



Medicaid Pharmacy News

Dear Providers:

October 4, 2016

CERTIFIED IMMUNIZERS MUST ENROLL WITH MEDICAID

The Affordable Care Act (ACA) requires that all providers who order, refer or prescribe (ORP) enroll with Wyoming Medicaid to meet the new ACA program integrity requirements. These requirements are designed to ensure that all orders, referrals, or prescriptions for items or services for Medicaid clients originate from appropriately licensed practitioners who have not been excluded from Medicare or Medicaid. (42 CFR 455.410(b))

If your pharmacy employs pharmacists who are certified immunizers, those individuals must enroll with Wyoming Medicaid since they are considered the “prescribing provider” on immunization claims. Pharmacists must complete enrollment with Wyoming Medicaid no later than September 30, 2016.

To enroll with Wyoming Medicaid:

- Access the Wyoming Medicaid enrollment website at: <http://wymedicaid.acs-inc.com/wy/general/providerEnrollmentHome.do>
- Enter your email address and click “Create”.
- Take note of your reference number as you will need to refer to that number if it is necessary to make corrections to your enrollment or when contacting Provider Relations regarding your enrollment.
- Answer “no” to the first question if this is the first time the pharmacist has enrolled as an individual with Wyoming Medicaid.
- Enter the enrolling pharmacist’s NPI number.
- Once the application has been completed, print the supplemental documents, sign (in blue ink) and submit per the instructions.
- The Provider Relations Call Center for this enrollment process is available M-F, 9 a.m. to 5 p.m. MST.
 - 1-800-251-1268, press 2, 1, and 2 to speak to an agent, OR
 - Contact Provider Relations during business hours and request a walk-through of the web enrollment process. Walk-throughs are scheduled M-F between 8 a.m. and 9 a.m. MST.

Important notes:

- The process of enrolling pharmacists is being handled by Xerox whose Provider Relations Call Center contact information can be found above.
- Wyoming Medicaid will continue to reimburse pharmacies for immunization claims as before. Pharmacist enrollment will not change pharmacy reimbursement logic.
- Enrolling pharmacists will be asked to submit an active pharmacist license in order to enroll.
- ***Enrollment is necessary in order to avoid denial of immunization claims in the future. If the “prescribing provider” on the claim is not enrolled with Wyoming Medicaid, the claim will deny for payment.***

SYNAGIS

Please see the attached prior authorization form for Synagis for the 2016-2017 RSV season. The form can also be found at www.wymedicaid.org. No criteria changes have been made from the previous year. Please contact the Change Healthcare Pharmacy Help Desk for further assistance.

FAX completed form to
Change Healthcare
 1-866-964-3472

Wyoming Medicaid – Pharmacy Services Program
MULTIPLE USE**
 PRIOR AUTHORIZATION REQUEST FORM
SYNAGIS*

PHONE:
 (For questions or inquiries ONLY)
 1-877-207-1126

Provider must fill in all information below. It must be legible, correct and complete or the form will be returned.

Client ID #: _____

Client's Full Name: _____ DOB: _____

Prescriber NPI: _____

Prescriber's Full Name: _____ Phone: _____

Prescriber Address: _____ Fax: _____

Pharmacy NPI: _____

Pharmacy Name: _____ Phone: _____

Wyoming Medicaid will approve Synagis* PA requests for clients that meet the guidelines below. Requests will only be approved for a maximum of 5 doses at a dosing interval of not less than 28 days between injections. If the client has tested positive for RSV, further requests for Synagis will not be approved. Claims submitted for a day supply less than 28 days may be subject to recovery.

CLIENT'S GESTATIONAL AGE: _____

MEDICAL NECESSITY DOCUMENTATION (Please check all that apply):

- CHRONIC LUNG DISEASE:** Client is ≤ 24 months of age at start of therapy and has chronic lung disease of prematurity (i.e. bronchopulmonary dysplasia), continues to require medical intervention (chronic corticosteroid or diuretic therapy) or required supplemental oxygen for at least 28 days after birth.
- CONGENITAL HEART DISEASE:** Client is ≤ 12 months of age at start of therapy and has hemodynamically significant congenital heart disease and one or more of the following: (please check all that apply)
 - Is receiving medication to control congestive heart failure
 - Has a diagnosis of moderate to severe pulmonary hypertension
 - Has a diagnosis of cyanotic heart disease
- PREMATURITY:**
 - Client is ≤ 12 months of age at start of RSV season and born at ≤ 28 weeks, 6 days gestational age.
 - Client is ≤ 12 months of age at start of RSV season and born at 34 weeks, 6 days or less gestational age and has either severe neuromuscular disease or congenital abnormalities, either of which compromise handling of respiratory secretions.
 - Client is ≤ 6 months of age at start of RSV season and born between 29 weeks, 0 days and 35 weeks, 6 days gestational age.
- OTHER** (Please include any applicable information including gestational age if client was born premature and does not meet the above criteria): _____

Please indicate if the client has received Synagis² in an inpatient setting. If yes, provide the date(s) of administration and dose:
 No Yes Administration Date(s): _____ Dose: _____

****Please submit (by fax) the same PA form per client per season****

SYNAGIS*	ANTICIPATED ADMINISTRATION DATE	PREVIOUS DOSE ADMINISTRATION DATE	CLIENT'S WEIGHT	POSITIVE RSV TEST IN 2016-2017 RSV SEASON?	PRESCRIBER'S INITIALS
1 st Dose			Lbs oz		
2 nd Dose			Lbs oz		
3 rd Dose			Lbs oz		
4 th Dose			Lbs oz		
5 th Dose			Lbs oz		

Prescriber Signature: _____ Date(s) of Submission: _____
 *MUST MATCH PRESCRIBER LISTED ABOVE 1st DOSE 2nd 3rd 4th 5th

American Academy of Pediatrics-Website: <http://aapredbook.aappublications.org/cgi/content/full/2009/1/3.110>