Connecticut Department of Social Services
Medical Assistance Program **Provider Bulletin 2023-16**
www.ctdssmap.com **March 2023**

TO: Pharmacy Providers

RE: Expiration of Temporary Effective Period; Claim Submission Requirements for Coagulation Factors

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As an interim measure, and in response to the Governor's declaration of a public health emergency due to the outbreak of COVID-19 (coronavirus), the Department of Social Services (DSS), effective April 4, 2020, temporarily suspended the paper claim submission process for Factor VII, VIII, IX, X, and XIII drugs (PB20-30).

Since April 4, 2020, all anti-hemophilic factor drugs must be submitted electronically via Point of Sale (POS) using the National Council for Prescription Drug Programs (NCPDP) version D.0 format.

As previously communicated in PB20-30, *Electronic claim submission of coagulation factor drugs will be required until DSS has notified providers in writing that the state has deemed COVID-19 to no longer be a public health emergency (the "Temporary Effective Period").*

With the upcoming expiration (May 11, 2023) of the "Temporary Effective Period", the Department is issuing guidance that the submission of anti-hemophilic factor drugs will continue to require the electronic submission via POS using the NCPDP D.0 format for claims with dates of service (DOS) of May 11, 2023 and forward.

Pricing Methodology for Claims Submitted Electronically:

Factor drug claims submitted electronically during the "Temporary Effective Period" and for Dates of Services that occur after the expiration of the "Temporary Effective Period", will continue to be reimbursed using a custom rate. The rate will be calculated from the average of the billing provider's actual acquisition costs (AAC) obtained from invoices submitted during the first quarter of 2020 or using a provider's invoice if a request was made by the provider to update a rate during the "Temporary Effective Period". The custom rate will include the 8% markup previously paid to providers plus a dispensing fee.

If AAC information is not available due to lack of previously submitted paper claims for the specific drug, a percent of Wholesale Acquisition Cost (WAC) will be used to calculate the reimbursement.

Providers who have questions about reimbursement rates may contact Gainwell Technologies Pharmacy Team by email CT.Pharmacyservices@gainwelltechnologies.com.

Please Note: **Anti-Hemophilic Factors**, except for Hemlibra and Sevenfact, are billed so that each **unit** is billed as an each.

A prescription for Kogenate 50,000 units is billed as 50,000 EACH.

A prescription for **Sevenfact**, as previously communicated in PB23-06, should be billed as each **microgram** (MCG).

A prescription for **Hemlibra** is billed so that each **milliliter** (ML) is billed as an EACH. A prescription for an 840 mg dosage of Hemlibra, when dispensing the National Drug Code (NDC) for Hemlibra 105 mg/ 0.7 ml would be billed as 5.6 ml.