STATE OF TEXAS MEDICAID STAR, STAR+PLUS AND CHIP PROGRAM

Amerigroup
Pharmacy Provider Overview

January 4, 2012

Amerigroup

Provider Network Services
CVS Caremark

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Overview and Training Goals

- Pharmacy Network Participation
  - Participation in CVS Caremark networks
  - Other participation requirements
- Understanding the Amerigroup Service Areas
- Claims Submission and Processing Information
  - BIN/PCN/RXGRP and ID Cards
  - Coordination of Benefits/payer sheet information
  - Prescriber NPI
  - Prescription Origin Code
- Benefit Plan Design
  - Copayments and Maximum Benefit
  - Emergency 72-hour override
  - Prior Authorization
- Clinical Formulary
  - Preferred Drug List
  - DUR Conflict Codes and Messages
  - Durable Medical Equipment and Supplies
- Payment
- Contact Information

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Pharmacy Network Participation

Requirements

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Pharmacy Participation in CVS Caremark (Caremark) Networks Serving Amerigroup Texas Members

- Program is effective March 1, 2012
- Amerigroup is one of the managed care organizations that will provide prescription drug benefits to selected State of Texas Medicaid and CHIP plan members
  - Caremark will administer/process claims on behalf of Amerigroup
  - By participating in Caremark's national pharmacy networks, you automatically participate in the pharmacy network Amerigroup will be using for its State of Texas Medicaid STAR, STAR+PLUS and CHIP program members
  - Caremark's national network is CareValue3
  - Other criteria to participate is detailed on the following page

Other Pharmacy Participation Requirements

Even though your pharmacy participates in Caremark's national networks, your pharmacy also must meet the following requirements in order to serve Texas Medicaid STAR, STAR+PLUS and CHIP members:

- Your pharmacy must be in good standing with the Texas Health and Human Services Commission's Office of Inspector General (OIG)
- Your pharmacy must participate in the Texas Vendor Drug Program (VDP)
  - If you currently do not participate in the VDP and would like to apply for participation, please visit the website http://www.txvendordrug.com/providers/contracting-info.shtml to receive instructions on the pharmacy application process

Amerigroup Service Areas

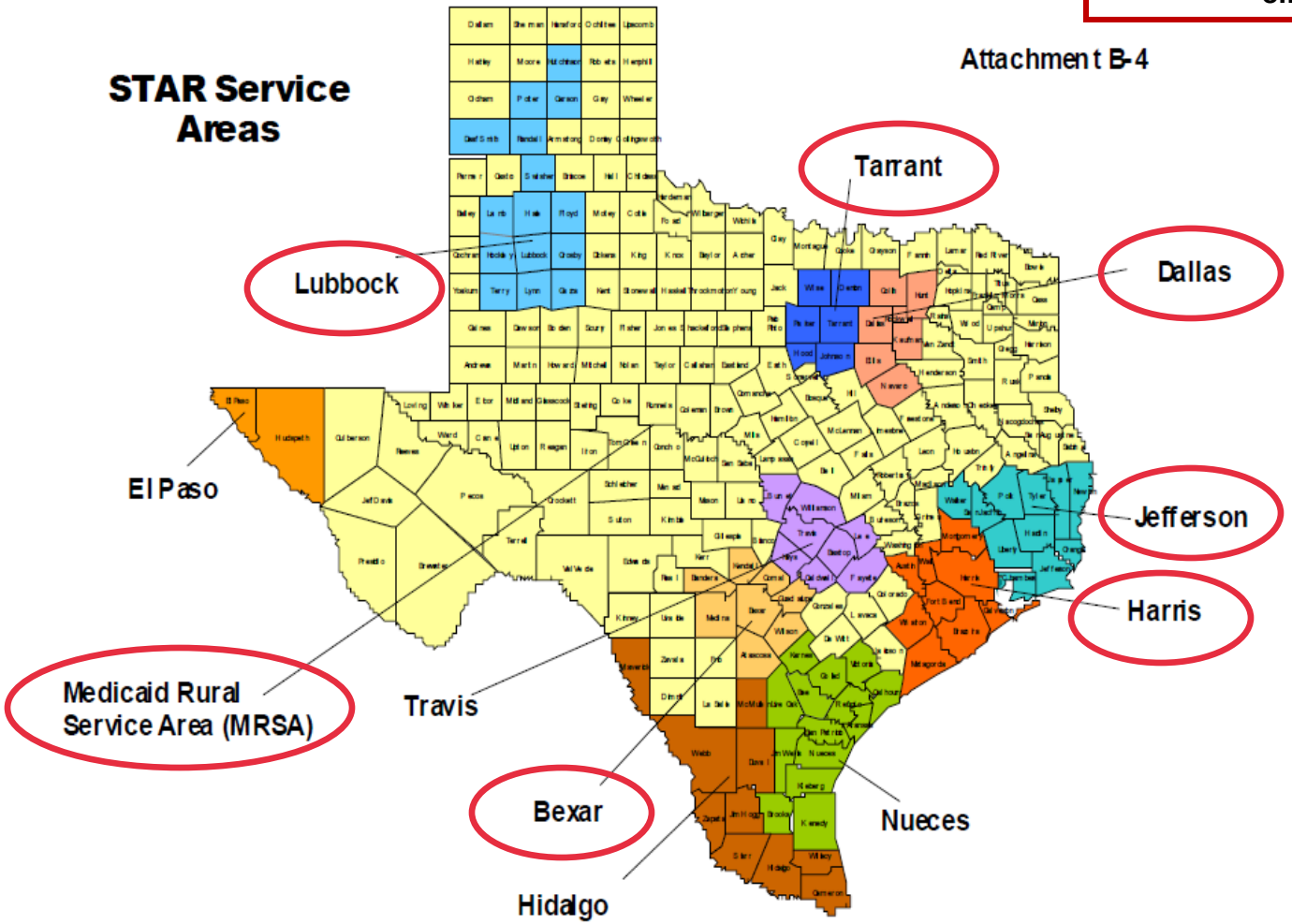
Bexar, Dallas, El Paso, Jefferson, Harris, Lubbock, Tarrant, Travis, MRSA – Northeast, Central, West

