

CHANGE NOTICE FOR MANUAL, NO. 13-07, MEDICAID COVERED SERVICES

DATE: JULY 30, 2007

Manual: Family and Children's Medicaid
Change No: 13-07
To: County Directors of Social Services
Effective: August 1, 2007

I. BACKGROUND

The North Carolina Medicaid Outpatient Pharmacy Program will have changes to sections of Clinical Coverage, Pharmacy Services, effective August 1, 2007. These changes will directly affect MA-3540, Medicaid Covered Services.

This Change Notice further amends MA-3540, Medicaid Covered Services, by adding:

- CAP/Choice and removing references to the CAP/AIDS waiver program which was deleted from Medicaid policy effective January 1, 2007, by Change Notice 01-07.
- The prescription drugs non-covered services list will now include erectile dysfunction drugs and weight loss/weight gain drugs.

II. CONTENT OF CHANGE

A. FOCUSED RISK MANAGEMENT (FORM)

Medicaid recipients requiring more than 11 prescriptions per month are restricted to a single pharmacy each month except for emergencies. Some recipients have clinical indications that warrant more prescriptions than allowed under the monthly prescription limitations. Effective August 1, 2007, DMA will require Medicaid recipients receiving more than 11 prescriptions per month be evaluated as part of a Focused Risk Management (FORM) Program. The recipient's pharmacist will be the facilitator of the FORM process. The pharmacist will coordinate, integrate, and communicate medication regimen discussions with the patient's primary care provider and upon consensus, translate the information to the recipient.

This program prior to August 1, 2007, was known as the Medication Therapy Management (MTM) Program.

B. RECIPIENT OPT-IN (RESTRICTED PHARMACY SERVICES) PROGRAM

Currently, recipients identified under the MTM Program are systematically locked into a single pharmacy. Recipients identified for the FORM program effective August 1, 2007, must *elect* to participate in the opt-in program to receive more than 11 prescriptions per month. Written consent will not be required.

Every 6 months, FORM Program recipients will be systematically removed from the opt-in program when fewer than 12 prescriptions were dispensed in 2 out of the last 3 months, or if fewer than 12 prescriptions were dispensed in the sixth month. The recipient's primary care physician or current pharmacy provider can contact DMA's fiscal agent, Electronic Data Services (EDS), to request changes to the pharmacy opt-in provider.

Under the MTM program recipients who are under 21 years of age, living in a nursing facility or living in an intermediate care facility/mental retardation center are exempt from the single pharmacy opt-in policy. When the FORM program becomes effective August 1, 2007, the exemptions to the restricted pharmacy services opt-in program will expand to include recipients residing in assisted living facilities and recipients residing in group homes.

C. OTHER CHANGES

MA-3540 removes references to the CAP/AIDS waiver program which was deleted from Medicaid policy effective January 1, 2007, by Change Notice 01-07, and adds CAP/Choice.

MA-3540, XXII., Prescription Drugs, Non-Covered Services, will now include erectile dysfunction drugs and weight loss/weight gain drugs.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective August 1, 2007.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-3540, Medicaid Covered Services, pages 3-6, 31, 32, and 53-56.

B. Insert: [MA-3540](#), Medicaid Covered Services, pages 3-6, 31, 32, and 53-56.

If you have any questions, please contact your Medicaid Program Representative.

Mark T. Benton, Director
Division of Medical Assistance

(This policy was researched and written by Steven F. Roberts, Medicaid Policy Consultant,
Medicaid Policy Unit.)