



The "Your Texas Benefits" Medicaid Card

In June 2011, the Texas Health and Human Services Commission (HHSC) will begin issuing a new Medicaid ID card to Texas Medicaid clients. The new ID- **Your Texas Benefits Medicaid card** – is a plastic, magnetic-stripped card that will replace the current paper Medicaid ID (Form 3087). Texas Medicaid clients will present this card at the pharmacy when picking up or filling new prescription medications. By swiping the card, pharmacists can streamline the process of verifying Medicaid clients' eligibility and accessing their Medicaid health history. After August 2011, Medicaid clients will no longer receive a monthly mailing from HHSC verifying their Medicaid eligibility for that month.

- **Information available on the card**

The front of the card will include the client's name and 9-digit Medicaid ID number, managed care program name (if applicable), the date the card was issued, billing information for pharmacies, and pharmacy/physician information for those in the Medicaid Limited program.

- **How Pharmacies Can Use the Card**

The card's magnetic stripe has the client's Medicaid ID number and can be read by most swipe-style card readers. The Your Texas Benefits Medicaid card is designed to work with standard magnetic card readers that are available at many electronics retailers or online. These readers interface with your computer through a standard USB connection. You don't have to buy a card reader to verify patient eligibility. Medicaid providers can continue to verify eligibility by using a patient's Medicaid ID number, which will be printed on the card. Pharmacies can access the secure YourTexasBenefitsCard.com website (after June 1), or use one of the Vendor Drug eligibility verification tools to obtain out-patient pharmacy eligibility data and prescription benefits.

If a client has a Your Texas Benefits Medicaid card, it does not guarantee he or she has active Medicaid coverage. The pharmacy must still verify eligibility. Clients will be instructed to keep their Your Texas Benefits Medicaid card even if their Medicaid coverage expires. The card can be reused if the client later regains Medicaid coverage.

- **Questions?**

To learn more about the **Your Texas Benefits Medicaid card**, and view a list of frequently asked questions, please visit the HHSC website at <http://www.hhsc.state.tx.us/Medicaid/index.html>. ■

Recommendations Accepted for Preferred Drug List

At their February 25, 2011, quarterly meeting, the Texas Pharmaceutical & Therapeutics (P&T) Committee reviewed 12 therapeutic drug classes (195 drugs) and 3 additional new drugs for inclusion on the Preferred Drug List (PDL). HHSC has accepted the recommendations made by the committee and the new PDL will go into effect on or about July 21, 2011. Notable final HHSC decisions include:

Therapeutic Class	Drug	PDL Status
Antidepressants, SSRIs	Luvox CR	NPD
Antipsychotics	Latuda	NPD

Iron Oral Compounds were reviewed for the first time. There are many drugs in this therapeutic class, which accounts for most of the 195 individual drugs reviewed at the meeting. Updates to the PDL and the P&T Committee recommendations are available at txvendordrug.com/pdl/. ■

Billing Reminders

from the Pharmacy Resolution Help Desk

Making the Most of Your Call to Medicaid

The Help Desk assists pharmacy providers with rejected claims and program policy and procedures. Please do not share this number with clients (either verbally or on a prescription label) because of limitations on the amount of information that can be given due to Health Insurance Portability and Accountability Act (HIPAA). Pharmacies calling about system issues may be asked to identify their switch vendor to help troubleshoot a resolution.

Refill too soon, dose changes

Vendor Drug policy states that there must be at least 75 percent utilization of the previous fill for that medication. Pharmacies can determine the next fill date *if* the previous fill was known: multiply the previous days supply by 0.75, then add that number to the previous fill date. For example, a day supply of 30 multiplied by 0.75, equals 22.5. If the previous fill date was the 1st, then the next fill date should be the 23rd. If this equation does not work, the previous claim may have had an incorrect day supply submitted.

When contacting the Help Desk for a refill too soon override because of a dosage change, please provide both the previous directions as well as the new directions. "As directed" is not acceptable for a dose change override. Please have the specific directions or at least the maximum units that the doctor will allow per day. This is required for override determination and proper day supply reporting.

Plan Limits Exceeded Message

Error code 76 will be returned to the pharmacy if the client has met his or her monthly Medicaid or KHC prescription limit. The prescription numbers of the previous paid claims are provided in "Additional Message Information" (Field 526-FQ).