Amerigroup RealSolutions in healthcare

CVS CAREMARK

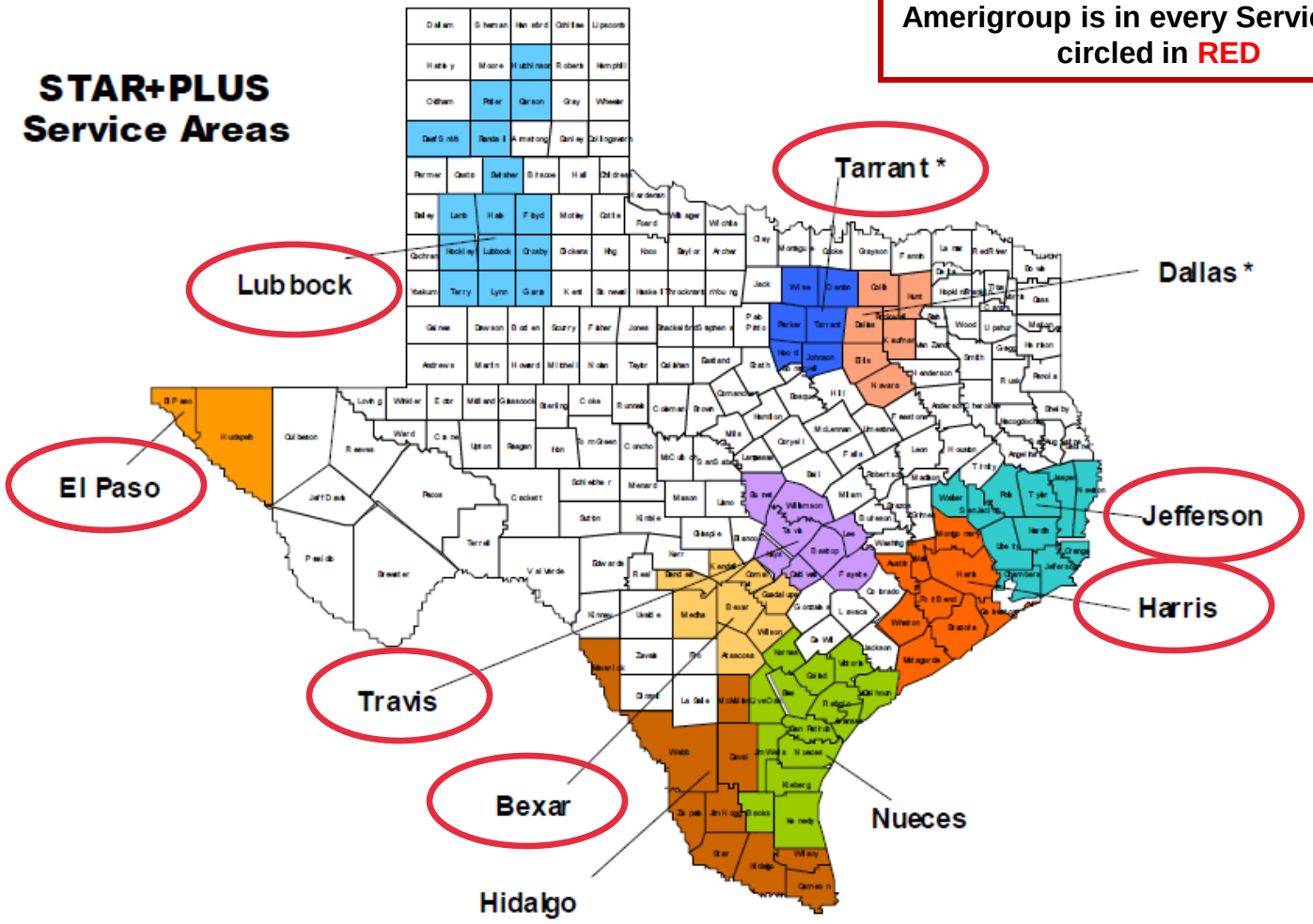
STAR Service Areas

Amerigroup is in every Service Area circled in RED



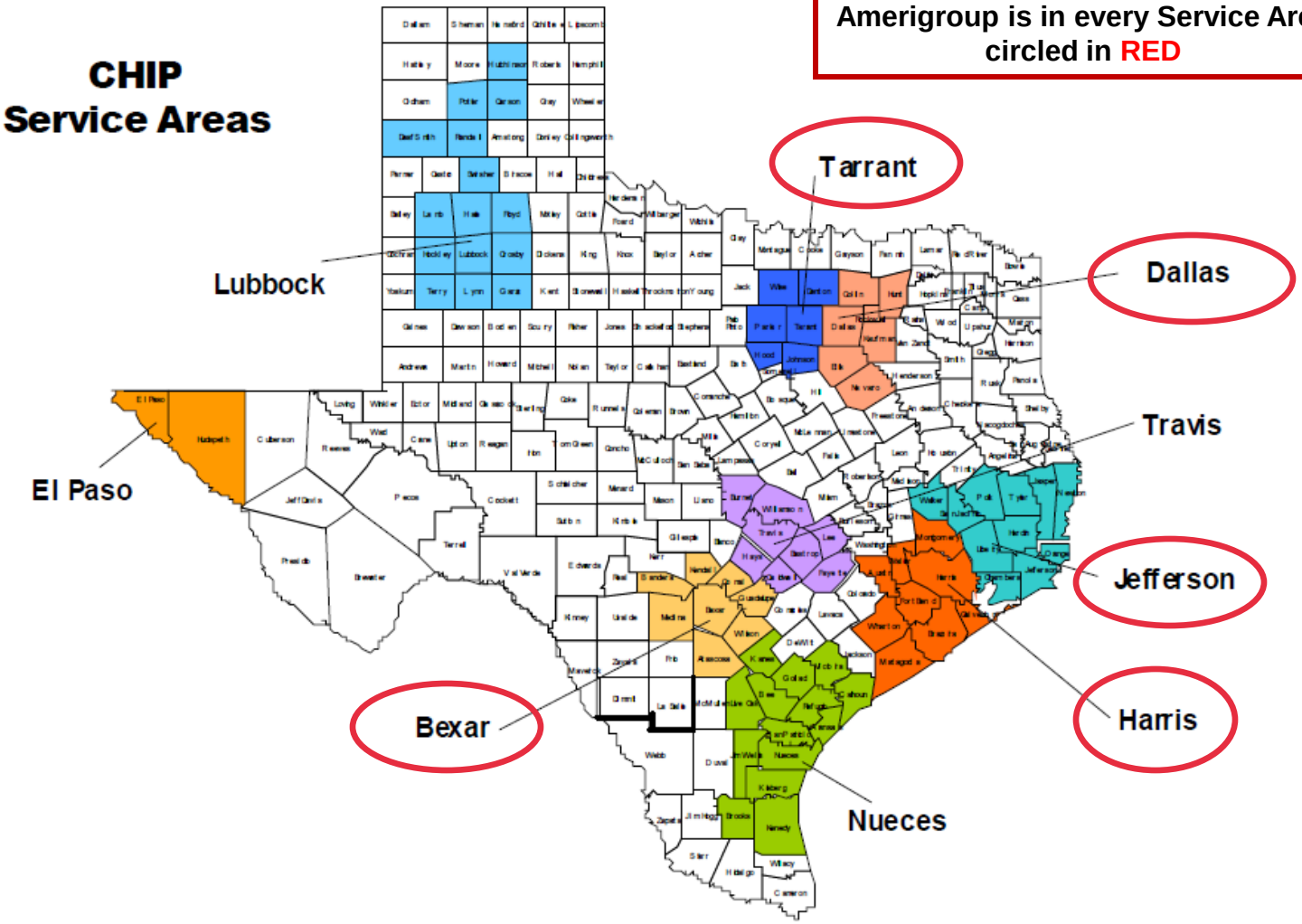
STAR+PLUS Service Areas

Amerigroup is in every Service Area circled in RED



CHIP Service Areas

Amerigroup is in every Service Area circled in RED



HHSC, Health Plan Operations

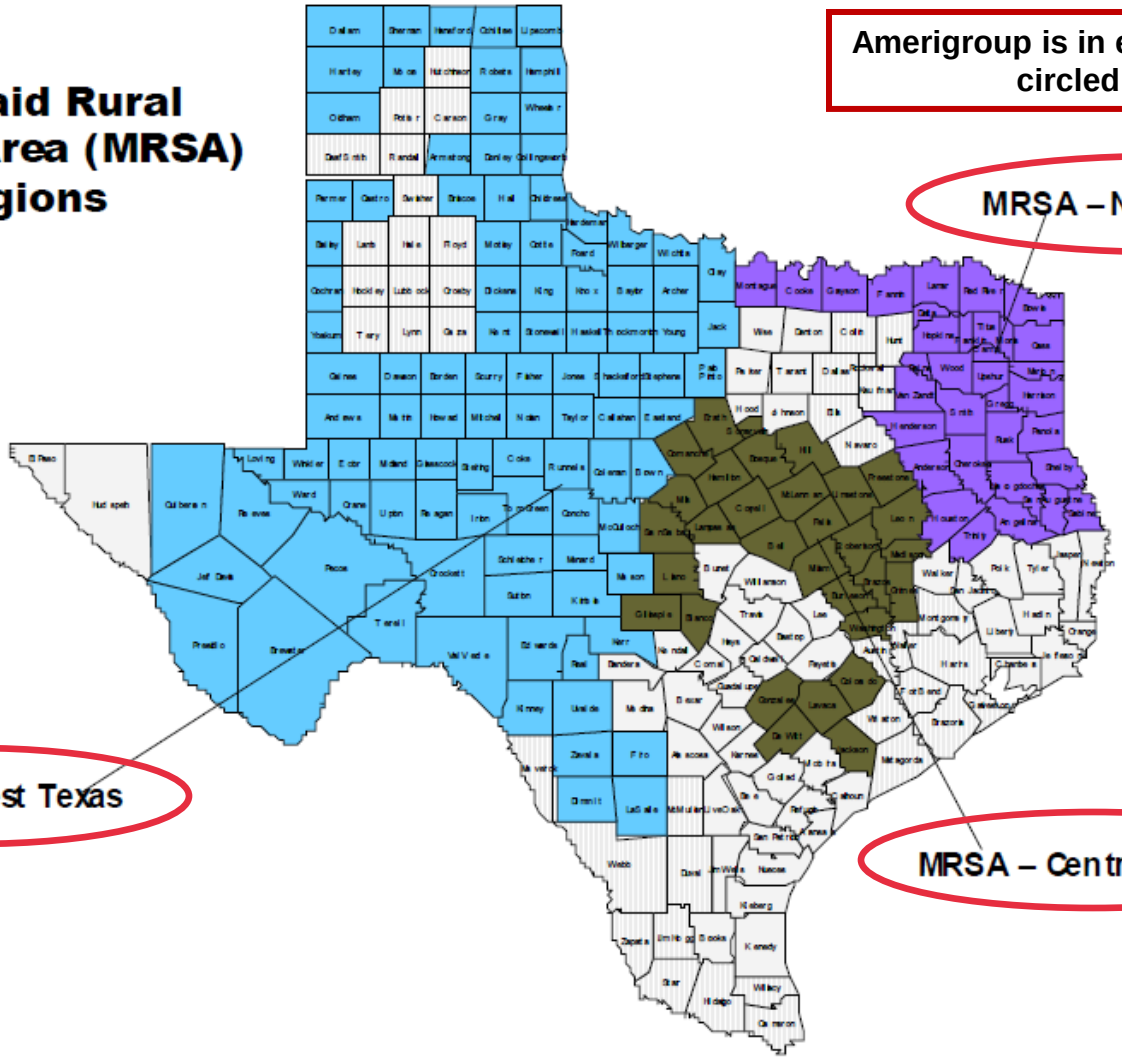
Amerigroup RealSolutions in healthcare

CVS CAREMARK

Medicaid Rural Service Regions

Medicaid Rural Service Area (MRSA) Regions

Amerigroup is in every Service Area circled in RED



MRSA – Northeast Texas

MRSA – West Texas

MRSA – Central Texas

HHSC, Health Plan Operations in healthcare

CVS CAREMARK

Claims Submission Information

Claims Submission Requirements for Primary Claims
Claims Submission Requirements for Medical Claims
Coordination of Benefits
Prescriber NPI
Prescription Origin Code
Eligibility

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Claim Submission Requirements for Primary Claims

- RXBIN: 004336
- RXPCN: ADV
- RXGRP: RX4289
- Other member-level required elements for claims submission:
