

Oklahoma Medicaid Pharmacy Update

Pharmacy Help Desk Telephone Numbers 405-522-6205 option 4 or 1-800-522-0114 option 4

OHCA Website www.okhca.org

September 25, 2003

Dear Pharmacy Provider,

In order to allow pharmacy software vendors time to configure the Coordination of Benefit interface, OHCA will suspend the requirement of cost avoidance until October 27th, 2003. During this time, claims for patients with other prescription coverage will pay and return third party information to the pharmacy. This will allow pharmacies time to contact the third party payer on file with OHCA to verify coverage and benefits.

After contacting the third party payer, it may be determined that the coverage on file with OHCA has lapsed or expired. In this case, please forward the information to OHCA so that the TPL files can be updated. You may use the attached form to send TPL information via fax or mail to the OHCA TPL unit.

Section 1902 (a)(25)(D) of the Social Security Act requires that a person who furnishes services and is participating in Medicaid may not refuse to furnish services to an individual eligible to receive such services because of a third party's potential liability for payment for the service.

Flu Vaccine Information*

Following are the current NDC's covered by Oklahoma Medicaid for the 2003-2004 flu season as well as current reimbursement amounts. Please note the proper billing units and bill accordingly.

Medicare covers 100% of the cost of the influenza vaccination, including administration. As Medicaid is the payer of last resort, these vaccinations should be billed to Medicare for patients who have Medicare coverage. Post-payment audits will be performed to verify proper billing and payment for claims which should have been billed to Medicare will be recouped.

NDC Code	Drug Distributor Name	Drug Packaging Description	MLS/ PKG	Correct billing amount/dose	Medicaid reimbursement /dose as of 9/24/2003 (includes disp. fee)
49281037125	AVENTIS PASTEUR	SYRINGE	0.25	0.25	\$17.35
49281037211	AVENTIS PASTEUR	SYRINGE	0.5	0.5	\$16.65
49281037215	AVENTIS PASTEUR	VIAL	5	0.5	\$13.50
66521010601	EVANS VACC.LTD	SYRINGE	0.5	0.5	\$16.52
66521010610	EVANS VACC.LTD	VIAL	5	0.5	\$13.36

Thank you for your continued service to Oklahoma's Medicaid clients.

**State Of Oklahoma
Oklahoma Health Care Authority
Third Party Liability Cost Avoidance Information Form**

Recipient ID: _____

Recipient Name: _____

Insurance company name, complete mailing address and phone number:

Policy Number: _____ Group Number: _____

Effective Date: _____ End date: _____

Policyholder's Name and Social Security Number: _____

Relationship of Policyholder to Recipient (i.e. Mother, Father, Spouse, Absent Parent):

Policy Type (i.e. PPO, HMO): _____

Coverage Type (i.e. Pharmacy, Major Medical): _____

**Please fax form to (405) 530-3478 or mail to: OHCA--Third Party Liability
4545 N. Lincoln Blvd., #124
Oklahoma City, OK 73105**