

NORTH DAKOTA EMERGENCY MEDICATION ASSISTANCE PROGRAM (NDEMAP) NORTH DAKOTA DEPARTMENT OF HEALTH (NDDoH)

Background

During a disaster, declared or otherwise, usual mechanisms for patients to obtain medications may be disrupted for many reasons, including,

- Lost access to the pharmacy holding the prescription due to
 - Transportation loss;
 - Destruction, access restriction or closure of pharmacy;
 - Patient temporary residence in another city;
- Lost access to financial resources needed to pay for medications;
- Lost access to social service assistance; or,
- Lost access to prescription information (e.g., patient does not have pill bottles).

Some individuals affected by disaster who need additional prescription medication may be eligible to receive the medication free of charge, paid for by the North Dakota Department of Health (NDDoH).

Definitions

- *Approved shelter*
A medical shelter or other shelter for which NDDoH has agreed, in writing, that the department will assume financial responsibility for patient medication payment as a payer of last resort. Not all shelters in North Dakota will necessarily be approved shelters.
- *Dispensing fee:*
The per prescription fee paid to the pharmacy above the wholesale price when NDDoH is the payer
- *Eligible disaster:*
Any event for which NDDoH stands up its emergency operation center, even if not a declared disaster by the state. The status of the Department Operations Center can be determined by calling the Department Operations Center liaison line at (701.328.1326) prior to dispensing. NOTE: Not all declared disasters will be eligible and not all eligible disasters will be declared.
- *Emergency Pharmacy Assistance Program (EPAP)*
This is a federal program which is jointly administered by FEMA and DHHS, unrelated to NDEMAP.
- *Invoice*
A completed form (blank provided by NDDoH) sent from a pharmacy to NDDoH which acts as documentation and invoice.
- *Payment approval*
Verbal approval from the NDDoH Department Operations Center with approver's name documented on the dispensing record/invoice (required for non-shelter settings and exceptional cost drugs).
- *Prescription Drug:*
A drug which cannot be obtained without a prescription. It does not include over-the-counter drugs even if a prescription is written.
- *Wholesale price:*

A list published by NDDoH of wholesale prices which are the reimbursement prices for the drug. These prices should be at or near the current replacement price.

- *Exceptional cost drug*
A drug which exceeds \$400 for a two week supply of medication.

Requirements for NDDoH Reimbursement

1. NDEMAP Activated

When NDEMAP is activated by the NDDoH Department Operations Center, pharmacies can use it for reimbursement of eligible prescriptions. NDEMAP would likely be discontinued when the federal EPAP is activated since the federal program provides for direct FEMA reimbursement to the pharmacy (i.e., does not require NDDoH to submit for FEMA reimbursement).

2. Eligible Pharmacies

The dispensing pharmacy must accept wholesale price plus dispensing fee as full reimbursement for the drug dispensed.

3. Eligible Patients

During an eligible disaster (see definition above), any patient who is either 1) a resident of an approved shelter, or 2) is a resident of a community affected by a disaster would be eligible to receive medication paid for by NDDoH if:

- They are out of medication or have no more than a two day supply;
- They cannot obtain their medication through their usual means;
- They have a valid prescription (see below); and,
- The cost is not covered by insurance and the patient cannot afford to pay for the drug. (The patient will attest to inability to pay on the invoice).

4. Alternate payment source

The dispensing pharmacy must attempt to

- Bill insurance if available and obtain co-pay, if any, from the patient; or
- Obtain entire payment from the patient if the patient is able to pay.

In the event that NDDoH is not charged with any of the cost of the medication, the pharmacy is not restricted to the NDDoH reimbursement rate.

5. Valid prescriptions

For the purposes of payment through this program, a patient will be considered to have a valid prescription if the pharmacist has any of the following:

- A written, electronic or verbal prescription from a provider licensed to prescribe;
- A verbal or faxed verification of prescription from another pharmacy directly to the prescribing pharmacist; or
- A pill bottle

Under this program, a person may pick up medication for someone else unless the prescription is for a controlled substance. If a controlled substance is being refilled, the patient must present identification to demonstrate that they are the person for whom the prescription was written.

A prescription which is recently expired may be filled unless

- It is for a controlled substance; or,
- The original prescription is marked 'no refills.'

6. Generic drugs and disallowed drugs

All prescription drugs are eligible for dispensing except for cosmetic drugs and fertility agents. Pharmacies must dispense a generic drug when available unless "Brand Medically Necessary" is designated on the prescription.

