DATE: May 12, 2007   **NUMBER: 08-07**

TO: ALL PHYSICIANS, HOSPITALS, AND PHARMACY PRESCRIBERS
                 PARTICIPATING IN THE NEW MEXICO MEDICAID PROGRAM

FROM: CAROLYN INGRAM, DIRECTOR

THROUGH: ROBERT STEVENS, BUREAU CHIEF, BENEFITS BUREAU

BY: JULIE MCKEAY, PHARMACY PROGRAM ADMINISTRATOR

SUBJECTS: I.   RECIPIENT CHANGE OF ADDRESS FORMS
**   II.   NATIONAL PROVIDER IDENTIFIER**
**   III.   TAMPER-RESISTANT PRESCRIPTION PADS**

This supplement contains important information for Medicaid providers. In addition to providing information on how to facilitate Medicaid recipients filing a change of address, there is information intended to act as a reminder about two recent federal requirements.

I. MEDICAID RECIPIENT CHANGE OF ADDRESS FORMS

A Medicaid recipient may change addresses and fail to notify the Human Services Department. An outdated address for a Medicaid recipient may make it more difficult to resolve issues associated with recipient eligibility or to provide the best service to the recipient and the provider.

During the office or facility intake or check-in process, a provider will often ask the patient to verify the current address. If a recipient says that the address has changed, it will benefit everyone involved if you can remind the recipient to notify the county Income Support Division (ISD) office of any address change. Attached is a form you can copy and give to the recipient to assist in notifying the Department of a change of address.

II. THE PRESCRIBER'S NATIONAL PROVIDER IDENTIFIER (NPI) MUST BE INCLUDED ON THE PHARMACY CLAIM

Pharmacists are required to enter the prescriber's NPI number on the pharmacy claim form. Please indicate your NPI on your prescription orders. Failure to supply your NPI on the prescription may result in a delay in your patients having their prescriptions filled.

III. PRESCRIPTIONS ON PAPER MUST BE WRITTEN ON TAMPER RESISTANT PRESCRIPTION PADS

Effective April 1, 2008, at least one tamper resistant prescription feature is required for paper prescriptions for fee-for-service Medicaid recipients. Effective October 1, 2008, prescription orders must have all three features.

Faxed, telephoned prescriptions and e-prescribing methods are considered tamper resistant and are not affected by the new requirements.

Characteristics of Tamper Resistant Prescriptions

Features	Examples
1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form.	- Pantograph screen displays background graphic (e.g. VOID) when copied - Holograms on the face of the prescription
2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription.	- Uniform background color in a standard background ink, such as blue or green, that shows when erasures or modification have been attempted - Chemical void preventing alteration by chemical washing. Exposure to ink solvent (e.g. Acetone) will cause "void" patterns to appear or cause the appearance of a heavy stain
3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.	- Paper with words or symbols that are only seen when turned at an angle or paper that uses water marks - Anti-copy coin-activated will display security message when rubbed with a coin (on reverse of prescription) - Watermark with vendor-specified wording or design in background

We appreciate your participation in the Medicaid program.

Should you have any questions on this information, please contact the Medical Assistance Division at (505) 827-3171.

Report changes to your caseworker.
Si, se puede reportar cambios a su trabajador(a).

Local County Office Pho[ne]
Oficinas locales de servi[cio]

NE Bernalillo:	(505) 841-9650
NW Bernalillo:	(505) 841-7700
SE Bernalillo:	(505) 383-2600
SW Bernalillo:	(505) 841-2300
Chaves:	(505) 625-3000
Cibola:	(505) 287-8836
Colfax:	(575) 445-2308
Curry:	(575) 762-4751
East Doña Ana:	(575) 524-6568
West Doña Ana:	(575) 524-6500
South Doña Ana:	(575) 882-5781
Eddy/Carlsbad:	(575) 885-8815
Eddy/Artesia:	(575) 748-3361
Grant:	(575) 538-2948
Hidalgo:	(575) 542-3562
Lea/Lovington:	(575) 397-3400
Luna:	(575) 546-0467
Lincoln:	(575) 378-1762
McKinley:	(505) 863-9545
Otero:	(575) 437-9260
Quay:	(575) 461-4627
Rio Arriba/Los Alamos:	(505) 753-2271
Roosevelt:	(575) 356-4473
Sandoval:	(505) 867-3357
San Juan:	(505) 566-9600
San Miquel/Mora/Harding:	(505) 425-6741
Santa Fe:	(505) 827-1932
Sierra:	(575) 894-3011
Socorro/Catron:	(575) 835-0342
Taos:	(575) 758-8804
Torrance:	(505) 832-5026
Guadalupe/De Baca:	(575) 472-3450
Union:	(575) 74-9401
Valencia (Los Lunas):	(505) 222-0800
Valencia (Belen):	(505) 864-5200
Tierra Amarilla:	(575) 588-7103

If you need more information:

Call 1-800-432-6217 or visit the Human Services
Department's website at:
http://www.state.nm.us/hsd/isd.html

Human Services Department is an equal opportunity provider.
SPECIAL NEEDS INFORMATION - If you are a person with a disability and y[ou]
accommodation to participate in any public hearing, program or services, please
through the New Mexico Relay System TDD at 1-800-659-8331. The Departmen[t]
formats and special accommodations. (04/23/01)
ISD III Revised 11/19/07

ADDRESS CHANGE REPORT/REPORTE PARA CAMBIO DE DIRECCIÓN

If you have a change of address complete and send to your caseworker./Si tiene un cambio de dirección llene este forma y enviará a su trabajador(a).

FIRST NAME/NOMBRE   LAST NAME/APELLIDO   CASE NUMBER/NUMERO DE CASO   DATE OF CHANGE/FECHA DE CAMBIAR

PHYSICAL ADDRESS/DIRECCIÓN FISICO   CITY/CIUDAD   STATE/ESTADO   ZIP/CODIGO

MAILING ADDRESS/DIRECCIÓN   CITY/CIUDAD   STATE/ESTADO   ZIP/CODIGO

Indicate any other changes to income, rent/utilities, who lives with you or other. / Indique otros cambios como, de ingresos, renta/ulitarios, quien vive con Ud. o otros:

SIGNATURE/FIRMA   DATE/FECHA   PHONE NUMBER/NUMERO DE TELEFONO

Nếu quý vị cần được giúp đỡ và hiểu thư này, xin liên lạc với nhân viên phụ trách hồ sơ của quý vị tại Văn Phòng Các Dịch Vụ Xã Hội.

Si Ud. necesita esta forma en español comuníquese con su trabajador(a).