



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

NEWSLETTER

Volume 9 No. 71

November 1999

TO: Providers of Pharmaceutical Services

SUBJECT: Compliance with OBRA Patient Consultation Requirements

EFFECTIVE: Pharmaceutical services provided between October 1, 1998, and September 30, 1999

BACKGROUND: The New Jersey Division of Medical Assistance and Health Services (DMAHS) is required by the Health Care Financing Administration (HCFA) to provide information regarding compliance of pharmacies participating in the New Jersey Medicaid program with Prospective Drug Utilization Review requirements described under Section 1927 (g) (2) (A) of the Social Security Act (SSA) and as required under Section 4401 of the Omnibus Budget Reconciliation Act (OBRA) of 1990. Pharmacists are required to "offer to consult" with Medicaid beneficiaries regarding matters which, in the pharmacist's professional judgment, are deemed significant (See Medicaid Newsletter Volume 2, No. 67, dated December 1992).

ACTION: Attached to this Newsletter is a "Prospective Drug Utilization Review (PDUR) Certification Statement" which the Division is requesting your pharmacy to complete and return to the State **no later than December 1, 1999**. The Certification Statement refers to pharmacy services provided during the period October 1, 1998, to September 30, 1999, and is intended for informational purposes only. Pharmacies are required to return this Statement to:

State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services
Chief, Pharmaceutical Services
Office of Health Service Administration
P.O. Box 712, Mail Code #20
Trenton, NJ 08625-0712
Attention: PDUR

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

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



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

CERTIFICATION STATEMENT

Prospective Drug Utilization Review (PDUR)

October 1, 1998 to September 30, 1999

I, _____, R.Ph., on behalf
of _____(Pharmacy)

(Provider No.) _____, certify that _____

(Pharmacy) has consistently offered to consult Medicaid beneficiaries regarding Prospective Drug Utilization Review (PDUR) matters which, in my professional judgment, were deemed significant in accordance with Section 1927 (g) (2) (A) of the Social Security Act (SSA) and as required under Section 4401 of the Omnibus Budget Reconciliation Act of 1990. In addition, the information provided below describes, to the best of my knowledge, compliance with these requirements.

(1) Percentage of Medicaid beneficiaries accepting patient consultation: _____

(2) Percentage of Medicaid beneficiaries refusing patient consultation: _____

(3) Percentage of Medicaid beneficiaries served by my pharmacy for whom PDUR matters were deemed insignificant, based on my professional judgment, and no consultation was offered. _____

Total: 100%

(signature)

(date)