Identifying Prescription Origin

Pharmacies should ensure they are submitting "Prescription Origin Code" (Field 419-DJ) on all billing submissions in support for e-prescribing transactions. ■

Regional Office Desk Reviews

The Vendor Drug Program has 14 sub-regions across Texas, each staffed by a pharmacist or an administrative assistant. Your regional pharmacist can provide assistance and education about Medicaid and Children's Health Insurance Program (CHIP) policy and billing procedures and act as a liaison with the state office in Austin. Desk reviews are conducted monthly by the field office staff for the purpose of monitoring compliance of three types of paid outpatient pharmacy claims:

- **Maximum Allowable Cost (MAC) claims** (physician override reported, and total paid is greater than \$30).
- **High dollar claims** (total paid is equal to or greater than \$1500.00).
- **Compound drug claims.**

Providers are given 25 days from the date of Vendor Drug's letter to reply. If the requested copies are not returned within 25 days, the claims are debited. Any prescription sent to Vendor Drug must be valid as defined by Texas State Board of Pharmacy (TSBP). Information (such as the prescription written and service dates, drug name and quantity, days supply and prescriber ID) must match the claim under review. If we require the prescriber's handwritten signature as part of our review, the signature must be in the prescriber's handwriting. Computer-generated, typed or stamped signatures are not acceptable.

- **MAC prescriptions** for which a "dispense as written" override was used require one of the following phrases written across the face of the prescription in the prescriber's handwriting: "Brand Necessary," "Brand Medically Necessary," "Brand Name Necessary," or "Brand Name Medically Necessary." This is a federal and state law that applies to all MAC claims, including electronic prescriptions and e-scripts.
- **High dollar prescriptions** must be of an original prescription signed by the prescriber.
- **Compound prescriptions** must show both the drug NDC and quantity for each ingredient on the claim. Compound prescriptions do not require the prescriber signature unless they are over \$1,500.00 (compound claims greater than \$1,500.00 will appear on the high dollar report). A copy of the delivery ticket may be required as proof of delivery.

Refill authorization requests are acceptable as long as all criteria for a new prescription are met. Pharmacy transfer requests are acceptable, but a copy of the original prescription is required. Electronic prescriptions are acceptable as long as they comply with TSBP law. For verbal, faxed, or electronic MAC prescriptions the Texas State Board of Pharmacy rules require a handwritten prescription be mailed (or faxed) to the pharmacy within 30 days. Telephoned prescriptions are acceptable as long as all criteria for a new prescription are met. Faxed prescriptions are acceptable; however TSBP rules state that faxed prescriptions must include a statement that indicates the prescription has been transmitted via facsimile. ■

Version D.Ø to Implement

National Council for Prescription Drug Programs Telecommunications Standard Version D.Ø is an updated version of the HIPAA standard for pharmacy claims transactions. Some of the fields that will impact claim submission and responses with Vendor Drug when we implement the new standard will include the following:

Request

- Group ID (Field 3Ø1-C1) will have a possible value change.
- Patient Last Name (Field 311-CB) will be required.
- Submission Clarification Code Count (Field 354-NX) will be a new field.
- Submission Clarification Code (Field 42Ø-DK) will become a repeating field.
- Compound Route of Administration (Field 452-EH) will be removed.
- Route of Administration (Field 995-E2) is a new field within the Claim Segment and will replace 452-DH.
- Basis of Cost Determination (Field 423-DN) will add a new value.
- Compound Ingredient Basis of Cost Determination (Field 49Ø-UE) will add a new value.
- The Clinical Segment will be optional. It is requested to obtain patient diagnosis, if known:
 - Diagnosis Code Count (Field 491-VE).
 - Diagnosis Code Qualifier (Field 492-WE).
 - Diagnosis Code (Field 424-DO).

Response

- Additional Message Information Count (Field 13Ø-UF) will be a new field.
- Additional Message Information Qualifier (Field 132-UH) will be a new field.
- Additional Message Information (Field 526-FQ) will become a repeating field.
- Additional Message Information Continuity (Field 131-UG) will be new field.

The current version of the pharmacy claim standard NCPDP is 5.1. More information, including D.Ø payer sheets, will be made available on txvendordrug.com. ■

Do You Qualify for the Delivery Incentive?

