must be based upon predetermined standards, consistent with subsection 1927 of the Social Security Act. OBRA requires:

1. A pharmacist using his/her professional judgment shall review the patient record and each prescription drug order presented for therapeutic appropriateness by identifying the following, when possible:

    a. Overutilization or underutilization
    b. Therapeutic duplication
    c. Drug-disease contraindications, where diagnosis is provided by the prescriber
    d. Drug-drug contraindications
    e. Incorrect drug dosage or duration of drug treatment
    f. Drug allergies
    g. Clinical abuse/misuse

2. Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the problem which shall, if necessary, include consultation with the prescriber.

NORTH Dakota | Human Services
Be Legendary.™

ND MEDICAID PRODUR AUDITS

ProDUR audits are performed on all drug claims submitted through the POS system in the response transaction. These are supplemental to, not in lieu of, those required by law to be performed by the pharmacy provider. The ProDUR information provided to pharmacists by North Dakota Medicaid ProDUR audits are based on information from the current claim, from claim history for the same and different pharmacies, and from the member's diagnostic history on medical claims. The medical, clinical, and pharmaceutical information used in POS ProDUR audits are supplied by First Databank.

The following audits are performed:

	Audit	NCPDP Code
a.	Early Refill (Same drug, same pharmacy)	ER
b.	Drug Drug Interactions	DD
c.	Duplicate Therapy Same Drug (Same drug, same or different pharmacy)	ID
d.	Therapeutic Duplication	TD
e.	Medical Disease Diagnosed Contraindicated	MC
f.	Drug Disease Contraindicated	DC
g.	Adult High Dose	HD
h.	Geriatric High Dose	HD
i.	Pediatric High Dose	HD
j.	Adult Low Dose	LD
k.	Geriatric Low Dose	LD
l.	Pediatric Low Dose	LD
m.	Additive Toxicity	AT
n.	Iatrogenic Side Effect (Inferred)	IC

NORTH Dakota | Human Services
Be Legendary.™

DUR OVERRIDE CODES

CONFLICT CODES		INTERVENTION CODES		OUTCOME CODES	
ER	Early refill	**M0**	Prescriber consulted	**1B**	Filled Rx as is
		P0	Patient consulted	**1C**	Filled with different dose
		R0	Pharmacist consulted other source	**1D**	Filled with different directions
				1F	Filled with different quantity
				1G	Filled with prescriber approval

Pharmacists billing via POS are required to evaluate any ProDUR Information that is returned with a claim and intervene appropriately. One from each column are needed to override an alert.

RETROSPECTIVE DUR

The retrospective DUR program involves reviews of patient drug history profiles generated from Medicaid paid claims data. The reviews are based upon predetermined standards consistent with subsection 1927 of the Social Security Act.

The retrospective review of the patient drug history profiles includes evaluation for:

1. Therapeutic appropriateness
2. Overutilization and underutilization
3. Appropriate use of generic products
4. Therapeutic duplication
5. Drug-disease contraindications
6. Drug-drug interactions
7. Incorrect dosage or duration of therapy
8. Clinical abuse/misuse

NORTH Dakota | Human Services
Be Legendary.™

REIMBURSEMENT OF DRUGS

In compliance with 42 Code of Federal Regulations (C.F.R.) 447.512 and 447.514, reimbursement for drugs subject to Federal Upper Limits (FULs) may not exceed FULs in the aggregate.

PROFESSIONAL DISPENSING FEE
In all instances, the professional dispensing fee will be $12.46 (does not apply to Physician Administered Drugs):

- For claims with days supply 28+ days: dispensing fee is paid every claim
- For claims with days supply < 28 days: one dispensing fee will be paid per 28 days
    - May override with NCPDP D.0 Submission Clarification Code of 5 as appropriate (unit of use products, liquids, creams, antibiotics, etc.)

PAYMENT METHODOLOGY

1. For prescribed drugs that are covered by North Dakota Medicaid, including covered OTC drugs, North Dakota Medicaid will reimburse at the following lesser of methodology effective 10/1/2016 (Lesser of a, b, or c).

    a. The usual and customary charge to the public*

    b. North Dakota Medicaid's established Maximum Allowable Cost (MAC) for that drug plus the professional dispensing fee (ND Medicaid's MAC is acquisition cost based)

    c. Current National Average Drug Acquisition Cost (NADAC) for that drug plus the professional dispensing fee
    OR
    If there is no NADAC for a drug, the current wholesale acquisition cost (WAC) of that drug plus the professional dispensing fee.