7. When verbal approval is required from the Department Operations Center

- If the individual is not a resident of an approved shelter, the pharmacy must obtain, from the North Dakota Department of Health Department Operations Center (701.328.1326), payment approval (verbal authorization) for each patient at the time of dispensing and the pharmacist must record the name of the approving individual on the invoice. For those individuals who are residents of an approved shelter, a pharmacy may dispense in accordance with NDDoH guidelines laid out in this document without obtaining verbal approval for each patient from the Department Operations Center unless the item is an exceptional cost item.
- When the medication dispensed is an exceptional cost item (the cost of a two week supply of the medication exceeds \$400), verbal approval is required.

8. Completed documentation

Documentation must be completed at the time the patient (or surrogate) requests the medication. NDDoH will attempt to obtain reimbursement through FEMA in declared disasters and this form will provide the information NDDoH needs to submit a FEMA claim. A form provided by NDDoH must be completed and signed by the patient (or surrogate) and pharmacist. This form will serve as the invoice, but pharmacies should retain a copy of the form for their records at least until NDDoH reimburses.

9. Amount dispensed and exceptional cost items

If NDDoH is to be billed for all or part of the cost of the medication, the maximum amount dispensed cannot exceed a two week supply. If the drug is an exceptional cost item (a two week prescription exceeds \$400), NDDoH may, at the time verbal approval is sought, limit the refill quantity to less than a two week supply or deny payment under this program.

Reimbursement rate

If NDDoH is charged the entire cost of the drug, NDDoH will reimburse the dispensing pharmacy at the usual wholesale price (obtainable from the NDDoH website or from the Department Operations Center (701.328.1326)) of the generic drug plus a \$15 dispensing fee for each medication filled. The price list will be derived from a pharmacy wholesaler on a date immediately prior to the onset of the disaster or during the disaster. If insurance pays part of the cost but the patient cannot afford the co-pay, the pharmacy must document the amount covered by insurance, bill insurance and submit to NDDoH a co-pay request. NDDoH co-pay amount will be limited to the wholesale price plus dispensing fee less the amount covered by insurance.¹ If NDDoH is billed for part or all of the cost for the drug by a pharmacy, the pharmacy accepts the wholesale price plus dispensing fee for total reimbursement.

¹ For example, assume a patient receives a drug for which the pharmacy charges \$100; the patient's insurance pays for \$85 dollars, but the patient cannot afford the \$15 co-pay. In this case, if the wholesale price listed by NDDoH is \$75, then NDDoH will only pay up to \$90 total reimbursement (wholesale price plus \$15 dispensing fee). Consequently, in this case NDDoH would only pay \$5 toward the co-pay and the pharmacy must accept \$90 as full payment for the prescription.

NORTH DAKOTA EMERGENCY MEDICATION ASSISTANCE PROGRAM
NORTH DAKOTA DEPARTMENT OF HEALTH (NDDoH)

Date: _____ Name and location of Submitting Pharmacy: _____

Current Patient Location Community (Name): _____
 Shelter (Name and City): _____

Patient Name: _____ Street Address: _____

City and Zip Code: _____ County of Residence: _____

Patient Date of Birth: _____ Sex: _____ Pharmacist's Signature _____

Medications for NDDoH Reimbursement

#	Drug name	Generic Prescribed	Maximum Price (NDDoH List Plus 15%)	Amount Paid by Insurance or Patient	Amount Requested from NDDoH
1		<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
2		<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
3		<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
4		<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
5		<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
6		<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
7		<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
8		<input type="checkbox"/> Yes <input type="checkbox"/> N/A			
Sum of Requested					
Verbal Approval Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		Verbal Approval Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Person Giving Approval:	

Summary of Limitations:

1. Must be an approved disaster (701.328.1326) and patient must be in an approved shelter or from disaster affected city.
2. The pharmacist must sign the form.
3. Patient must be down to two day supply or less.
4. Maximum dispensed amount is 2 week supply without approval from NDDoH (701.328.1326).
5. Exceptional cost drugs and community-living patients require verbal authorization (701.328.1326).
6. Generic must be dispensed if available or unless physician has disallowed.
7. Drugs for cosmetic or fertility use not approved.
8. Maximum reimbursement=NDDoH listed wholesale price+\$15; this must be accepted as full payment.
9. Insurance and patient pay sought first; and patient cannot pay for drug or for co-pay before NDDoH reimbursement.
10. Patient must sign below that they cannot afford to refill the medication

I am requesting assistance because I cannot afford to refill medications. None of the medications I have requested are for fertility or cosmetic treatment.	Patient Signature: _____ 9/14/2021
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