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## **Change to the Beneficiary Management Lock-in Program beginning January 2017**

The North Carolina Administrative Code, 10A NCAC 22F .0704 and 10A NCAC 22F .0104, Session Law 2015-241, Section 12F.16.(l), along with 42 CFR 431.54 and the State Plan Amendment supports the State's development of procedures for the control of beneficiary overutilization of Medicaid benefits which includes implementing a Beneficiary Management Lock-In program. In accordance with Session Law 2015-268, Section 4.4., the lock-in period has been extended to two (2) years and program capacity has been expanded to include all NC Medicaid beneficiaries that meet the inclusion criteria. This change applies to beneficiaries receiving notification letters beginning January 2017. Criteria for inclusion in the Beneficiary Management Lock-In Program are listed in Clinical Coverage Policy No. 9 and below.

A Medicaid beneficiary identified for the lock-in program is restricted to a single prescriber and pharmacy in order to obtain opioid analgesics, benzodiazepines and certain anxiolytics. The beneficiary must obtain all prescriptions for these medications from their lock-in prescriber and lock-in pharmacy in order for the claim to pay. Claims submitted that are written by a prescriber or filled at a pharmacy other than those listed on the lock-in file are denied.

A beneficiary who qualifies for the program shall be notified and locked in for two (2) years after which time they will be removed from the program if they no longer meet the criteria. Once released from the lock-in program, prescription claims continue to be monitored. If a beneficiary meets the criteria again after being released from the program, they will be re-identified for the lock-in program. The beneficiary cannot change their lock-in prescriber or pharmacy without authorization from DMA.

A NC Medicaid beneficiary shall be locked-in to one prescriber and one pharmacy for controlled substances categorized as opiates or benzodiazepines and certain anxiolytics when one or more of the following criteria are met:

1. Beneficiary who has at least ONE of the following:
  - a. Benzodiazepines and certain anxiolytics: greater than six (6) claims in two (2) consecutive months.
  - b. Opiates: greater than six (6) claims in two (2) consecutive months.
2. Receiving prescriptions for opiates and/or benzodiazepines and certain anxiolytics from greater than three (3) prescribers in two (2) consecutive months.

The N.C. Medicaid Program shall reimburse an enrolled Medicaid pharmacy for a four (4)-day supply of a prescription dispensed to a beneficiary locked into a different pharmacy and prescriber in response to an emergent situation. The provider shall be paid for the drug cost only and the beneficiary shall be responsible for the appropriate copayment. One emergency occurrence is reimbursed per beneficiary during each year of the two (2) year lock-in periods. Paid quantities for more than a four (4)-day supply are subject to recoupment. The pharmacy should place a "3" in the level of service field.

Beneficiaries and providers who have questions regarding the lock-in program should contact CSRA at 1-866-246-8505.

### **Flucelvax Rate**

As originally published in the [October 2016 Medicaid Bulletin](#), providers were instructed that the price per dose of the Flucelvax vaccine, CPT code 90674, was \$43.46. This rate of \$43.46 was incorrect and has resulted in overpayment of claims. The correct rate for Flucelvax is \$21.73.

The correct rate for Flucelvax has been entered into NCTracks with an effective date of 09/30/2016.

Providers who administered VFC vaccines, will not see any reimbursement changes.

Claims previously paid at the incorrect rate will be systematically reprocessed by NCTracks at a later date. Additional information, including the timing, will be posted in upcoming Medicaid Bulletins.

### **72-hour Emergency Supply Available for Pharmacy Prior Authorization Drugs**

Pharmacy providers are encouraged to use the 72-hour emergency supply allowed for drugs requiring prior authorization. ***Federal law requires that this emergency supply be available to Medicaid recipients for drugs requiring prior authorization*** (Social Security Act, Section 1927, 42 U.S.C. 1396r-8(d)(5)(B)). Use of this emergency supply will ensure access to medically necessary medications.

The system will bypass the prior authorization requirement if an emergency supply is indicated. Use a "3" in the Level of Service field (418-DI) to indicate that the transaction is an emergency fill.

**Note:** Copayments will apply and only the drug cost will be reimbursed. There is no limit to the number of times the emergency supply can be used.

#### **Electronic Cutoff Schedule**

March 3, 2017  
March 10, 2017  
March 17, 2017  
March 24, 2017

#### **Checkwrite Schedule**

March 7, 2017  
March 14, 2017  
March 21, 2017  
March 28, 2017

*POS claims must be transmitted and completed by 11:59 p.m. on the day of the electronic cutoff date to be included in the next checkwrite.*

The 2017 DMA checkwrite schedule is posted under **Quick Links** on the [NCTracks Provider Portal home page](#).

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