



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

NEWSLETTER

Volume 16 No. 11

June 2006

TO: Fee-for-Service Providers of Pharmaceutical Services – For Action
Health Maintenance Organizations – For Information

SUBJECT: Compliance with OBRA Patient Consultation Requirements

EFFECTIVE: For pharmaceutical services provided between October 1, 2004,
and September 30, 2005.

BACKGROUND: Federal law requires 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, available at www.njmmis.com, 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 August 15, 2006**. The certification statement applies to pharmacy services provided during the period October 1, 2004, to September 30, 2005. 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, 2004 to September 30, 2005

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 consultation: _____

(2) Percentage of Medicaid beneficiaries refusing 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)