



TEXAS
Health and Human
Services

Texas Vendor Drug Program Pharmacy Provider Procedure Manual

Contact Information

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txvendordrug.com/about/manual/pharmacy

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1 Vendor Drug Program

For general correspondence with the Vendor Drug Program (VDP).

Table 1 - Vendor Drug Program Correspondence

Media	Contact
Mailing address	Vendor Drug Program (MC-2250) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Phone	Pharmacy Benefits Access Help Desk <ul style="list-style-type: none">• 1-800-435-4165• Monday-Friday, 8:30 a.m. to 5:15 p.m. (central)
Fax	512-730-7483 (Central office) 512-491-1958 (Help Desk only)
Website	txvendordrug.com

1.1 Pharmacy Enrollment and Support

- Phone: Pharmacy Benefits Access Help Desk
 - ▶ *Request transfer to pharmacy enrollment section*
- Fax: 512-730-7477
- Email: vdp-enrollment@hhsc.state.tx.us

1.1.1 Durable Medical Equipment Provider

Refer to txvendordrug.com/providers/pharmacy-enrollment-dme-provider or the Texas Medicaid and Healthcare Partnership, section 15 below, for contact information.

1.1.2 Medicaid Comprehensive Care Program

Refer to txvendordrug.com/providers/pharmacy-enrollment-ccp-provider or the Texas Medicaid and Healthcare Partnership, section 15 below, for contact formation.

1.2 Pharmacy claims processing

- Phone: Pharmacy Benefits Access Help Desk

- ▶ To expedite your call, have the pharmacy's 10-digit National Provider Identifier (NPI) number and appropriate cardholder ID number(s).

1.3 Drug Pricing

- Phone: Pharmacy Benefits Access Help Desk
 - ▶ *Request transfer to formulary management section*
- Fax: 512-491-1961
 - ▶ Pharmacy staff are encouraged to fax a copy of the manufacturer's invoice
- Email: vdp-formulary@hpsc.state.tx.us

1.4 Website

The VDP website includes pharmacy provider enrollment forms; news bulletins; searchable indices of drug formulary, enrolled pharmacies, and prescribing providers; managed care resources; education opportunities; and other resources. All content is free, and no account is needed to access services.

We encourage all pharmacy staff to provide the proper education on how to access and utilize tools on the website so staff may take full advantage of the services provided.

2 Managed Care

2.1 General Correspondence

Pharmacy staff unsure which managed care organization (MCO) a Medicaid- or CHIP-eligible person is enrolled with can use one of the two real-time eligibility verification tools for clarification:

- The NCPDP Eligibility Verification (E1) Transaction submitted through the pharmacy's point-of-sale system.
- The Pharmacy Eligibility Verification Portal (EVP) is a browser-based application free for all VDP-contracted pharmacy providers.

Refer to Eligibility, section 7 below, to learn about accessing the VDP Eligibility Verification Portal. Refer to the **Eligibility** chapter of this manual to learn more about real-time eligibility.

Pharmacy staff can also contact the TMHP Provider Line (Table 21) to find enrollment status and the name of the MCO for people enrolled in Medicaid or CHIP.

Pharmacy staff should contact the appropriate MCO using the online resources shown in Table 2. Download these managed care resources from the Downloads page at txvendordrug.com/resources/downloads.

Table 2 - Managed Care Resources

Chart Name	Usage
Pharmacy MCO Enrollment	Identifies how pharmacy providers with inquiries pertaining to a new, pending, or existing contract can contact each MCO and pharmacy benefits manager (PBM).
Pharmacy MCO Assistance	Identifies the name and pharmacy billing information for each MCO and pharmacy call center phone numbers.
Prescriber MCO Assistance	Identifies the prior authorization and member call center phone numbers for each MCO.
Service Area	Identifies each MCO by geographic service area.