    *Federal Supply Schedule purchased drugs: Providers are required to use their acquisition cost plus the professional dispensing fee as their usual & customary (Refer to 1a of this section).

2. 340B: Covered entities as described in section 1927 (a)(5)(B) of the Social Security Act are required to bill no more than their actual acquisition cost plus the professional dispensing fee with a clarification code of 20. See payer sheet. Drugs acquired through the federal 340B drug pricing program and dispensed by 340B contract pharmacies are not covered.

   For 340 purchased drugs, ND Medicaid will reimburse at the following lesser of methodology (lesser of a or b)
   a. The 340B MAC pricing (ceiling price) plus the professional dispensing fee, OR
   b. Actual acquisition cost plus the professional dispensing fee

3. Indian Health Service, Tribal and urban Indian pharmacies are paid the encounter rate by ND Medicaid regardless of their method of purchasing (one encounter rate per person/facility per day).

The reimbursement methodologies above also apply to:

1. Drugs not distributed by retail community pharmacies (e.g. long-term care facilities and specialty mail order drugs)
2. Clotting factors from specialty pharmacies, Hemophilia Treatment Centers (HTC), and Centers of Excellence
3. Drugs acquired at Nominal Price (outside of 340B or FSS)
4. Physician Administered Drugs (no professional dispensing fee will be paid for Physician Administered Drugs)

COPAYS

There is no copay for any service for North Dakota Medicaid

RECIPIENT LIABILITY

Recipient liability is also known as “excess income” or “spend down.”

Recipient liability is the monthly amount a member must pay toward the cost of medical services before the Medicaid program will pay for services received. It works like a monthly deductible.

Recipient liability is not drug specific, cannot be waived, is not drug dependent, and is not a copay. Recipient Liability is applied to the first claims* billed each month (whether medical or pharmacy) and must be paid down before they become eligible for Medicaid benefits.

For POS claims, at the time a prescription is billed to the state via the Point-of-Sale (POS) System, any recipient liability remaining is applied immediately to that claim and is due and payable at that time. Recipient liability is immediately updated by each claim (whether medical or pharmacy). The weekly remittance advice will reflect that transaction.

If a member does not pick up an ordered prescription that has recipient liability by the end of the next business day, you must reverse the claim to ensure that the recipient liability is applied to other services received by the member. If the member comes to pick up the prescription later, simply rebill and any remaining recipient liability will be applied.

*For persons residing in long term care facilities, recipient liability is not applied to pharmacy claims. The member’s recipient liability is applied against the facility charge, which is received at the end of in the month. In rare cases, the facility charge will be insufficient to satisfy recipient liability. When this happens, the state will recoup payments from the pharmacy which will then have to bill the member or family for any previously paid claims. Payment recoupment will be by claim adjustment by state staff and will be reflected on a remittance advice.

NORTH Dakota | Human Services
Be Legendary.™

THIRD PARTY LIABILITY

For questions regarding Third Party Liability, please call our TPL help desk at 701-328-2347 or e-mail at medicaidtpl@nd.gov.

If other insurance or other responsible party (third party liability, including court ordered insurance) has been identified through the member, the human service zone, the member eligibility verification system (VERIFY), or the Point-of-Sale (POS) system, the pharmacy must collect from the other source of payment prior to billing Medicaid.

The following is the current policy for pharmacy claims with TPL:

A claim will deny for the following instances:

1. If there is no insurance payment indicated on the claim and there is TPL indicated on the state MMIS system.

2. The number of other payers on the claim must match the number of other payers in the MMIS system.

A claim will continue processing for the following instances:

1. If there is an insurance payment indicated on the claim and there is no TPL in the state MMIS system. State staff will review these claims, contact the member, and enter the insurance into the system.

2. If there is worker's comp or an accident policy in the state system. State staff will review these claims, contact the pharmacy, and ask them to rebill as appropriate.

If the primary insurance denies a prescription, all options with the primary insurance must be exhausted (appeal for formulary coverage, prior authorization, changing medications to a formulary medication, etc.).

If a pharmacy submits a claim (with false information populated in 431-DV or 352-NQ) that was denied by the primary insurance to Medicaid for payment, that will be considered fraud. Field 352-NQ cannot be populated unless the primary insurance actually processed the claim as a paid claim.