  - Member ID number
  - Date of Birth
- Sample Amerigroup branded member ID cards for STAR, STAR+PLUS, and CHIP programs will be provided to pharmacies in a notification distributed in early 2012

Claim Submission Requirements for Medical Claims

- Claims for non-pharmacy services will be processed as medical claims, and pharmacies will need to submit the claim to the MCO
- Providers have three options for submitting claims to Amerigroup:
  - Electronic Data Interchange (EDI)
  - Amerigroup website
  - Paper
- Please see Amerigroup's Provider Manual and other tools for details regarding submission requirements (www.amerigroupcorp.com/providers).

Coordination of Benefits

- Online coordination of benefits (COB) is supported
- COB segment is required
- The following information is required when submitting secondary claims:

Claim	RXBIN	RXPCN	Comments	Other Coverage Code
Primary	004336	ADV		
Secondary	013089	AMGSEGADV	OPAP Billing	Ø2, Ø3, Ø4

- COB Payer sheets with additional details are located at www.caremark.com/pharminfo (under downloadable forms and information)
- Remember, Medicaid is a “payer of last resort” which means other forms of insurance coverage (e.g., Medicare Part B or D, commercial insurance, etc.) should be submitted before State of Texas STAR program and CHIP
- Prescriptions reimbursable by Medicare Part D (Medicare Rx) are not eligible for additional reimbursement through Medicaid. There may be wraparound benefits for Medicare members under the Medicaid program
- State of Texas Medicaid STAR, STAR+PLUS and CHIP plan members should always walk out of the pharmacy with their prescribed medications and no out-of-pocket expense*

**Unless the plan member qualifies for a level of coverage with required copayments*

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Other Required Claim Elements – Prescriber NPI

Prescriber NPI

- For all claims, including controlled substance prescriptions, provider must use the prescriber's individual valid and active NPI if the prescriber has an NPI
- Provider must maintain the DEA number on the original hard copy for all controlled substances prescriptions in accordance with State and Federal laws
- Nurses and physician's assistants, etc., must use the NPI of the supervising physician
- Claims submitted without an appropriate, valid NPI will be rejected

Other Required Claim Elements – Prescription Origin Code

- Providers should use the Prescription Origin Code when submitting claims; Original fill Claims submitted without one of the values below will be rejected
- The Prescription Origin Code should be placed in the 419-DJ field, and the following values should be used:

  1 = Written

  2 = Telephone

  3 = Electronic

  4 = Facsimile

  5 = Pharmacy
- The Fill Number should be placed in the 403-D3 field, and the following values should be used:

  Ø = Original dispensing

  1 to 99 = Refill number

Eligibility

- Eligibility Inquiries
  - Pharmacies may submit eligibility inquiries in the NCPDP E1 HIPAA-compliant format and all claims and remittance transactions in the 837/835 HIPAA-compliant format
  - Claim transactions for pharmacy services must be in the NCPDP B1/B2 HIPAA-compliant formats; all others must be in the 837/835 HIPAA-compliant format.
  - Check the plan specific contact list for more further resources
- Newborns
  - A newborn needs an ID to process claims. If one is not provided, you must call 1-800-454-3730 to obtain one.

