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Newsletter

Volume 7 No. 62

November 1997

TO: Providers of Pharmaceutical Services

SUBJECT: Reference Guide for Prescription Coverage During POS Service Interruptions

EFFECTIVE: Immediately

PURPOSE: To provide pharmacists with a Quick Reference Guide describing the policies of the Medicaid, General Assistance (GA), Pharmaceutical Assistance to the Aged and Disabled (PAAD), AIDS Drug Distribution Program (ADDP), and Cystic Fibrosis (CF) programs regarding prescription coverage during Point of Sale (POS) service interruptions.

BACKGROUND: In the New Jersey Department of Human Services, Division of Medical Assistance and Health Services (DMAHS) and the New Jersey Department of Health and Senior Services (DHSS), Division of Consumer Support, Newsletter, Volume 7, Number 52, dated August 1997, pharmacists were notified of the State's prescription coverage policy during POS service interruptions. This Newsletter is intended to reiterate these policies by providing a Quick Reference Guide, suitable for posting, to assure pharmacies of the State's intentions to provide prescription coverage and reimbursement during these periods.

ACTION: Please find attached a Quick Reference Guide which reiterates the State's policies regarding prescription coverage during POS service interruptions. Further details regarding these policies and related procedures may be found in the Newsletter, Volume 7, Number 52, dated August 1997.

Please note that State policies described by the attached laminated Quick Reference Guide are the same as those described in detail by Newsletter, Volume 7, Number 52. You are encouraged to post this Guide in a convenient location for quick reference by your pharmacy staff during periods of POS service interruptions.

If you have any questions regarding this Newsletter, please do not hesitate to contact the UNISYS Pharmacy Consultant at (609) 588-6039, or 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
Department of Health and Senior Services

IMPORTANT NOTICE

*****PLEASE POST*****

STATE POLICY DURING A POS OUTAGE

DURING AN OUTAGE OF THE STATE'S POINT OF SALE (POS) CLAIMS PROCESSING SYSTEM, THE FOLLOWING POLICIES AND PROCEDURES SHALL BE HONORED BY THE STATE OF NEW JERSEY

MEDICAID AND GENERAL ASSISTANCE (GA) CLAIMS

- **CONFIRM ELIGIBILITY BY REVIEWING THE ELIGIBILITY I.D. CARD OR CONTACTING THE RECIPIENT ELIGIBILITY VERIFICATION SYSTEM (REVS) AT 1-800-676-6562.**
- **A COPY OF THE ELIGIBILITY I.D. CARD OR A LETTER MAY BE REQUIRED IF ELIGIBILITY CANNOT BE CONFIRMED TO REQUEST A 'GOOD FAITH' PAYMENT.**
- **PRESCRIPTION QUANTITIES SHALL NOT EXCEED A FIVE (5)-DAY SUPPLY.**
- **DISPENSE A FULL PHARMACEUTICAL PACKAGE WHEN SUCH PACKAGES CANNOT BE 'BROKEN.'**
- **PHARMACISTS MUST ENSURE THAT SERVICES RENDERED BY THEIR PHARMACY ARE NOT 'EARLY REFILL' OR 'DUPLICATE' PHARMACY SERVICES. ONLY CLAIMS FOR 'EARLY REFILL' OR 'DUPLICATE' PHARMACY SERVICES RENDERED BY ANOTHER PHARMACY SHALL BE HONORED FOR UP TO A FIVE (5)-DAY SUPPLY (EDITS 828 OR 832). SEE NEWSLETTER, VOLUME 7, NO. 52 FOR FURTHER DETAILS.**
- **WHEN TRANSMITTING OUTAGE CLAIMS AFTER POS OPERATIONS RESUME, DO SO DURING OFF-PEAK HOURS.**

PHARMACEUTICAL ASSISTANCE TO THE AGED AND DISABLED (PAAD), AIDS DRUG DISTRIBUTION PROGRAM (ADDP), AND CYSTIC FIBROSIS (CF) PROGRAM CLAIMS

THE ABOVE PROCEDURES SHALL APPLY TO ALL PAAD, ADDP, AND CF CLAIMS, WITH THE FOLLOWING EXCEPTION:

EXCEPTION: PRESCRIPTION QUANTITIES SHALL NOT EXCEED A 34-DAY SUPPLY OR 100 DOSAGE UNITS, WHICHEVER IS GREATER.