



March 1 for Managed Care Expansion

Beginning Thursday, March 1, 2012, Managed care organizations (MCOs) that contract with the Health and Human Services Commission will administer prescription drug benefits and payments for Medicaid managed care and Children's Health Insurance Program (CHIP) clients. Each MCO will contract with a pharmacy benefits manager (PBM) that will process prescription claims and contract and work with pharmacies that serve CHIP and Medicaid managed care clients.

Beginning March 1, the Vendor Drug Program will:

- Still enroll pharmacy providers that want to provide Medicaid and CHIP services.
- Continue to manage Vendor Drug Medicaid and CHIP formularies.
- Continue to process claims for clients enrolled in fee-for-service Medicaid, the Children with Special Health Care Needs (CSHCN) Services Program, and the Kidney Health Care (KHC) Program.
- Deny claims for clients enrolled in Medicaid managed care or CHIP with National Council for Prescription Drug Programs error code "AF" ("Patient Enrolled Under Managed Care"). The name of the responsible Medicaid or CHIP health plan will be returned in "Additional Message Information" (Field 526-FQ).

MCOs should be offering pharmacy provider training sessions leading up to the March 1 transition. Pharmacy staff is encouraged to attend and learn the procedures for submitting claims, where to call for claim overrides or prior authorization assistance, and any other unique claim policies/procedures for Medicaid and CHIP clients.

Additional resources such as billing details and frequently asked questions will be mailed to pharmacies in the weeks ahead and will be available anytime at txvendordrug.com/claims/managed-care.shtml. ■



Limited Home Health Supplies to Be Available

Later this year pharmacies will be allowed to provide a limited set of basic home health items to Kidney Health Care, Children with Special Health Care Needs Services Program and Medicaid fee-for-service clients. Reimbursement rates and quantity guidelines will be based on current acute care policies (which does not include a dispensing fee). Claims will be subject to post payment review to ensure that clients do not exceed the maximum quantities between the acute care and pharmacy providers. These claims will be subject to post payment review to ensure that clients do not exceed maximum quantities between acute care and pharmacy providers. More information will be available at txvendordrug.com. ■



CMS Conducting Provider Claim Audits

IntegriGuard, a Medicaid Integrity Contractor (MIC), has been contracted by the Centers for Medicare & Medicaid Services (CMS) to audit pharmacy providers participating in the Texas Medicaid program. The purpose of the audits are to determine provider compliance with applicable Federal and State laws and regulations relative to paid claims for Medicaid services provided under the Texas Health and Human Services Commission. Be advised that you may be contacted by IntegriGuard and should provide full cooperation. Please contact your regional pharmacist with any questions or concerns. ■

Billing Reminders

from the Pharmacy Resolution Help Desk

Version D.Ø – Now Required!

Vendor Drug began mandatory submission in the National Council for Prescription Drug Programs (NCPDP) version D.Ø in February.

- The values accepted for "Group ID" (Field 3Ø1-C1) are "MEDICAID", "CHIP", "KHC", or "CSHCN", depending on the program.
- Please refer to the VDP Pharmacy Provider Procedure Manual, specifically *Attachment A: Standard Format Reject Codes*, for a glossary of D.Ø error codes. Please note this list contains only the error codes returned by Vendor Drug and is not a full list of all codes available in the new format. ■

Distinguishing Dates Written and Filled

Vendor Drug interprets the date filled to be the date the medication was prepared, packaged, compounded, and/or labeled. It is not the date the medication is re-ordered or delivered to the recipient. The written date of the prescription is the date the doctor prescribed the medication. Pharmacies should ensure they are submitting the accurate fill date in "Date of Service" (Field 4Ø1-D1) and the written date in "Date Prescription Written" (Field 414-DE). Inaccurate information runs the risk of an audit exception and causes erroneous data on reports and extracts. ■

Identifying the Correct Units

Products such as Risperdal Consta, Humira, Enbrel, Lovenox, Neupogen, Pegasys, and Procrit have varying units depending on the 11-digit National Drug Code (NDC). Pharmacies should be aware of the correct billing units for these medications to alleviate billing discrepancies and eventual audits. ■

Non-Preferred Ibuprofen Suspension

Oral Ibuprofen suspension (liquid) is now non-preferred, requiring a prior authorization. The over-the-counter version of oral Ibuprofen suspension is preferred and does not require a PA. The 72-hour emergency supply 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. ■

Preferred Drug List Update & Reminder

The most recent updating of the Texas Medicaid Preferred Drug List (PDL) occurred in January. A list of the changes is online at txvendordrug.com/pdl/.

Please note that there are some brand name products designated as “preferred” within a therapeutic category for which there are generically equivalent products available. Two examples in the current Preferred Drug List are Zyprexa and Toprol XL. The branded drugs, in these cases, provide the best value to the state, after rebates. These drugs are preferred and require no prior approval or Brand Name Necessary prescription. The generic counterparts are non-preferred and require a prior authorization. Pharmacies should never automatically switch a preferred medication to a non-preferred generic product requiring prior authorization or require a Brand Name Necessary prescription. In instances when a brand name drug is on the formulary but the generic equivalent is not, a Brand Name Necessary prescription is not required.

Don’t forget both the Medicaid formulary and Preferred Drug List are available on the Epocrates drug information system through internet or on handheld device. ■

How to Contact TMHP Local Provider Reps

Phone numbers for the Texas Medicaid & Healthcare Partnership (TMHP) local provider relations representatives were discontinued last 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 Continues

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 important 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
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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

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! Sign-up at txvendordrug.com. ■

Pharmacies Must Educate about Fraud

Federal law requires all providers and other entities that receive or make annual Medicaid payments of \$5 million or more to educate their employees, contractors, and agents about fraud and false claims laws and the whistleblower protections available under those laws. To learn more please visit the Texas Medicaid website at hhsc.state.tx.us/medicaid/. ■