The Vendor Drug Program pays a delivery incentive to approved providers who certify that their delivery services meet minimum conditions. These conditions include offering no-charge prescription delivery (at the same level of service as is provided to the general public) to all Medicaid clients who request it and publicly displaying the availability of no-charge prescription delivery services for Medicaid clients. It is imperative for all pharmacies that are being paid the delivery incentive to inform their staff and customers that their pharmacy offers those services to Medicaid clients. Please contact your Vendor Drug regional office for more information about this benefit. ■

Don't Forget to Register For Access to *Your* Weekly Pharmacy Payment Information

Your weekly payment registers are no longer available in a paper format and instead are provided in either Portable Document Format (PDF) or as the HIPAA standard ASC X12N 835 Health Care Payment/Advice. To retrieve these payment files, pharmacies or their authorized representatives must register for access to TMHP-Pharmacy's secure Pharmacy Move-It website by completing the pharmacy enrollment form on our "Pharmacy Payment" page at txvendordrug.com. Payments to pharmacy providers are still processed by the Texas Comptroller of Public Accounts. ■

New CHIP Cardholder IDs Begin with "P"

All Children's Health Insurance Program (CHIP) cardholder identification numbers begin with an alpha character followed by eight digits. The CHIP Health Plan card shows the correct nine-character alphanumeric cardholder ID. However, some enrollment letters sent to clients show a nine-digit number with no alpha character called the CHIP Client Identification Number (CIN). The difference between the card and the CIN may cause confusion. The eligibility is valid, but the ID needs to be modified for claim submission. If the cardholder number does not include an alpha character, the pharmacy should convert the lead digit to one of the corresponding letters: Ø=A, 1=D, 2=G, 3=J, 4=M, or 5=P. Any additional characters shown before the nine characters should not be transmitted. Failure to correct the cardholder ID prior to transmission will result in a claim rejection (Code 52 – Non-matched Cardholder ID). More information about CHIP claim processing is at txvendordrug.com. ■

Kidney Health Removes Brand PhosLo

On April 1, 2011, the Kidney Health Care (KHC) program removed brand name drug PhosLo from its formulary. Calcium acetate is the generic name for PhosLo and KHC will continue to cover those generic products. Please refer to the Vendor Drug online formulary at txvendordrug.com or contact KHC at 800-222-3986 to learn more. ■

Accurate Drug Quantities and Days Supply

Pharmacies must bill the Vendor Drug Program for the amount actually dispensed at the point of sale in the "Quantity Dispensed" field (442-E7). The Pharmacy Resolution Help Desk cannot override quantities that are more than the prescriber designated on the prescription. Section 7100, Submission of Claims, in the Pharmacy Provider Handbook states:

Providers must dispense the quantity prescribed or ordered by the prescriber except as limited by the policies and procedures described in the Pharmacy Provider Handbook. Where actual quantity dispensed deviates from the prescribed quantity, the provider must bill for the amount actually dispensed.

For adult recipients with monthly prescription limitations, Vendor Drug reimburses up to a six-month supply. For recipients with access to unlimited prescriptions, quantities should not exceed a one-month (34-day) supply.

The "Days Supply" field (4Ø5-D5) is one of the key fields in Drug Use Review (DUR) edits as well as the early refill edit. Incorrect days supply can result in inaccurate DUR alerts and can cause claims to reject for early refill. Please share this information with your staff and stress the importance of correct submission of days supply and the correct method of determination of days supply (quantity divided by total dosage units per day). ■

Pharmacy Override of Drug Utilization Rejects

Advisory messages for drug-drug interactions, therapeutic duplications, ingredient duplications, and high dose are intended to provide information to assist the pharmacist in working with the prescriber to provide appropriate pharmaceutical therapy. Claims with the greatest potential for adverse therapeutic outcomes will reject with error code '88 ("DUR Reject Error"). The Pharmacist may override the Drug Utilization Review (DUR) rejection by using the "DUR Reason for Service Code", "DUR Professional Service Code", and "DUR Result of Service Code" on the claim. It is not necessary to call the Pharmacy Resolution Help Desk for these rejections, as completing these DUR fields will allow payment of the rejected claims. All DUR edits are driven by the day supply submitted; therefore, the pharmacy should ensure the day supply is reported correctly. Pharmacies should refer to the Vendor Drug Procedure Manual for allowable values in the **DUR Reason for Service Code** (Field 439-E4), **DUR Professional Services Code** (Field 440-E5), and **DUR Result of Service Code** (Field 441-E6) fields. ■

72-Hour Emergency Overrides on 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 prior authorization (PA) is not available. This rule applies to non-preferred drugs on the Preferred Drug List (PDL) and any drug that is affected by a clinical PA edit that would need the prescriber PA. If the prescribing provider cannot be reached, or is unable to request a PA, the pharmacy should fill an emergency 72-hour supply. This procedure should not be used for routine and continuous overrides. A 72-hour emergency claim will be paid in full and does not count toward the three-prescription limit for adults who have not already received their maximum prescriptions for the month (there is no prescription limit for children under 21). These instructions are available for downloading and displaying in your pharmacy from txvendordrug.com. ■



Pharmacy Input Needed!

