



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 14 No. 57

December 2004

**TO:** Fee-for-Service Providers of Pharmaceutical Services

**SUBJECT:** Compliance with OBRA Patient Consultation Requirements

**EFFECTIVE:** For pharmaceutical services provided between October 1, 2003, and September 30, 2004.

**BACKGROUND:** Federal and State law and regulations require pharmacists to offer to consult with Medicaid beneficiaries regarding matters which, in the pharmacist's professional judgment, are deemed significant. (See Medicaid Newsletter Volume 2, No. 67 for additional information.)

The New Jersey Division of Medical Assistance and Health Services (DMAHS), uses a certification statement to collect information annually regarding the compliance of pharmacies participating in the New Jersey Medicaid program with "offer to consult" requirements.

**ACTION:** Attached to this Newsletter is the annual certification statement. This statement must be completed and returned to the State **no later than February 15, 2005**. The certification statement applies to pharmacy services provided during the period October 1, 2003, to September 30, 2004, and is intended for informational purposes only. Pharmacies are required to return this statement to:

State of New Jersey  
Department of Human Services  
Division of Medical Assistance and Health Services  
Chief, Pharmaceutical Services  
Office of Utilization Management  
P.O. Box 712, Mail Code #20  
Trenton, NJ 08625-0712  
Attention: PDUR

If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")**



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

**CERTIFICATION STATEMENT**

**Prospective Drug Utilization Review (PDUR)**

**October 1, 2003 to September 30, 2004**

I, \_\_\_\_\_, R.Ph., on behalf  
of \_\_\_\_\_(Pharmacy)

(Provider No.) \_\_\_\_\_, certify that \_\_\_\_\_

(Pharmacy) has consistently offered to consult with Medicaid beneficiaries regarding Prospective Drug Utilization Review (PDUR) matters which, in my professional judgment, were deemed significant in accordance with Section 1927 (g)(2)(A) of the Social Security Act (SSA) and as required under Section 4401 of the Omnibus Budget Reconciliation Act of 1990. In addition, the information provided below describes, to the best of my knowledge, compliance with these requirements.

(1) Percentage of Medicaid beneficiaries accepting patient consultation: \_\_\_\_\_

(2) Percentage of Medicaid beneficiaries refusing patient consultation: \_\_\_\_\_

(3) Percentage of Medicaid beneficiaries served by my pharmacy for whom PDUR matters were deemed insignificant, based on my professional judgment, and to whom no consultation was offered.

**Total:** 100%

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)