Benefit Plan Design

Copayments
Emergency 72-hour Override
Prior Authorization

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Copayments and Prescription Maximums Per Month

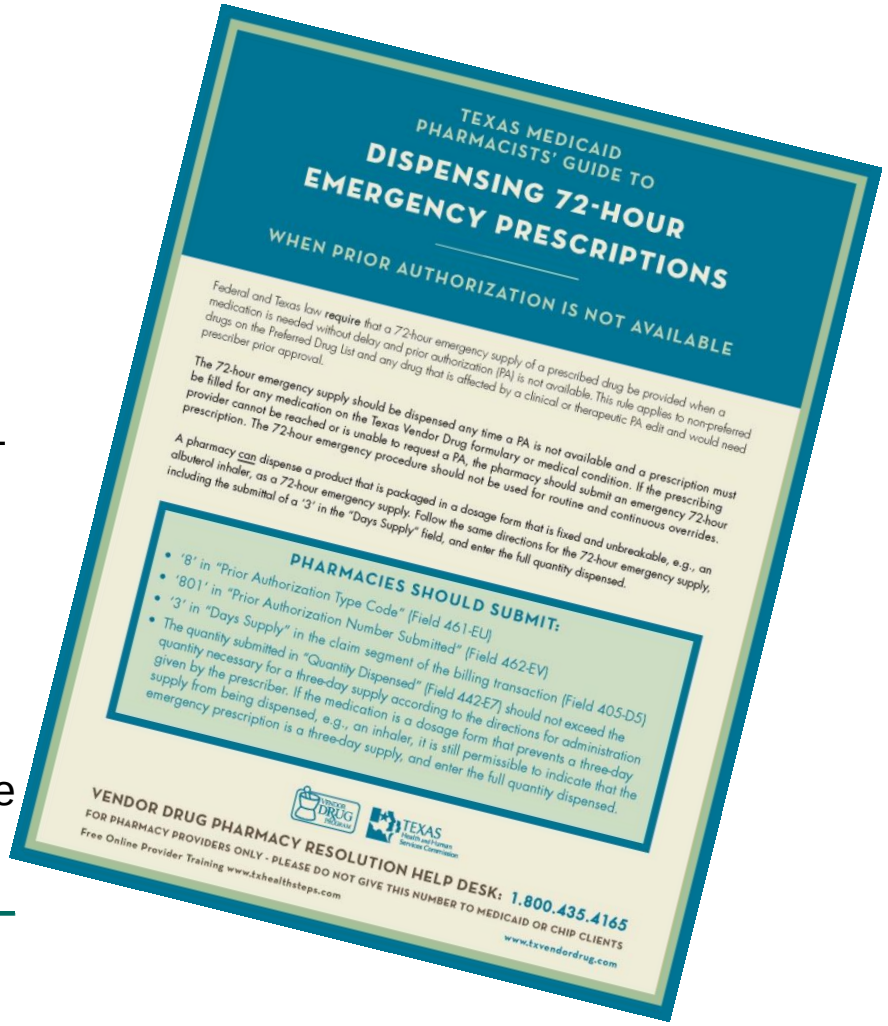
- For Texas Medicaid STAR and STAR+PLUS program
  - There are no prescription drug copayments

- For Texas CHIP*:
  - The following copayments are dependent upon the level of benefit:
    - Generic $0 Brand $3
    - Generic $0 Brand $5
    - Generic $10 Brand $35
  - There are no maximum number of prescriptions

*CHIP Perinates and Chip Perinate newborns do not pay these copays, nor do CHIP members who have met their annual limit.

Emergency 72-hour override

- Federal and Texas law require providers to dispense a 72-hour emergency supply of a prescribed drug when the medication is needed without delay and prior authorization is not available
- Applies to nonpreferred drugs on the Preferred Drug List and any drug that is affected by a clinical PA needing prescriber's prior approval
- The pharmacy should submit an emergency 72-hour prescription when warranted; this procedure should not be used for routine and continuous overrides
- This process is subject to audit
- For further details on the 72 hour emergency supply requests, please use this link to the State VDP website http://www.txvendordrug.com/downloads/72_hr_emergency_prescriptions.pdf



TEXAS MEDICAID PHARMACISTS' GUIDE TO

DISPENSING 72-HOUR EMERGENCY PRESCRIPTIONS

WHEN PRIOR AUTHORIZATION IS NOT AVAILABLE

Federal and Texas law require that a 72-hour emergency supply of a prescribed drug be provided when a medication is needed without delay and prior authorization (PA) is not available. This rule applies to nonpreferred drugs on the Preferred Drug List and any drug that is affected by a clinical or therapeutic PA edit and would need prescriber prior approval.

