



Managed Care Provider Training for Pharmacies

The Health and Human Services Commission (HHSC) is hosting a series of provider trainings in the Managed Care Expansion service delivery areas this fall. These meetings will allow HHSC to present information ensuring a successful expansion of the STAR and STAR+PLUS Medicaid managed care programs, **managed care pharmacy benefits**, and Medicaid and CHIP dental managed care. Providers will be given an opportunity to have questions answered relevant to Medicaid services. This will allow providers to make an informed decision on executing contracts with the managed care organizations (MCOs).

Trainings are conducted in select cities across the state up until the week of November 14-18, 2011. There is no cost to attend these half-day sessions, but registration is requested for each individual who will be attending. To register, visit the Medicaid Managed Care Initiatives page, hhsc.state.tx.us/medicaid/MMC.shtml, and click the "Provider Training Calendar." Additional information for pharmacies is also available by clicking the "Medicaid Managed Care and CHIP Pharmacy Benefits" link.

The Managed Care Initiatives page is updated frequently with information about the managed care changes. Resources provided include a calendar of training opportunities, managed care service area maps, presentations, and a list of MCOs and PBMs by service area. Questions about these changes should be sent by e-mail to ManagedCare_Exp2012@hhsc.state.tx.us. ■



Issues When Billing with Prescriber NPI

Vendor Drug began accepting the Prescriber National Provider Identifier (NPI) on all billing transactions on October 12, 2011. Our Pharmacy Resolution Help Desk reported an increase in rejections related to how pharmacies are submitting prescriber identifier numbers.

- Prescriptions written by nurse practitioners, physician assistants, interns, and residents must be submitted using the license number or NPI of the supervising physician.
- If your claim rejects with "M/I Prescriber ID Qualifier" (error code EZ), ensure you are submitting the correct combination of ID number and qualifier in "**Prescriber ID Qualifier**" (Field 466-EZ) and "**Prescriber ID**" (Field 411-DB). Other qualifier values are not supported and will cause the claim to reject.

	Prescriber ID Qualifier	Prescriber ID
State License	Ø8	5-characters
NPI	Ø1	10-digits

If you submit your claim with the NPI but receive "Prescriber Not Covered" (error code 71) or "Non-Matched Prescriber ID" (error code 56), please attempt to resubmit with the state license number. If your pharmacy software does not allow you to submit the state license number, please contact your software provider.

State license and NPI numbers are available at txvendordrug.com. ■



NCPDP D.Ø Testing Continues Until December

Vendor Drug will accept claims in either National Council for Prescription Drug Programs (NCPDP) 5.1 or D.Ø format beginning on December 1, 2011. On January 1, 2012, only NCPDP D.Ø format claims will be allowed. All pharmacy providers, software vendors, and switch vendors are encouraged to submit test claims to ensure compliance with D.Ø transactions. Submission of test claims will be allowed between October 25, 2011, and December 31, 2011. Instructions for submitting test claims and sample cases are at txvendordrug.com. ■

Dispense as Written

Dear pharmacy provider,

Big changes can be stressful, and the shift of Medicaid and CHIP pharmacy benefits to managed care is a big change for everyone: State staff, pharmacists, prescribers, drug manufacturers, and health plans. Before the birth of my first child I remember the doctor telling us that the biggest cause of stress for new parents came from not knowing what to expect, so he encouraged us to take classes and read about the delivery and parenting. Coincidentally, the shift to managed care will take effect March 1, 2012 – nine months after the enacting legislation was passed. I encourage each of you to take the time to learn about the changes that are about to come into our lives.

A good place to start is by visiting the HHSC [Managed Care Initiatives](#) website (see link at left) to learn more about this effort. Learn which health plans and pharmacy benefit managers (PBMs) will be serving Medicaid and CHIP clients in your county. Attend training sessions provided by the health plans to learn how to submit claims, where to call for assistance, and their unique policies/procedures for Medicaid/CHIP clients.

Your pharmacy may already be enrolled with one or more health plans if you have existing contracts with their PBMs. Your PBM contract may extend to all of that PBM's lines of business – with no amendment needed. Review your newly offered and existing contracts with the PBMs in your service area to ensure you understand the terms and conditions. You must be contracted with every PBM to serve every client.

Our primary measure of success for this implementation will be whether we are able to provide needed health care to clients with little/no interruption to their service. We don't want any clients to go without their medications because their health plan does not understand our preferred drug list or because their neighborhood pharmacy is not in-network. Please listen, learn, and ask questions.

We truly appreciate your partnership.

Andy Vasquez

HHSC Medicaid/CHIP Division
 Deputy Director, Vendor Drug Program

Need to Verify Client Eligibility?

