



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

NEWSLETTER

Volume 5 No. 44

August 1995

Applicable to Providers of Newark General Assistance (GA) Pharmaceutical Services

TO: Providers of Pharmaceutical Services

SUBJECT: Implementation of a Pilot Lock-In Program for Beneficiaries Eligible for Pharmacy Coverage by the Newark GA Program

EFFECTIVE: For Newark GA Claims with Service Dates on or after September 1, 1995

BACKGROUND: Residents of the City of Newark who are eligible to receive pharmaceutical coverage by the Newark GA program may currently utilize the services of a pharmacy of their choice to obtain prescribed pharmacy services. For these beneficiaries, the first four (4) positions of the GA identification number consist of the values "5244."

The New Jersey Division of Medical Assistance and Health Services (DMAHS), in cooperation with the Division of Family Development (DFD), recently implemented prior authorization requirements for certain drugs and related products covered by the Newark GA program. These requirements were described in the following Medicaid Newsletters: Volume 5, No. 17, dated March 1995; Volume 5, No. 29, dated May 1995; and Volume 5, No. 43, dated July 1995. These requirements only apply to pharmaceutical services covered by the Newark GA program.

In order to enhance the monitoring efforts currently applied by DFD to ensure the proper utilization of drugs by Newark GA-eligible beneficiaries, DFD, in cooperation with DMAHS, is implementing a pilot pharmacy lock-in program. This pilot program shall only apply to Newark GA-eligible beneficiaries and shall not change current lock-in requirements or the lock-in status of beneficiaries enrolled in similar Medicaid or PAAD lock-in programs.

ACTION: DMAHS, in cooperation with DFD, shall implement a pilot pharmacy lock-in program only for Newark GA-eligible beneficiaries for pharmacy claims with service dates on or after September 1, 1995.

NEWARK GA BENEFICIARY REQUIREMENTS

1. For claims with service dates on or after September 1, 1995, beneficiaries currently eligible for services provided by the Newark GA program and newly enrolled beneficiaries must select a pharmacy of their choice, which shall provide Newark GA-covered pharmacy services for a maximum period of 34 days.

2. Newark GA beneficiaries requesting pharmacy services must complete a Pharmacy Selection Form (GA-61) and submit the completed form to the pharmacy of his/her choice. This form authorizes a pharmacy to dispense prescriptions for a maximum period of 34 days, as indicated on the pharmacy selection form.

3. Newark GA beneficiaries receiving covered pharmacy services must sign a patient certification statement which must be kept on file in the pharmacy. This patient certification shall:

- a. Certify that the service(s) covered by a claim has been received;
- b. Request payment from the Newark GA program for those services made on his or her behalf by a pharmacy; and
- c. Authorize the pharmacy provider to release to the DFD or its authorized agent(s) any information related to claim payments.

4. If the prescription is not dispensed directly to the Newark GA beneficiary, and the claim charge exceeds \$50.00, the person picking up the prescription must provide proof of his or her own identity. Proof of identity shall be limited to either a driver's license, a New Jersey Division of Motor Vehicles identification card, or a Social Security card. Without the required proof of identity, the prescription shall not be dispensed.

SERVICING PHARMACY REQUIREMENTS

1. Pharmacies choosing to service a Newark GA beneficiary must complete and sign the Pharmacy Selection Form (GA-61) received from the beneficiary. A copy of the selection form which authorizes the pharmacy to dispense prescriptions to that GA beneficiary for a maximum service period of 34 days, for services provided on or after September 1, 1995, must be maintained on file by the pharmacy.

It is important to note that the Pharmacy Selection Form must be initially completed by each beneficiary and signed by both the beneficiary and the pharmacist. If the pharmacy does not agree to provide pharmaceutical services, the pharmacist must then return the white copy of the GA-61 to the Newark Municipal Welfare Department, 394 University Avenue, Newark, NJ 07102. The Newark GA program intends to generate a monthly eligibility card which will provide information regarding the pharmacy selected by each Newark GA-eligible beneficiary.

2. Newark GA reimbursement shall be limited to the selected pharmacy. However, in the case of a "medical emergency" requiring services to be provided by a non-restricted pharmacy, prescription coverage shall be limited to a 72-hour supply of medication. A "medical emergency" is defined as a critical illness or injury for which the prompt receipt of a prescription may be crucial to saving life or limb or sparing the beneficiary significant or intractable pain. Claims for emergency services must be submitted as hard-copy claims, and the word "Emergency" must be reported in Field 18 on the MC-6 claim form. Claims for emergency services which are submitted electronically will be denied.

3. The pharmacy must comply with the prior authorization requirements described in the following Medicaid Newsletters: Volume 5, No. 17, dated March 1995; Volume 5, No. 29, dated May 1995; and Volume 5, No. 43, dated July 1995.

4. The pharmacy shall permit properly identified representatives of DFD or its authorized agents to inspect written prescriptions on file and to audit records pertaining to covered persons.

5. Payments for Newark GA-covered pharmacy services reimbursed to a pharmacy without a properly completed and signed Pharmacy Selection Form (GA-61) on file shall be subject to full recovery by the State.

6. Pharmacies must document the driver's license number or Social Security number of individuals other than the beneficiary receiving a prescription of \$50.00 or more on the certification statement. Payments for Newark GA-covered pharmacy services dispensed without a properly signed certification statement, and related information if required, shall be subject to full recovery by the State.

If you have any questions regarding this Newsletter, please contact the Chief, Pharmaceutical Services at (609) 588-2724, or Administrator, Bureau of Program Integrity at (609) 588-3058.

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



CONTROL NO:

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT

PHARMACY SELECTION FORM

Part A

Recipient Name (Last, First)	GA Case Number
I hereby select the pharmacy listed in Part "B" of this form as the only pharmacy that I will use during the period of restriction. I understand that I will be responsible to pay for services if other unauthorized pharmacies are used.	
Signature of Recipient	Date

Part B

Pharmacy Name	Pharmacy Provider Number
Address	Phone No.
I agree to be the sole pharmacy provider for the above-named recipient.	
Signature of Pharmacist or Owner	Date
I do not agree to be the sole pharmacy provider for the above-named recipient.	
Signature of Pharmacist or Owner	Date
<p>NOTE TO PHARMACIST: For non-agreement to provide pharmaceutical services, please return the completed original copy (white) to: Newark Municipal Welfare Department, 394 University Avenue, Newark, NJ 07102.</p> <p>Retain the yellow copy for your profile record and give the pink copy to the recipient.</p> <p>THIS AUTHORIZATION IS VALID FOR 34 DAYS FROM THE DATE OF ISSUANCE</p>	
Supervisor Signature	Issuance Date
GA-81 (Rev. 7/95)	