The 72-hour emergency supply should be dispensed any time a PA is not available and a prescription must be filled for any medication on the Texas Vendor Drug formulary or medical condition. If the prescribing provider cannot be reached or is unable to request a PA, the pharmacy should submit an emergency 72-hour prescription. The 72-hour emergency procedure should not be used for routine and continuous overrides.

A pharmacy can dispense a product that is packaged in a dosage form that is fixed and unbreakable, e.g., an albuterol inhaler, as a 72-hour emergency supply. Follow the same directions for the 72-hour emergency supply, including the submittal of a '3' in the "Days Supply" field, and enter the full quantity dispensed.

PHARMACIES SHOULD SUBMIT:

- '8' in "Prior Authorization Type Code" (Field 461-EU)
- '801' in "Prior Authorization Number Submitted" (Field 462-EV)
- '3' in "Days Supply" in the claim segment of the billing transaction (Field 405-D5)
- The quantity submitted in "Quantity Dispensed" (Field 442-E7) should not exceed the quantity necessary for a three-day supply according to the directions for administration given by the prescriber. If the medication is a dosage form that prevents a three-day supply from being dispensed, e.g., an inhaler, it is still permissible to indicate that the emergency prescription is a three-day supply, and enter the full quantity dispensed.

VENDOR DRUG PHARMACY RESOLUTION HELP DESK: 1.800.435.4165

FOR PHARMACY PROVIDERS ONLY - PLEASE DO NOT GIVE THIS NUMBER TO MEDICAID OR CHIP CLIENTS

Free Online Provider Training www.txhealthsteps.com

www.txvendordrug.com

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Emergency 72-hour override (continued)

If the pharmacy receives a reject for “NDC Not Covered” or “Prior Authorization Required”, and the prescriber is not available, the pharmacy should submit the following information in order to provide the member with an emergency 72-hour supply:

Field Number	Field Explanation	Pharmacy Should Submit
Field 461-EU	Prior Authorization Type Code	8
Field 462-EV	Prior Authorization Number Submitted	801
Field 405-D5	Days Supply	3
Field 442-E7	Quantity Dispensed	Dependent on package size*

*Nonbreakable package sizes should be dispensed in the smallest package size available (see Provider Manual for details)

Prior Authorization

- When a claim rejects with reject code 75:

  <<PAReq MD call 855-656-0363 Fax 866-255-7534>>

- Please call or fax the prescriber with the above information so the prescriber can initiate a prior authorization
  - Please include any supporting medical records that will assist with the review of the prior authorization request. For all requests allow 24 hours to complete the authorization process
- Pharmacist should submit 72 hour Emergency Rx if prescriber not available
- Pharmacies are allowed to fill an emergency 72-hour supply without delay if the PA is not available
- If the PA is:
  - Approved, Caremark will enter the PA and fax the prescriber with the outcome
  - Denied, Caremark will deny the PA and fax the prescriber with the outcome

Clinical Formulary

Formulary Information & Preferred Drug List
Durable Medical Supplies
Comprehensive Care Program (CCP)
Tamper-proof Prescription Pads
E-prescribing
DUR Conflict Codes and Messages

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Formulary & Preferred Drug List

- The Texas Drug Code Formulary covers more than 32,000 line items of drugs including single source and multisource (generic) products
  - Some benefit drug exclusions may apply by plan (e.g. CHIP – Oral contraceptives)
- The Vendor Drug Program only reimburses pharmacy providers for outpatient prescription drugs
- Preferred Drug List
  - Preferred drugs will be available without prior authorization
  - Nonpreferred drugs will require prior authorization
  - Only the prescribing physician or one of their staff representatives can request a prior authorization
  - The Preferred Drug List (PDL) is located at http://www.txvendordrug.com/pdl/ or Epocrates drug information system at https://online.epocrates.com/home
- Partial Fills
  - Partial fill processing is not permitted for Medicaid and CHIP claims

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Durable Medical Equipment and Supplies

- Pharmacies are encouraged to provide some limited Durable Medical Equipment (DME) and medical supplies – such as spacers for inhalers, diabetic test strips, and lancets – to Medicaid STAR; STAR+PLUS and CHIP plan members

- To participate as a DME provider, pharmacies must enroll with the MCO as a DME medical provider and satisfy all the requirements of the Texas Medicaid and CHIP Vendor Drug Program

- DME claims (including CCP claims) will be processed under the medical claim benefit – the pharmacy will need to submit a standard CMS 1500 claim to the MCO

Comprehensive Care Program (CCP)

