



TEXAS HEALTH AND HUMAN SERVICES COMMISSION
RETROACTIVE CLAIM FAX FORM INSTRUCTIONS
Updated September 2011

About

The Texas Medicaid/CHIP Vendor Drug Pharmacy Resolution Help Desk utilizes the **Retroactive Claim Fax Form** to assist pharmacy providers with the research and payment of retroactive Medicaid claims.

Forms used in conjunction for other claim errors, or for claims that are not retroactive, will be returned to the pharmacy with no action taken. Pharmacies that require assistance on any other claim rejection or need further information on submission guidelines should contact the Pharmacy Resolution Help Desk at 800-435-4165.

Pharmacies may not use the fax form to request recipient cardholder ID numbers. Vendor Drug has developed 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 (see page 2 for instructions).

Form Usage

The **Retroactive Claim Fax Form** is an interactive PDF document and users can type information directly to the face of the form. Alternatively, users may print a copy and write directly on the face of the form. The form must be printed and faxed to Vendor Drug at 512-491-1958 for processing. There is no electronic method for sending or submitting the form. The pharmacy is responsible for completing the form as instructed:

- Enter the **pharmacy contact information** at the top of the form, including:
 - The date the form was originally submitted to Vendor Drug
 - The name of the pharmacy and the name of the person submitting the form
 - The 6-digit Vendor ID number
 - The pharmacy's phone and fax number, including area code
- Enter the **Medicaid client information** in the middle of the form. The form was created to allow four different Medicaid clients per page.
 - Identify the claim rejection type(s):
 - Rejection Code 75 (Prior Authorization Required)
 - Rejection Code 76 (Plan Limitations Exceeded)
 - Rejection Code 81 (Claim Too Old)
 - Enter **one** Medicaid client per box, including the name, date of birth, and cardholder ID number.
 - The oldest date of service per Medicaid client must be entered to allow Vendor Drug staff to determine accurate certification and effective dates. If a date is not entered, the form will be returned with no research completed.
 - Provide the total number of pending claims in the "# Claims submitted" field. If no claim count is given, please expect a lengthened turnaround for payment.
 - Utilize the Pharmacy Comments field to ask questions or make comments, as needed.

All other fields are designated for eligibility research and will be completed by Vendor Drug staff.

Notes:

- Do not send duplicate forms for the same Medicaid client.
- Do not reduce or distort the size of the form.
- Vendor Drug encourages the use of all four client fields on one form, rather than one client per page.

Research and Payment Process

Providers should submit all pending claims online at the time of form submission, only one time and allow them to reject. The type of rejection (75, 76, and/or 81) and the total number of pending claims should then be documented in the appropriate fields on the form. If the claim count is not displayed on the form, please expect a lengthened turnaround for payment. In addition to the fax form, providers should include a printed list of all pending claims that includes, at a minimum, the service date and 7-digit prescription number. All forms are worked in the order received.

Based on the oldest claim date provided on the form, Vendor Drug staff will supply the pharmacy with the client's Medicaid certification and effective dates and unlimited prescription status. Please note that the Vendor Drug Program is not the custodian of the Medicaid client eligibility data or nursing home waiver information provided to you. Changes or corrections should be reported by the client or a representative of the client to the appropriate Medicaid caseworker.

If the claims are approved for payment, and the number of pending claims is given, the rejected claims will be paid at this time. The completed form will be returned to the pharmacy.

If the claims are not approved, an explanation will be given and the form will be returned to the pharmacy. Providers have the option to appeal such claims. Please submit a letter of explanation to the Pharmacy Resolution Manager detailing as to why the claims are now obsolete. The letter is acceptable via regular mail or fax (address and fax number below).

Vendor Drug Online Eligibility Verification

Vendor Drug has developed two electronic client eligibility verification methods for use by pharmacy staff. Users of these tools will query the Vendor Drug system using the client's 9-digit Medicaid, CHIP, KHC, or CSHCN cardholder ID number and receive expanded messaging pertaining to eligibility coverage and pharmacy benefits (such as the most current or last effective eligibility period, prescription limitations, and Medicare Part B/D). Please refer to the Vendor Drug payer specification sheets for the full list and explanation of the expanded messages. These tools include:

NCPDP Eligibility Verification (E1) Transaction: The E1 is submitted from your point-of-sale system. Pharmacy providers should contact their software company to discuss E1 submission issues, and to ensure "Additional Message Information" (Field 526-FQ) is returned for all responses.

Eligibility Verification Portal (EVP): The EVP is an online, web-based portal that is free for all contracted pharmacy providers, and available from any computer with Internet access. Pharmacies must complete the Pharmacy Enrollment Form to register and return the form either by fax (1-866-780-2185) or by e-mail (Pharmacy.MoveIT@tmhp.com). Questions about access should be directed to the ACS-Pharmacy Technical Support and Interfaces Desk at 1-888-701-1713.

For more information on these tools please visit txvendordrug.com/claims/eligibility-verification.shtml.

Medicaid/CHIP Vendor Drug Program

Timely Filing Limits Calendar - 90 days

365 calendar days

Read Vendor Drug's "Timely Filing Limits" policy in the Vendor Drug Procedure Manual (www.txvendordrug.com).

Date	Due	Date	Due	Date	Due	Date	Due	Date	Due	Date	Due	Date	Due
Jan 1	Apr 1	Mar 1	May 30	May 1	Jul 30	Jul 1	Sep 29	Sep 1	Nov 30	Nov 1	Jan 30	Nov 1	Jan 30
2	2	2	31	2	31	2	30	2	Dec 1	2	31	2	31
3	3	3	Jun 1	3	Aug 1	3	Oct 1	3	2	3	Feb 1	3	Feb 1
4	4	4	2	4	2	4	2	4	3	4	2	4	2
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6	6	6	4	6	4	6	4	6	5	6	4	6	4
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30	30	30	28	30	28	30	28	30	29	30	28	30	28
31	May 1	31	29	31	29	31	29	Oct 1	30	Dec 1	Mar 1	Dec 1	Mar 1
Feb 1	2	Apr 1	30	Jun 1	30	Aug 1	30	2	31	2	2	2	2
2	3	3	Jul 1	2	31	2	31	3	Jan 1	3	3	3	3
3	4	3	2	3	Sep 1	3	Nov 1	4	2	4	4	4	4
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		30	29	30	28	30	28	31	29	31	31	31	31

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Jan	1	Apr	1	Mar	1	May	31	May	1	Jul	31	Jul	1	Sep	30	Sep	1	Dec	1	Nov	1	Jan	31
	2		2		2	Jun	1		2	Aug	1		2	Oct	1		2		2		2	Feb	1
	3		3		3		2		3		2		3		2		3		3		2		2
	4		4		4		3		4		3		4		3		4		4		3		3
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Feb	1		2	Apr	1	Jul	1	Jun	1		31	Aug	1		31		2	Jan	1		2		2
	2		3		2		2		2	Sep	1		2	Nov	1		3		2		3		3
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