Don't forget that Vendor Drug offers two electronic client eligibility verification methods for use by pharmacy staff. These tools will allow you to avoid calling the Pharmacy Resolution Help Desk for eligibility issues answers and are available after hours and on weekends. The Claims section at txvendordrug.com has more information about these great tools. ■

Change in Preferred Status to Ibuprofen Suspension

With implementation of the Preferred Drug List (PDL), July 27, 2011, the prescription version of oral Ibuprofen suspension (liquid) became non-preferred, requiring a Prior Authorization (PA). The OTC version of oral Ibuprofen suspension is preferred and does not require a PA. This does not impact other forms of ibuprofen (e.g., tablets, gels, etc). The 72-hour emergency prescription procedure should only be used after normal business hours when the physician is not available. Unnecessary use of this procedure will be considered an audit exception. ■

How to Contact TMHP Local Provider Reps

Phone numbers for the Texas Medicaid & Healthcare Partnership (TMHP) local provider relations representatives were discontinued earlier this year. Pharmacy providers that have questions (such as billing durable medical equipment or contracting with the Medicaid Comprehensive Care Program) will now need to contact the TMHP Contact Center at 1-800-925-9126 or TMHP-Children with Special Health Care Needs Services Program Contact Center at 1-800-568-2413 to speak to a representative for assistance. If the TMHP Contact Center is unable to fully assist you with your concerns, providers should request to speak directly with their local provider relations representative about in-person visits, in-service training, or claim submission issues. Providers may also e-mail the TMHP Provider Relations mailbox from their Support Services page at tmhp.com/Pages/SupportServices/PSS_contacts.aspx.

Continuing Pharmacy Education

Pharmacies are in a unique position to assist Medicaid clients and provide access to the whole array of pharmacy benefits. The Continuing Education section at txvendordrug.com has more about these and other initiatives:

- **72-Hour Emergency Overrides for PA-Required Drugs**
Federal and Texas law requires a pharmacy to dispense a 72-hour emergency supply of a prescribed drug when a medication is needed without delay and PA is not available. This rule applies to non-preferred drugs on the PDL and any drug that is affected by a clinical PA edit that would need the prescriber's prior approval. Full instructions are available for downloading and displaying in your pharmacy from txvendordrug.com.
- **Free Pharmacist/Tech Continuing Education Credits**
- **Comprehensive Care Program Assists Medicaid Children**
- **Billing for Durable Medical Equipment (DME)/Supplies**

Medicaid/CHIP Vendor Drug Program (H-630)
Texas Health and Human Services Commission
P.O. Box 85200
Austin, TX 78708-5200

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Contacting Vendor Drug

The Pharmacy Resolution Help Desk (**1-800-435-4165**) is available weekdays 8:30 a.m. to 5:15 p.m. for pharmacy providers only. Our website (txvendordrug.com) is available anytime for pharmacies: search for covered products; download the latest Preferred Drug List; identify the Vendor Drug regional consulting pharmacist in your area; and more!

Vendor Drug Fax Numbers:

Main/Pharmacy Resolution.....	512-491-1958
Formulary	512-491-1961
DUR.....	512-491-1962
Lead Regional Office.....	817-321-8064
Contract Management	512-491-1974

Other Important Contacts:

HHSC Client Help Line.....	800-335-8957
Your Texas Benefits Card (for providers).....	855-827-3747
Report Fraud, Waste & Abuse	800-436-6184
CHIP Pharmacy Line	866-274-9154
CHIP Client Eligibility.....	800-647-6558
CCP-Diabetic and Medical Supplies	
Pharmacy PA Assistance	800-846-7470
Client assistance	800-335-8957
Texas Prior Authorization Call Center.....	877-728-3927
Texas Third Party Support Call Center.....	866-389-5594
Kidney Health Care (KHC) Program	800-222-3986
Children with Special Health Care Needs (CSHCN)	
Service Program.....	800-252-8023
Medicare	800-633-4227
Medicare Eligibility Line for Pharmacists.....	800-835-7595

More News Just A Click Away!

Stay updated on the latest news and information about health and human services, including the Vendor Drug Program, by registering for the HHSC e-mail news service. It's easy and it's free!

Online at txvendordrug.com:

- CMS Sponsors Online PERM Education Conference Calls
- KHC Ends Coverage of Brand Name Cellcept, Valcyte Oct. 1
- System Maintenance to Interrupt Payment Cycle



As of Oct. 1, 2011, HHSC is no longer producing or distributing Form 3087, the paper Medicaid ID. HHSC is issuing new plastic, magnetic-stripped Medicaid ID cards to Texas Medicaid clients called the **Your Texas Benefits Medicaid card**. Medicaid clients should present this card at the pharmacy when picking up or filling new prescription medications. The new cards, however, will not change the way pharmacies get out-patient pharmacy

eligibility data. Pharmacy staff can still use the Medicaid ID number in one of the existing Vendor Drug eligibility verification tools (mentioned at the top of the page). More information about the card is available for providers at YourTexasBenefitsCard.com.