2.2 MCO Complaints

Pharmacy providers must exhaust the complaint or grievance process with the MCO before filing a complaint with HHSC. If after completing this process, the pharmacy provider believes it did not receive full due process from the MCO, it may file a complaint or inquiry with HHSC.

Table 3 - MCO Complaint Correspondence

Media	Contact
Mailing address	Managed Care Compliance & Operations (MCCO) (H-320) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Email	hpm_complaints@hsc.state.tx.us
Website	hhs.texas.gov/services/health/medicaid-chip/about-medicaid-chip/medicaid-chip-contact-us

Refer to the **Managed Care** chapter of this manual to learn more about the managed care pharmacy benefit.

3 Children with Special Health Care Needs Services Program

The Children with Special Health Care Needs (CSHCN) Services Program helps children with special health-care needs and people of any age with cystic fibrosis.

Table 4 - CSHCN Services Program Correspondence

Media	Contact
Mailing address	<p>CSHCN Services Program (MC 1938) Texas Health and Human Services P.O. Box 149347 Austin, TX 78714-9347</p> <p>For prior authorization appeals:</p> <ul style="list-style-type: none"> • Attention: CSHCN Administrative Review, Health and Developmental Services
Phone	<p>Pharmacy claim processing</p> <ul style="list-style-type: none"> • 1-800-435-4165 • Pharmacy Benefits Access Help Desk (Table 1) <p>Program</p> <ul style="list-style-type: none"> • 1-800-252-8023 • 512-776-7355 (Austin) <p>Eligibility verification</p> <ul style="list-style-type: none"> • 1-800-568-2413 (24-hour access) • CSHCN Automated Inquiry System (AIS)
Fax	512-776-7565
Website	hhs.texas.gov/services/disability/children-special-health-care-needs-program

For CSHCN Services Program pharmacy prior authorization, refer to Pharmacy Prior Authorization, section 12 below. Faxed letters of medical necessity must be sent on office letterhead.

4 Kidney Health Care Program

The Kidney Health Care (KHC) Program helps people with end-stage renal disease get their health care services. It is not a Medicaid program.

Table 5 - KHC Program Correspondence

Media	Contact
Mailing address	KHC Program (MC 1938) Texas Health and Human Services P.O. Box 149347 Austin, TX 78714-9347
Phone	Pharmacy claim processing <ul style="list-style-type: none">1-800-435-4165Pharmacy Benefits Access Help Desk (Table 1) Program <ul style="list-style-type: none">1-800-222-3986512-776-7150 (Austin)
Fax	512-776-7162
Website	hhs.texas.gov/services/health/kidney-health-care

5 Pharmacy Claim Processing

5.1 Traditional Medicaid, CSHCN, HTW, and KHC

Contact the Vendor Drug Program (Table 1).

5.2 Medicaid managed care and CHIP

Download the **Pharmacy MCO Assistance Chart** from the Downloads page at txvendordrug.com/resources/downloads. The chart identifies the appropriate pharmacy call center for each MCO. Refer to Managed Care, section 2 above, for more information about managed care organizations.

6 Drug Pricing

6.1 Texas Formulary Inquiries

Contact the Vendor Drug Program (Table 1).

6.2 National Average Drug Acquisition Cost Pricing Inquiries

Table 6 - NADAC Correspondence

Media	Contact
Phone	1-855-457-5264
Fax	1-844-860-0236
Email	info@mslcrps.com
Website	medicaid.gov/medicaid/prescription-drugs/retail-price-survey/index.html
NADAC Request for Medicaid Reimbursement Review	medicaid.gov/medicaid/prescription-drugs/downloads/retail-price-survey/hdform.pdf

7 Pharmacy Verification of Eligibility

Refer to the **Eligibility** chapter of this manual to learn more about real-time eligibility verification. Download the Pharmacy Eligibility Verification Portal Access (HHS Form 1317) from the “Enrollment Forms” section of the Downloads page at txvendordrug.com/resources/downloads.