NORTH Dakota | Human Services
Be Legendary.™

ADJUSTMENTS TO PAYMENTS

REVERSALS

Pharmacists may retract any claim that has been paid by submitting an NCPDP reversal transaction. Reversals may be used in many circumstances. Following are some examples:

a. A prescription is not picked up by the member. Pharmacies are expected to reverse claims not picked up within 15 days to ensure accurate dispense dates and drug utilization review edits.

b. Prospective Drug Utilization Review (ProDUR) information provided by the system as a claim was paid results in a prescription not being dispensed or being modified. If modified, the new claim may be submitted at any time after the reversal.

c. An error was made when submitting the claim. A corrected claim may be submitted and processed at any time after the reversal.

d. If you feel an error has been made in payment as shown on your remittance advice, you may correct the error by reversing and re-billing with the necessary corrections

REFUNDS

If you discover that you have been overpaid by Medicaid or CSHS, please call or email Medicaid 701-328-4086 or medicaidpharmacy@nd.gov; or call CSHS 1-701-328-2436.

DENIED POS CLAIM

If a claim has been DENIED for any reason and you think it is payable, you may REBILL via POS, making any needed claim corrections. Examples include:

a. A claim is denied because the Medicaid ID number is invalid. Correct the number and resubmit.

b. A claim is denied because the member is not eligible. If the member later establishes eligibility for the dispensing date, resubmit the claim via POS within the one-year filing limit.

LONG TERM CARE CREDIT

Pursuant to State Medicaid Director Letter #06-005, any drug products that are unused due to a discontinued prescription or to the discharge or death of the member must be restocked by the dispensing pharmacy and credited to the Medicaid program (returns must comply with the North Dakota State Board of Pharmacy rules).

The credit may be made by reversing the original transaction and then re-submitting with the adjusted actual units utilized.

The date of service for a claim cannot be after the date of death. The claim may process and pay if the date of death has not yet been updated in the state eligibility system. Paid claims with a date of service after the date of death will be recouped on audit.

AUTOMATIC REFILLS AND SHIPMENTS

Automatic refills and automatic shipments are not allowed. Medicaid does not pay for any prescription (original or refill) based on a provider's auto-refill policy. Members or providers cannot waive the explicit refill request and enroll in an electronic automatic refill program.

Medicaid does not pay for any prescription without an explicit request from a member or the member's responsible party, such as a caregiver, for each refilling event. The pharmacy provider shall not contact the member in an effort to initiate a refill unless it is part of a good faith clinical effort to assess the member's medication regimen. The possession, by a provider, of a prescription with remaining refills authorized does not in itself constitute a request to refill the prescription.

Any prescriptions filled without a request from a member or their responsible party may be subject to recovery. Any pharmacy provider who pursues a policy that includes filling prescriptions on a regular date or any type of cyclical procedure may be subject to audit, claim recovery or possible suspension or termination of their provider agreement.

NORTH Dakota | Human Services
Be Legendary.™

COORDINATED SERVICES PROGRAM (CSP)

When a member is placed on the Coordinated Services Program (CSP), that member is limited to services provided by the primary CSP providers (pharmacy, dentist, and primary CSP prescriber), or a prescriber with a referral in place by their CSP prescriber and the referral is on file with Medicaid. Providers are made aware they are a CSP provider by a mailed notice.

Claims prescribed by or billed by non-CSP providers will be rejected with a detailed message. Therefore, the only claims payable for a CSP member are those prescribed by the primary CSP prescriber or billed by the primary CSP pharmacy. The only exceptions are prescriptions written by a referred physician or when issued an override by contacting medicaidcsp@nd.gov or 701-328-2346

REFERRAL

If the prescription is not from the CSP prescriber or a referred prescriber, the CSP prescriber must send the referral information to medicaidcsp@nd.gov. The pharmacy can inform the member and the prescriber that the CSP prescriber must send a copy of the CSP referral to the state office. When a referral is verified, the pharmacy will be able to bill for prescriptions written by the referred to provider. It is inappropriate to simply change the prescriber to the CSP prescriber if there is no referral.

NORTH Dakota | Human Services
Be Legendary.™

AUTOMATED VOICE RESPONSE SYSTEM (AVRS)

The North Dakota Medicaid Automated Voice Response System (AVRS) permits enrolled providers to readily access detailed information on a variety of topics using a touch-tone telephone. AVRS options available include:

- Member Inquiry
- Payment Inquiry
- Service Authorization Inquiry
- Claims Status

AVRS Access Telephone Numbers (available 24/7)
Toll Free: 877-328-7098
Local: 701-328-7098

Providers are granted access to the Automated Voice Response System (AVRS) by entering their ND Health Enterprise MMIS issued 7-digit provider Medicaid ID number. A six-digit PIN number is also required for verification and access to secure information. One provider PIN number is assigned to each Medicaid ID number. Providers who have an NPI that is associated with more than one Medicaid ID number must use the PIN number assigned to the Medicaid ID number used to access AVRS.