Vendor Drug wants to know your opinion and understanding of the 72-hour emergency override that's available to Medicaid recipients. The University of Texas and VDP will distribute a survey to select pharmacies later this year that will help us assess and possibly improve the 72-hour process. Please consider participating if your store receives our survey.

Continuing Education

Pharmacies are in a unique position to assist Medicaid clients and provide access to the whole array of pharmacy benefits. It is important for pharmacy staff to know what pharmacy items Medicaid covers and where to access information on clinical edits and the preferred drug list (PDL). Our website has more information about these and other initiatives:

- **Free Online Education Courses**
HHSC offers a series of free computer-based training opportunities available at txhealthsteps.com to educate pharmacy staff about Medicaid pharmacy benefits. The course is accredited by the Accreditation Council of Pharmacy Education (ACPE).
- **Medicaid Comprehensive Care Program (CCP)**
CCP can cover medically necessary drugs and supplies that are not available through Vendor Drug for clients, birth through 20 years of age. Pharmacies should inform the family (or physician) that they can request coverage through CCP. Pharmacies not enrolled as CCP providers may direct the client to call TMHP at 1-800-335-8957 to locate a CCP provider. Pharmacies that want to enroll should complete or download an application at tmhp.com. For assistance, call the TMHP Contact Center at 1-800-925-9126 or your local TMHP representative.
- **Durable Medical Equipment (DME)/Supplies**
Pharmacies are encouraged to provide DME and medical supplies to Medicaid clients. DME includes such items as spacers for inhalers, diabetic test strips, and lancets. Pharmacy providers must enter into a separate written agreement with HHSC at tmhp.com for reimbursement. For assistance, call the TMHP Contact Center at 1-800-925-9126 or your local TMHP representative.
For clients enrolled in Medicaid managed care health plans, pharmacies must enter into a contract with their individual health plans to be reimbursed for DME and medical supplies. TMHP also presents a number of free DME workshops throughout the year. Providers can visit tmhp.com for schedules of seminars. Pharmacy DME computer based training will soon be available. Register with the Texas HHS e-mail news service for updates.
- **IMPROVE with State, Provider Communication**
IMPROVE (Interactive Medicaid Provider Voice) is a web-based provider-focused initiative from HHSC designed to foster better relations and understanding between medical providers and Texas Medicaid. IMPROVE allows providers who pinpoint systemic issues within the Medicaid program the opportunity to suggest resolutions. More information is available at improvetxmedicaid.com.

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The RX UPDATE is published four times a year by the Texas Health and Human Services Commission Medicaid/CHIP Vendor Drug Program at 11209 Metric Blvd, Austin, TX 78758-4021. POSTMASTER: Send address changes to: HHSC, P.O. Box 85200 (H-630), Austin, TX 78708-5200.

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 Help Line.....	800-335-8957
CHIP Pharmacy Line	866-274-9154
CHIP Client Eligibility.....	800-647-6558
CCP-Diabetic and Medical Supplies	
Pharmacies only.....	800-846-7470
Clients only	800-846-7470
Texas Prior Authorization Call Center.....	877-PA-TEXAS
or.....	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
Reporting Fraud, Waste & Abuse.....	800-436-6184
Medicare	800-MEDICARE
or.....	800-633-4227
Medicare Eligibility Line for Pharmacists.....	800-835-7595

News & Information

Stay updated on the latest news and information about health and human services, including the Vendor Drug Program, by registering for the Texas Health and Human Services e-mail news service. It's easy, it's free, and just a click away!

Also Online @ txvendordrug.com:

- Download your copy of the updated Vendor Drug Pharmacy Provider Procedure Manual.
- Claim System Maintenance Notices
- Delay Continues in Accepting Prescriber NPI On Claims