



# Texas Medicaid Vendor Drug Program

Point of Sale

Cost Avoidance and Coordination of Benefits Program

# Coordination of Benefits and the Texas Medicaid Vendor Drug Program

- Medicaid is the payer of last resort.
- Third Party Liability (TPL) Resource
  - Commercial Rx
  - Medicare
  - Champus/Tricare



# What is Changing?

- Pay-and-chase (old)
- Cost Avoidance (new)



- Third Party Liability (TPL)
  - Commercial
  - Medicare
  - Champus/Tricare
- COB Benefits Claims Denial

# What Does This Mean for You?

- **Medicaid claims will no longer pay when a VDP client has a known, active, un-billed other insurance segment.**
- All other insurance must be billed prior to submitting a claim to Texas Medicaid.



# It's All In The Details...



- Before billing Medicaid
  - Ask client if s/he has TPL
- If VDP has Active TPL on Record:
  - Claim will deny if other payor was not billed as primary.
- NCPDP Response Status Segment
  - Field 511-FB (Reject Code): NCPDP 41
    - Bill Processor or Primary Payor
  - Field 526-FQ (Additional Message Information):
    - “Bill Other Payor/s (Payer ID: XXXX, BIN: XXXX, PCN: XXXX, Group: XXXX, Cardholder ID: XXXXX)”
    - If Medicaid does not have one or more of these data elements, a blank value will be returned
    - In the case of Medicare, only the Payer ID will be returned.
      - Part B: MEDPARTB
      - Part D: MEDICARERX

# Next Steps



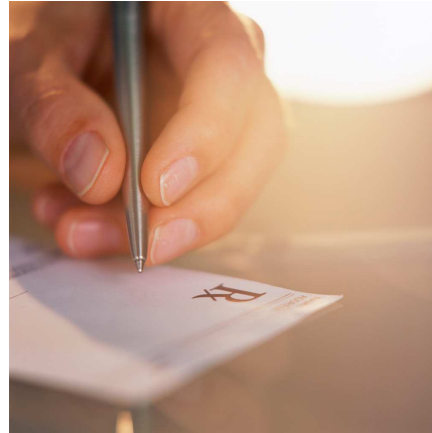
- **After Billing TPL:**
  - If the TPL claim is denied, submit a claim to Medicaid with the TPL payment or denial information
  - If the TPL claim pays, no further action needed
- **Medicare**
  - Texas Medicaid **does not** receive prescription cross-over claims from Medicare
  - No change in Medicare Part D Coordination of Benefits

# Medicaid Client Financial Responsibility

- The combined TPL payment(s) and Texas Medicaid payment are payment in full
- Fees or charges are not to be collected from the client for **claims covered by Texas Medicaid.**
- Texas Administrative Code §354.1875



# Prescription Limits



- Coordination of Benefit claims count towards prescription limits

# Updates to TPL Information



- First, submit the TPL claim
- For policy terminations or corrections:
  - Call the HMS Texas Third Party Support Line
    - 866-389-5594
  - Fax the update request
    - 866-389-6342

# TPL Update Information Requirements

- When calling the Third Party Support Line, please have ready:
  - National Provider ID Number
  - Client Medicaid ID Number
  - TPL Carrier ID
  - TPL Carrier Name
  - Policy Holder Name
  - **Policy Holder SSN**
  - TPL Policy ID Number
  - TPL Group ID Number
  - Group Name

## Texas VDP - TPL Verification Request Form

If you are submitting this request prior to billing or confirmation from the TPL carrier that the information has changed or terminated, please proceed with the billing process before submitting this request to HMS. Attach any denials received from the TPL resource in question. HMS cannot process your request until you have received a denial from the TPL carrier.

Please fill in the required fields as indicated below and as many of the remaining fields as possible. Your request will be processed within three (3) business days. Thank you for your patience and assistance.

Please fax to: 512-XXX-XXXX, Attn: Texas Third Party Support

<b>Provider Information (All Fields Required):</b>	
Date: ___/___/_____	Fax#: _____-____-_____
Provider Name: _____	Contact: _____
NPI#: _____	PH#: _____-____-_____
<b>Medicaid Recipient Information (Medicaid ID # Required):</b>	
Name: _____	DOB: ___/___/_____
Medicaid#: _____	SSN: _____-____-_____
<b>Insurance Information (Insurance Name Required): please check appropriate box</b>	
<input type="checkbox"/> New Info (Policy Holder SSN Required) <input type="checkbox"/> Policy terminated <input type="checkbox"/> Change of policy information	
Insurance Name: _____	PH#: _____-____-_____
Claims Address: _____	
Policy Holder Name: _____	
Policy Holder SSN: _____	DOB: ___/___/_____
Effective Date: ___/___/_____	Termination Date: ___/___/_____
Group#: _____	Policy#: _____
Employer: _____	

THIS FAX IS INTENDED ONLY FOR THE USE OF THE PERSON OR OFFICE TO WHOM IT IS ADDRESSED, AND CONTAINS PRIVILEGED OR CONFIDENTIAL INFORMATION PROTECTED BY LAW. ALL RECIPIENTS ARE HEREBY NOTIFIED THAT INADVERTENT OR UNAUTHORIZED RECEIPT DOES NOT WAIVE SUCH PRIVILEGE, AND THAT UNAUTHORIZED DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS PROHIBITED. IF YOU HAVE RECEIVED THIS FAX IN ERROR, PLEASE DESTROY THE ATTACHED DOCUMENT(S) AND NOTIFY THE SENDER OF THE ERROR.

# Other Medicaid VDP Program and Claim Inquiries



- Medicare-related TPL Inquiries
  - 800-MEDICARE
  - 800-633-4227
- Non-TPL Inquiries
  - Example:
    - Claim Adjudication
    - Prescription Limit
    - Claim Submission
  - Pharmacy Resolution Help Desk
  - 800-435-4165

# In Summary...

- CMS Mandate
- State Fiscal Responsibility
- Good for Pharmacies
- Effective Date: January 20, 2009



# Available Resources

- Medicaid Vendor Drug Program Procedure Manual
- Texas Medicaid Vendor Drug Website
  - [www.txvendordrug.com](http://www.txvendordrug.com)
- HMS Texas Third Party Support Toll-Free Call Center
  - Opens January 20, 2009
  - 1-866-389-5594





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