Touch Tone Phone Entry	Function
*	Repeat the options
9 (nine)	Return to main menu
0 (zero)	Transfer to Provider Call Center (M-F 8am – 5pm CT) –or- Leave voicemail message (after hours, holidays, and weekends)

Callers may choose to exit the AVR system at any point to speak with a Provider Call Center customer service representative. The call center is available during regular business hours from 8am to 5pm Central Time, Monday through Friday, and observes the same holidays as the State of North Dakota. Providers may also elect to leave a voicemail message at any time when the call center is not available. Except during heavy call times, provider voice mail messages will be responded to in the order received on the following business day during regular business hours.

AVRS Options	Secondary Selections
Option 1: **Member** **Inquiry**	Callers may select any of the following options: ▪ Eligibility/Recipient Liability ▪ Primary Care Provider (PCP) ▪ Coordinated Services Program (CSP) enrollment ▪ Third Party Liability (TPL) ▪ Vision ▪ Dental ▪ Service Authorizations
Option 2: **Payment**	Remittance Advice payment information is available for the specific time frame entered.

SHS

SHS eligibility information is not available on AVRS. Eligibility for SHS members must be determined by contacting the state SHS office.

BREAST AND CERVICAL CANCER DETECTION

The Centers for Disease Control and Prevention funds a breast and cervical cancer early detection program through the North Dakota Department of Health, known as *Women's Way*. Eligibility information can be obtained by using AVRS.

CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

CHIP benefits are administered by North Dakota Medical Services. Eligibility information can be obtained by using AVRS.

MEDICAID EXPANSION

Medicaid Expansion pharmacy benefits are administered by North Dakota Medical Services.

Please visit the ND DHS Medicaid Expansion Website for information on medical benefit claim processing.

Eligibility information can be obtained by calling 1-844-854-4825. Medicaid Expansion eligibility information is not available on the AVRS system.

MEDICARE PART B COVERED ITEMS

Certain items of durable medical equipment, supplies and drugs are payable by MEDICARE on behalf of members who are eligible for both Medicare and Medicaid. These items include:

- Ostomy & Urologic Supplies
- Wheelchairs
- Crutches
- Canes
- Oxygen Equipment
- Braces (Orthopedic)
- Lumbosacral Supports
- Corsets (Orthopedic)
- Prostheses
- Medically necessary Durable Medical Equipment from a licensed prescriber for use in the home (Purchase & Rental)
- Diabetic supplies, including BG monitors, GB strips, and lancets
- Medicare Part B covered drugs

Billing is accomplished in two steps:

1. First, bill Medicare on CMS 1500 forms or electronically.

2. When the claim has been processed by Medicare, it should automatically cross over to Medicaid for consideration of payment of any deductible and coinsurance amounts that are due.

3. Medicaid will then reimburse for any deductible amount due from the member plus any coinsurance amount due, if any, up to the Medicaid allowable payment, for each item.

3. If you have not received payment within 60 days of billing Medicare, bill electronically or through the web portal. Be sure to include the Medicare payment on the submission. Instructions for adding the Medicare payment are available at: http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-training.html

NORTH Dakota | Human Services
Be Legendary.™

DURABLE MEDICAL EQUIPMENT (DME)

For those pharmacies dispensing Durable Medical Equipment (DME), you are required to comply with everything in the DHS DME Manual.

Covered diabetic supplies (strips, lancets, machines, syringes, pen needles, continuous glucose monitors) are reimbursable using NDC numbers billed as a POS claims, provided the primary insurance also allows POS billing. Medicare Part B claims are not payable through POS.

NORTH Dakota | Human Services
Be Legendary.™

ROUTINE DRUGS, SUPPLIES & DME FOR LONG TERM CARE FACILITIES

Some items are reflected on facilities cost statement as part of their per diem rate and in not payable to pharmacy or other suppliers. Please see the following policies for more information:

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
Skilled Nursing Facilities
Swing Bed Facilities

Pharmacy POS items that are allowed for separate payment

1. Insulin Vials, Pens and Syringes
2. IV and SQ Medications
3. IV Solutions (if medication admixed)
4. Prescription Drugs, except Vaccines as covered under this manual

NORTH Dakota | Human Services
Be Legendary.™

VACCINE AND MEDICAL BILLING

Vaccines are not covered through the pharmacy POS system. They must be billed on a CMS 1500 claim form. Instructions for billing electronically or through the web portal are available at: http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-training.html