- The Medicaid Comprehensive Care Program (CCP) can cover medically necessary drugs and supplies that are not available through Vendor Drug for clients from birth through 20 years of age
- Pharmacies must be enrolled as a CCP provider to provide these services
  - Pharmacies that want to enroll in the CCP program should complete an application at tmhp.com. For assistance contact the TMHP Contact Center at 1-800-925-9126, or e-mail TMHP Provider Relations to request assistance from the local TMHP provider relations representative in your area
  - Pharmacies must also contract with the MCO to participate in the MCO's network
- Pharmacies not enrolled with CCP should direct the client to a CCP provider or to the MCO for assistance in locating a CCP provider
- Authorizations for CCP services are handled by the MCO, not Caremark
- CCP claims will be processed under the medical claim benefit and the pharmacy will need to submit a standard CMS 1500 claim to the MCO

Tamper-proof Prescription Pads

- Prescribing practitioners are required to use tamper-resistant prescription paper when writing a prescription for any drug for Medicaid recipients
- This requirement applies to all written Medicaid prescriptions submitted for payment
- The regulation does not apply to prescription orders transmitted to a pharmacy via telephone, fax, or electronically
- The tamper-resistant requirement is only mandatory for prescriptions written for Medicaid clients, it is not a requirement for the CHIP program

E-prescribing

- Providers engaged in E-prescribing must do so in accordance with all applicable State and Federal laws
- Providers are encouraged to utilize E-prescribing practices, the benefits of which include the correct identification of covered, preferred drugs and the subsequent reduction in the need to work with the prescriber to find alternatives
- E-prescribing with “brand medically necessary” requirements:
  - If the pharmacy receives an e-prescription requiring “dispense as written” by the prescriber, there must be a “Brand Medically Necessary” indication in the Notes to Pharmacy field” (usually a free-form text field); although, some systems may use a separate field to choose a reason why the prescription is DAW
  - If an e-prescription is received by a pharmacy with DAW indicated but without the free text message or additional note, the pharmacist must contact the prescriber for a new prescription
  - Pharmacy should enter “1” in “Dispense as Written” (Field 4Ø8-D8)
  - Pharmacy should enter “3” in “Prescription Origin Code” (Field 419-DJ)
  - Failure of the pharmacy to produce electronic records that indicate the proper DAW and “Brand Medically Necessary” in the free text message for the prescription will result in the claim subject to recoupment

DUR Conflict Codes and Messages

- All DUR messages appear in the claim response and pharmacies must view all screens necessary to receive the message detail, and act upon all such messages subject to the professional judgment of the provider
- Caremark, in accordance with current NCPDP standards, returns up to 9 DUR messages that can be received on the same claim and requires Provider to have the capability to accept up to 9 DUR messages on the same claim
- Following are some of the most commonly used DUR conflict codes and messages with corresponding descriptions separated into categories as recommended by NCPDP:

DUR Conflict Codes and Messages		
High Dose (HD)	Excessive Utilization - Early Refill (ER)	Under Utilization – Late Refill (LR)
Drug-Drug Interaction (DD)	Therapeutic Duplication (TD)	Ingredient Duplication (ID)
Drug-Age Precaution (PA)	Drug-Pregnancy Alert (PG)	Drug-Disease Precaution (DC)

Pharmacy Payment and Contact Information

Pharmacy Payment
Contact Information

Amerigroup RealSolutions in healthcare

CVS CAREMARK

Pharmacy Payment

- Pharmacies will receive payment for Amerigroup claims adjudicating as paid on a weekly basis from Caremark in accordance with prompt pay regulations
- Pharmacies will continue to receive their remittance advice (paper) or 835 file (electronic) as they normally do from Caremark
- Amerigroup claims will appear with an RXBIN code that differentiates claims from all other claims appearing in the paper/electronic data
- From time to time, Caremark may adjust paid claims to correct errors, or offset for discrepant claims or other charges for noncompliance and audit-related costs

Contact Information

Reason	Phone Number	Website
Prior Authorization	1-877-440-3621	
Caremark Pharmacy Help Desk (Point of service/ adjudication issues)	1-800-364-6331	www.caremark.com/pharminfo
Amerigroup (eligibility verification)	1-800-454-3730	www.amerigroupcorp.com/providers
Texas Vendor Drug Program (For pharmacy use only, please do not give this number to Medicaid or CHIP clients)	1-800-435-4165	www.txvendordrug.com

Amerigroup RealSolutions in healthcare

CVS CAREMARK