State of



MEDICAL CARE POLICY ADMINISTRATION DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE, MARYLAND 21201

Parris N. Glendening Governor Martin P. Wasserman, M.D., J.D. Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM Pharmacy Transmittal No. 162

Maryland Pharmacy Assistance Program Transmittal No. 41 May 5, 1999

- TO: Physicians Pharmacists
- FROM: Susan Tucker, Acting Director

NOTE: Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.

RE: Coordinated Prospective Drug Utilization Review DEA Number as Medical Assistance Prescriber Identification

As a result of the HealthChoice Program, the system of comprehensive Prospective Drug Utilization Review (Pro-DUR) used to check for potential drug interactions before prescriptions are dispensed is unable to review the complete drug history of recipients enrolled in managed care without duplicate electronic claims submissions by the pharmacist. While Managed Care Organizations (MCOs) are responsible for most drug coverage, prescriptions for the AIDS carve-out drugs and the Specialty Mental Health prescriptions remain the responsibility of the Program and are paid by the Program as fee-for-service. Because pharmacy claims are processed by separate systems, a comprehensive drug review may not always be performed before a prescription is dispensed.

To ensure that Medical Assistance recipients enrolled in managed care receive the best quality of care, the Program contracted with First Health Services Corporation to develop and implement a Coordinated Pro-DUR system that will coordinate drug utilization review on all prescriptions regardless of the pharmacy claims processor (Note: System does not replace good clinical judgment). The system will be phased in, one MCO at a time, beginning June 1, 1999.

One of the requirements of the Coordinated Pro-DUR system is that pharmacies must use consistent data identifiers on all prescriptions for Medicaid recipients whether they are submitted to the Program as fee-for-service or submitted to the pharmacy claims processor of the MCO. Since the Drug Enforcement Administration (DEA) number is commonly used by most third party payers, the Program is converting to DEA number as a means of prescriber identification. Effective May 15, 1999 the Maryland Medical Assistance Program is requiring pharmacies to submit the DEA number in the Medicaid prescriber field as prescriber identification for all prescription claims submitted to the Program.

The Program is working with the Maryland Board of Physician Quality Assurance (BPQA) to update the Medical Assistance provider file for prescribers to include the DEA number. Where the Program is unable to determine the DEA number from the information provided by the BPQA, the Program will send letters to prescribers requesting their DEA number. Since the BPQA does not have information on prescribers outside of Maryland, all out-of-state prescribers will receive letters. The cooperation of the prescriber by promptly responding to this letter is essential for the success of the Coordinated Pro-DUR system.

If the individual prescriber number is not available, Medical Assistance prescriptions written by prescribers in hospitals and clinics can continue to be submitted using the special prescriber codes beginning with the letters, OH and OA respectively. Prescriptions for recipients in nursing homes should continue to be submitted with the special nursing home prescriber codes beginning with NH. Where the prescriber does not have a DEA number, the special unidentified prescriber number assigned by the Program for use May 15, 1999 and later is MD9999999. If a prescriber has a DEA number it MUST be used when submitting the claim.

Questions concerning this transmittal should be directed to the Manager for Pharmacy Services at 410-767-1455.