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# Newsletter

Volume 9 No. 53

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**TO:** Providers of Pharmaceutical Services

**SUBJECT:** **Change in CCPED Coverage of Prescription Drugs**

**EFFECTIVE:** Claims with service dates on or after October 1, 1999

**PURPOSE:** To notify providers of pharmaceutical services of a change in prescription drug coverage for the Community Care Program for the Elderly and Disabled (CCPED) program

**BACKGROUND:** The CCPED program was created to provide home and community based services for individuals who would otherwise be cared for in a nursing facility or hospital setting. These services currently include certain transportation services, medical day care, social adult day care, case management, home health agency services, homemaker services, and respite care.

Currently, CCPED does not provide coverage for pharmaceutical services. CCPED beneficiaries are typically eligible for such services from the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program.

**ACTION:** **Effective for claims with service dates on or after October 1, 1999,** the CCPED program will provide coverage for pharmaceutical services. The coverage category "prescribed drugs" will be added as the eighth service reported on CCPED beneficiary eligibility cards.

**Effective September 30, 1999,** PAAD coverage of pharmaceutical services for CCPED recipients will be terminated by the New Jersey Department of Health and Senior Services.

**It is important to note the following:**

**(1) All Medicaid-covered legend and nonlegend drugs are covered by the CCPED program. These drugs include all Food and Drug Administration (FDA)-**

**Approved drugs, insulin, insulin needles and syringes, diabetic testing materials, certain pharmaceutical devices, protein nutritional supplements, and antacids.**

- (2) Drugs not approved by the FDA, including DESI and IRS drugs; drugs used for cosmetic purposes; and drugs manufactured by manufacturers not participating in the Medicaid Drug Rebate Program are not covered by the CCPED program.**
- (3) CCPED-covered drugs are subject to the same prior authorization requirements as Medicaid-covered drugs.**
- (4) CCPED program reimbursement shall be based on the average wholesale price (AWP) of the drug less ten (10) percent, plus a dispensing fee of \$3.73 to \$4.07, or a provider's usual and customary charge, whichever is less. In addition, CCPED will reimburse the maximum allowable cost (MAC) price for covered drugs where applicable.**

If you have any questions concerning CCPED program services, please contact Patricia Burch, Department of Health and Senior Services, at (609) 588-2903. Questions regarding claims, please contact UNISYS Provider Services at 1-800-776-6334.

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