



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

New Jersey Health Services Program **NEWSLETTER**

---

Volume 2 No. 20

March 1992

---

**TO:** Providers of Pharmaceutical Services,  
Nursing Facilities (In-State and Out-Of-State),  
Intermediate Care Facilities/Mental Retardation,  
State and County Governmental Psychiatric Hospitals, and  
Residential Treatment Centers

**SUBJECT:** Updating the Fiscal Agent Provider File to Reflect a Change  
from one Pharmacy Provider Servicing a Long Term Care Facility  
to a Different Pharmacy Provider or to Reflect a Change in the  
Level of Service Being Provided

**EFFECTIVE:** Immediately

**ACTION:** When a long term care facility changes its servicing pharmacy  
provider, the new pharmacy provider must notify Unisys/Paramax  
so that the provider file of the New Jersey Medicaid Management Information  
System (NJMMIS) may be updated. The following information is required in  
writing:

1. A copy of the agreement between the servicing pharmacy provider and the long term care facility.
2. The provider number of the servicing pharmacy.
3. The effective date of the change in servicing pharmacy provider if not clearly indicated in the agreement between the servicing pharmacy provider and the long term care facility.
4. The name and address of the previous servicing pharmacy provider for the long term care facility.
5. The level of service (i.e., traditional, modified unit dose, 24-hour unit dose).
6. A statement indicating the provision of ancillary computerized services or record keeping for the long term care facility.

**NOTE:** Ancillary computerized services, if provided, include, but are not limited to, continuously updated computerized patient profiles, medication sheets, treatment sheets and physician's order sheets which must be done at least monthly.

To receive proper capitation payments for a change in level of service, the servicing pharmacy provider must notify Unisys/Paramax in writing of the change (for example, traditional to modified unit dose service) and the effective date of the change.

All provider correspondence should be mailed to:

Unisys/Paramax  
Provider Enrollment  
CN 4804  
Trenton, NJ 08650

If you have any questions regarding this Newsletter, please contact the New Jersey Medicaid program, Chief Pharmacy Consultant, at (609) 588-2724.