

Medicaid Pharmacy Administrators State Report

STATE:

South Carolina

Time Period: *(specify CY 2012, SFY 2012, or SFY 2013)*

SFY 2012

State Medicaid Program Overview

Total # of Medicaid Eligibles *(unduplicated)*

881,305

Total Medicaid Program Expenditures *(annual)*

\$5,086,824,284 (Total DHHS Medicaid Assistance)
\$5,263,280,468 (Total DHHS Expenditures Including Admin)

Medicaid MCO's? *If yes, how many MCO's?*

Yes, Four.

Pharmacy Carve-Out from Managed Care?

No: MCO Model (4).
Yes: Medical Home Network: 4.

of FFS Unduplicated Recipients of Rx Services

384,671

Drug Program FFS Expenditures *(annual)*

\$213,398,593.01

Total # of Rx Paid Claims *(annual)*

3,873,824

CMS Drug Rebates Collected (including physician-administered drugs, MCO's, ACA expansion) *(annual)*

\$ 130,343,386 (FFS) \$92,199,541 (MCO)

Supplemental Rebates Collected *(annual)*

\$ 12,305,877 (PDL) \$1,137,109 (Diabetic Supplies)

Generic Dispense Rate %

76.3%

Contractor name and the start date/contract period for the following:

Clemson University

1) MMIS

2) Pharmacy Clams Processor/POS

Magellan Medicaid Administration (MMA)
3/19/09-3/18/14

3) MAC Program

MMA 3/19/09-3/18/14

4) Rebates

MMA 3/19/09-3/18/14

5) PDL / Supplemental Rebates

MMA 3/19/09-3/18/14

6) Prior Authorization

MMA 3/19/09-3/18/14

7) Rx claims auditing/Program Integrity

In-House

Prescription Reimbursement

Prescription Co-Payment(s)

\$3.40/Rx or Refill, If Co-Payment Applicable.

Source of Drug File Pricing *(FDB, MediSpan)*

FDB

Reimb. Formula (ingred. cost + disp fee) and reimb. formula's effective date for the following:

For Claims with Date of Service Effective 04/08/2011:
FUL or SCMAC minus 10% plus disp fee of \$4.05;
AWP minus 13% plus disp fee of \$4.05; or Provider's U&C charge.

1) Brands

For Claims with Date of Service Effective July 1, 2011:
(the following change was implemented)
FUL or SCMAC minus 10% plus disp fee of \$3.00; AWP minus 16% plus disp fee of \$3.00; or Provider's U&C charge

2) Generics

Claims w/ Date of Service Effective 4/08/2011:
FUL or SCMAC minus 10% plus disp fee of \$4.05; AWP minus 13% plus disp fee of \$4.05; or Provider's U&C charge.

Claims w/ Date of Service Effective July 1, 2011:

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3) MAC drugs

(the following change was implemented)
FUL or SCMAC minus 10% plus disp fee of \$3.00; AWP minus 16% or WAC + 0.8% plus disp fee of \$3.00; or Provider's Usual & Customary charge

Monthly MAC list determined based on a set proprietary vendor

4) Compounds

Pharmacy providers submitting claims for compounding pharmacy products may bill for compounding services using the online claims adjudication system. The pharmacy provider will use NCPDP Field #474-8E (DUR/PPS Level Of Effort) to enter the appropriate value. The values for this field and resulting compounding fee are:

Value	Number of Min	Compounding Fee
11	15	\$12.50
12	30	\$25.00
13	45	\$37.50
14	60	\$50.00

The compounding fee of \$50/hr. is based on the level of effort of the product compounded. The maximum number of minutes to be billed is indicated in chart below. For dosage forms not included in the chart, pharmacy providers should document actual time spent preparing the compounded product & bill accordingly. No more than 60 minutes of compounding time allowed for any single preparation.

Min	Type of Product/Dosage Form
15	Oral Solutions/suspensions-Combination commercially available Oral Products /Topical Preps " " / Enemas
30	Suppositories/Compounded Capsules/Topical Preps containing Components NOT Commercially Avail in Topical Formulation
Min	Type of Product /Dosage Form
45	Oral Liq Containing Comp NOT Commercially Avail in Oral Formulation/Ophthalmic Preps/Chemotherapeutic Topical Agents
60	Sterile Injectable Preps

None.

5) Other Reimbursement Formulas *(e.g., specialty, 340B, mail order, large volume pharmacy)*

Descriptions of Programs/Benefit Designs Within Medicaid Pharmacy Program *(If State has programs that are listed or additional programs, respond "yes" and include brief descriptions. If more space is needed, overflow automatically continues down & over to next page)*

Monthly Rx Limits

Days' Supply
(e.g., for routine meds, maintenance meds, other)

31 day supply.

OTC

No special limits for OTC's.

Supplies/DME
(Coverage through pharmacy program? POS? Rebates?)

Yes, through POS and DME. Rebates available via POS. SC Medicaid DHHS Diabetic Supplies Preferred List includes diabetic meters and strips products that are available without PA. Program details may be found at:

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		http://southcarolina.fhsc.com/providers/dmedocuments.asp	
Prior Authorization		South Carolina Medicaid's PA program, administered by MMA, is comprised of a clinical PA process as well as a non-clinical PA process. Details may be found at: http://www.dhhs.state.sc.us/internet/pdf/manuals/pharm/SECTION%202.pdf	
PDL		PDL program administered by MMA, SC's PDL may be found at: http://southcarolina.fhsc.com/providers/pdl.asp	
P&T Committee		Composed of 15 members (11 physicians and 4 pharmacists.) All must be Medicaid Providers. They are appointed for 1-year terms but may continue to serve at the discretion of the Director of the South Carolina Department of Health and Human Services. The P&T decisions are advisory to the Medicaid agency	
DUR Board		Yes. Currently consists of 2 Pharmacists and 1 Physician (1 Physician vacancy). Meets monthly to discuss and review DUR data for assessment and outcomes intervention. Reviewers also include 2 additional Pharmacists).	
e-Prescribing		Yes. Information regarding eligibility, formulary, and medication history is made available to prescribers via Sure Scripts. Frequency of e-prescription submission to pharmacies is monitored using the "Prescription Origin Code" field.	
Academic Detailing		Academic detailing program sponsored, known as "SCORE." (scorxe@sccp.sc.edu .) Program no longer operational.	
Specialty Drugs		Covered as enrolled pharmacies but no special reimbursement.	
Mail Order		Yes, mail order pharmacies may enroll but rarely utilized.	
340B		Yes, but no increase in dispensing fee.	
Lock-In		Yes, The purpose is to address issues of coordination of care, patient safety, quality of care, improper or excessive utilization of benefits and potential fraud and abuse associated with the use of multiple pharmacies and prescribers. If beneficiaries meet the lock-in criteria established by SCDHHS, they will be placed in the Medicaid Lock-In program for one year to monitor their drug utilization	
Other		Quantity Limit & Dose Optimization	