MSA MEDICAL SERVICES ADMINISTRATION

Bulletin

Michigan Department of Community Health

Distribution: Pharmacy 02-02

Issued: November 19, 2002

Subject: Changes in Contact Information
Reporting Prescriber DEA Number

Effective: December 19, 2002

Programs Affected: Medicaid Fee for Service, SMP, MOMS and CSHCS Fee for Service

The attached Pharmacy Manual pages contain information about changes being implemented by the Michigan Department of Community Health's Medicaid pharmacy benefit manager (PBM) First Health Services Corporation. The changes impact how pharmacies and beneficiaries contact First Health, as well as how to complete the Referring Provider field when the prescriber does not have a DEA number.

For complete information on pharmacy billing and required fields please refer to your First Health's Pharmacy Claims Processing System for Michigan Medicaid manual or the FHSC web site [www.michigan.fhsc.com] or call the FHSC Technical Call Line number 1-877–624-5204.

Manual Update

Discard Chapter III, Section 3 and Section 4. Also, discard Chapter III Section 11 page 1 and 2 only.

Insert Chapter III, Sections 3, 4, and 11 page 1 and 2.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30479, Lansing, Michigan 48909-7979 or e-mail ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approval

James K. Haveman, Jr.
Director

Patrick Barrie
Deputy Director for
Health Programs Administration

On July 5, 2000, the Michigan Department of Community Health converted the Program's claims processing system to a point of sale system through a pharmacy benefits manager. The MDCH's contracted Pharmacy Benefits Manager currently is First Health Services Corporation (FHSC).

FIRST HEALTH SERVICES CORPORATION (FHSC)

MDCH currently contracts with FHSC for the Program's pharmacy claims payment [all forms, i.e., paper and electronic] and claims instruction, prior authorization, prospective drug utilization, retrospective drug utilization, clinical consultation, provider enrollment, beneficiary and provider phone lines, and provider audits.

The Michigan Department of Community Health retains all Program decisions for policy, coverage, and reimbursement**.**

FHSC's address, call centers, and web site are:

First Health Services Corporation
4300 Cox Road
Glen Allen, Virginia 23060

Enrollment & Claims Processing Instructions	1-804-965-7619
Clinical Call Center (Prior Authorization):	1-877-864-9014
Technical Call Center (Pharmacies):	1-877-624-5204
Web site:	www.michigan.fhsc.com

The FHSC web site contains:

- First Health's Pharmacy Claims Processing System for Michigan Medicaid
- Department of Community Health Pharmaceutical Product List for Medicaid, CSHCS, and SMP

NOTE: The claims instruction manual is First Health's Pharmacy Claims Processing System for Michigan Medicaid. This will be referred to as the PBM's Pharmacy Claims Processing Instructions. Beneficiaries may call 1-800-642-3195 for questions or concerns.

AUDITS

FHSC contracts with Heritage, Inc. to perform provider audits on behalf of the State of Michigan. Heritage makes recommendations to MDCH based on audit findings. MDCH will determine the appropriate actions to take.

Heritage Information Systems, Inc.
410 W. Franklin Street
Richmond, Virginia 23220
Phone: 1-804-644-8707

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PRESCRIPTION REQUIREMENT

All legend and over-the-counter drugs (OTC) covered by the Program must be dispensed on the written or oral prescription of a licensed prescriber, except for condoms.

PRESCRIBER

Coverage of pharmaceutical products is based on limitations stated in this chapter, the MPPL, and on medical necessity. Determination of medical necessity and appropriateness of service is the responsibility of the prescribing physician/provider (prescriber) within the scope of currently accepted medical practice and the limitations of the Program. Applicable State and Federal laws, rules, regulations, and policies must be observed by the participating providers. The Program may impose additional constraints to reduce misuse.

Scope of Practice

The Program only reimburses for claims prescribed by a licensed prescriber that are within the prescriber's scope of currently accepted medical practice and the limitations of the Program.

Prescriber DEA Number

The pharmacy provider must provide the State of Michigan Prescriber DEA number on the submitted claim. Claims submitted without the Prescriber DEA number in the Referring Provider field will be rejected. Only the pharmacy providers (type 50) submitting pharmacy claims will use the prescriber's DEA number. If the prescriber does not have a DEA number, pharmacies must use ZZ1111119. The DEA number ZZ1111119 must not be used when the provider has a DEA number.

