



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

NEWSLETTER

Volume 4 No. 16

March 1994

TO: Providers of Pharmaceutical Services

SUBJECT: Servicing Pharmacy Agreement

EFFECTIVE: April 1, 1994

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) reimburses pharmacies, which service Medicaid nursing facility residents, a capitation for dispensing prescribed legend drugs. Capitation payments are based on the level of pharmaceutical services agreed to between a servicing pharmacy and a nursing facility. Descriptions of different levels of service and respective capitation rates are described in the Medicaid Pharmaceutical Services Manual (N.J.A.C.10:51-2.7).

ACTION: The New Jersey Medicaid Management Information System (NJMMIS) requires certain information to properly calculate capitation payments for pharmacies which service nursing facilities. This information includes the identity of the pharmacy and the levels of pharmaceutical service being provided. Situations which require that Unisys be notified of a change in the status of pharmaceutical services include:

1. Initiating new pharmaceutical services to a nursing facility.
2. Implementing changes to the level of pharmacy service already being provided.

The Division has prepared a servicing pharmacy agreement entitled "Notification of Pharmaceutical Services in Nursing Facilities." The agreement is attached to this Newsletter and must be completed and returned to Unisys prior to initiating new or changed pharmaceutical services in nursing facilities. In response to a pharmacy's intent to initiate new or changed pharmaceutical services, the agreement will be mailed by Unisys to the notifying pharmacy for completion. The completed agreement and required attachments must be returned to Unisys at the address provided.

NOTE: Completion of the servicing pharmacy agreement will be required by pharmacies initiating new or changed pharmaceutical services in nursing facilities on or after April 1, 1994.

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

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

ENCLOSURE A

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

NOTIFICATION OF PHARMACEUTICAL SERVICES IN NURSING FACILITIES

(SERVICING PHARMACY)

(PROVIDER NUMBER OF SERVICING PHARMACY)
(IF AVAILABLE)

PROVIDER AGREES:

1. To comply with State regulations, in accordance with N.J.A.C. 10:51, Subchapter 2, when providing pharmaceutical services to:

(Nursing Facility)

Nursing Facility Provider Number: _____

2. It shall be the responsibility of the servicing pharmacy to notify the New Jersey Division of Medical Assistance and Health Services of any change in status regarding the provision of these pharmaceutical services described to avoid improper capitation payments.
3. In accordance with N.J.A.C. 10:51, Subchapter 2, Section 2.7(d), the pharmacy identified by this agreement shall provide the Division with information requested below:
- i) A copy of a fully executed agreement between the servicing pharmacy provider and the nursing facility.
 - ii) The effective date of initiating a new or changed pharmaceutical service to:

_____ is _____
(Nursing Facility) (Date)

iii) Level of Service to be provided: (Select One)

- (01) Twenty-Four (24) Hour Unit Dose Services
- (02) Modified Unit Dose Services (i.e., Bingo, Atromick; 30 day supply)
- (03) Traditional Services (i.e., drug vial dispensing)
- (04) Twenty-Four (24) Hour Unit Dose Services and ancillary computerized services
- (05) Modified Unit Dose Services and ancillary computerized services
- (06) Traditional Services and ancillary computerized services

Note: Ancillary computerized services, if provided, shall include, but not be limited to, continuously updated computerized patient profile records medication sheets, treatment sheets and physician order sheets which must be supplied at least monthly.

The completed agreement must be returned by mail to:

Unisys Corporation
Provider Enrollment Unit
P.O. Box 4804
Trenton, NJ 08650-4804