Sanctioned Prescribers

The Program does not reimburse for pharmaceuticals prescribed by providers sanctioned by the Federal Government, the State of Michigan, or for prescribers having a limited or revoked license. A list of sanctioned providers is provided through the MDCH bulletin process, on the MDCH Website and FHSC Website.

PHARMACY CONDITIONS OF PARTICIPATION

A provider who complies with all licensing and regulation laws applicable to the practice of pharmacy in Michigan may enroll as a provider in the Program. Applicable State and Federal laws, rules, regulations, and policies must be observed by the participating pharmacies.

Refer to Chapter I for other conditions of participation.

PHARMACY ENROLLMENT

The PBM will enroll pharmacy providers as type 50 providers on behalf of the State of Michigan and send them First Health's Pharmacy Claims Processing System for Michigan Medicaid. To request an enrollment form, contact First Health Services Corporation:

By Phone: 1-804-965-7619
In Writing: 4300 Cox Road
Glen Allen, Virginia 23060

PHARMACY BENEFITS MANAGER (PBM)

Prior authorizations are processed by the MDCH's contracted PBM. Refer to First Health's Pharmacy Claims Processing System for Michigan Medicaid for prior authorization procedures. Authorization to override denial edits must be obtained from the PBM.

Do NOT use the PBM's Call Centers for:

- Supplies billed by Provider Type 87, including enteral formula administered by tube and total Parenteral Nutrition, since these are only reimbursed to a Medical Suppler Provider Type 87. Contact the Review and Evaluation Division, Prior Authorization Line, at 1-800-622-0276.
- Contact the member's Medicaid Health Plan or Special Health Plan to obtain the plan's policies.

PRIOR AUTHORIZATION REQUIREMENTS

Prior Authorization is required for:

- Products listed with a # in the Michigan Pharmaceutical Product List. Pharmacies should review the information in the remarks, as certain drugs may have prior authorization only for selected age groups (e.g., over 17 years).
- Payment above the Maximum Allowable Cost (MAC) rate on products listed with an **EQ** in the Michigan Pharmaceutical Product List.
- Prescriptions that exceed the Program quantity or dosage limits.
- Medical exception for drugs not listed in the Michigan Pharmaceutical Product List.
- Medical exception for non-covered drug categories.
- Acute dosage prescriptions beyond Program coverage limits for Anti-Ulcer medications.
- To dispense a 100-day supply of maintenance medications that are beneficiary-specific and not on the maintenance list
- Enteral Formulas for Oral Administration.
- Selected pharmaceutical products included in selected therapeutic classes whose products have minimal clinical differences, the same or similar therapeutic actions, the same or similar outcomes, or have available multiple effective generics.

STATE MEDICAL PROGRAM & BENEFICIARY MONITORING PROGRAM

Some beneficiaries of the State Medical Program and Beneficiary Monitoring Program receive service authorization from the local Family Independence Agency caseworkers; however, this authorization does NOT replace pharmacy prior authorization.

GENERAL PROCEDURES

Pharmacies

Pharmacies may call the PBM Technical Call Center for exceptions on:

- Quantity
- Early refills
- 72-hour supply of medication for emergency needs only when the prescriber is not available to obtain P.A.

Pharmacies may call the PBM Clinical Call Center for exceptions on:

- Payment for brand name over the Maximum Allowable Cost (MAC)

Technical Call Center

PBM's Technical Call Center:	1-877-624-5204
Hours:	24 hours per day 7 days a week

Prescribers

Prescribers or their designees may call the PBM's Clinical Call Center for any prior authorization, but must call for any request that falls outside the above four categories.

Clinical Call Center

PBM's Clinical Call Center:	1-877-864-9014
Hours:	8:00 a.m. to 10:00 p.m., M-F, pager after hours
Fax:	1-888-603-7696
Write:	First Health Services Corporation 4300 Cox Road Glen Allen, Virginia 23060

DOCUMENTATION REQUIREMENTS

For all requests for P.A. to override an edit, the following documentation is required:

- Pharmacy name and phone number
- Beneficiary diagnosis and medical reasons why another covered drug cannot be used
- Drug name, strength, and form
- Other pharmaceutical products prescribed
- Therapeutic results of therapeutic alternative medications tried
- MedWatch Form (when requested)