Table 7 - Pharmacy Eligibility Verification Portal Correspondence

Media	Contact
Phone	Conduent Technical Support and Interfaces Desk <ul style="list-style-type: none"> • 1-888-701-1713 <ul style="list-style-type: none"> ○ Monday-Friday, 8:00 a.m. to 5:30 p.m. (central)
Fax	1-866-780-2185
Email	PharmacyMoveIT@Conduent.com
Website	txpcra.pharmacy.services.conduent.com/PBMPortal/login.jsp

Refer to Managed Care, section 2 above, to learn how to use these tools to identify people eligible for Medicaid or CHIP.

8 Fraud, Waste, and Abuse Reporting

The Texas HHSC Inspector General investigates waste, abuse, and fraud in all health and human services agencies in the state of Texas.

Table 8 - HHSC Inspector General Correspondence

Media	Contact
Mailing address	Texas Health and Human Services P.O. Box 85200 Austin, Texas 78708-5200 Texas Health and Human Services 11501 Burnet Road, Building 902 Austin, Texas 78758
Phone	Integrity Line • 1-800-436-6184
Website	oig.hhsc.texas.gov/

9 Medicare

- **Verification of Medicare Part D plan information**
 - ▶ Phone: 1-800-MEDICARE (800-633-4227)
- **Facilitated Enrollment**
 - ▶ Medicare Eligibility Verification Transaction
 - ◇ Website: medifacd.mckesson.com/e1/
- **Limited Income NET (LINET)**
 - ▶ Phone: 1-800-783-1307
 - ▶ Fax: 1-877-210-5592
 - ▶ Email: MedicareLINET@cms.hhs.gov
 - ▶ Website: humana.com/pharmacy/pharmacists/linet
- **Extra Help with Medicare Prescription Drug Plan Costs**
 - ▶ Contact your local Social Security office for phone number
 - ◇ US Social Security Administration
 - ◇ Phone: 1-800-772-1213
 - ◇ Website: ssa.gov/medicare/prescriptionhelp/

Refer to the **Coordination of Benefits** chapter of this manual to learn about dual Medicaid and Medicare eligibility.

10 Pharmacy Payment

10.1 Traditional Medicaid, CSHCN, HTW, and KHC

Table 9 - Pharmacy Payment Portal Correspondence

Media	Contact
Phone	Conduent Technical Support and Interfaces Desk <ul style="list-style-type: none">• 1-888-701-1713<ul style="list-style-type: none">◦ Monday-Friday, 8:00 a.m. to 5:30 p.m. (central)
Fax	1-866-780-2185
Email	PharmacyMoveIT@Conduent.com
Website	moveit.services.conduent.com

10.2 Medicaid managed care and CHIP

Download the **Pharmacy MCO Assistance Chart** from the Downloads page at txvendordrug.com/resources/downloads. The chart identifies the appropriate pharmacy call center for each MCO. Refer to Managed Care, section 2 above, for more information about managed care organizations.

Refer to the **Payment** chapter of this manual to learn more about pharmacy payment.

11 Pharmacy Refunds

11.1 Traditional Medicaid, CSHCN, HTW, and KHC

Table 10 - Pharmacy Refund Correspondence

Media	Contact
For traditional Medicaid, CSHCN, HTW, and KHC	Attention: VDP Refunds Accounts Receivable Tracking System (BH-1470) Texas Health and Human Services 4900 N. Lamar Blvd. Austin, Texas 78751 P. O. Box 149055 Austin, Texas 78714

12 Pharmacy Prior Authorization

Prescribing providers or their representatives should contact one of the following authorization authorities:

12.1 Medicaid managed care

Download the *Prescriber MCO Assistance Chart* from the Downloads page at txvendordrug.com/resources/downloads. The chart identifies the appropriate prior authorization and member call center phone numbers for each MCO. Refer to Managed Care, section 2 above, to contact each MCO.

12.2 Traditional Medicaid

Contact the Texas Prior Authorization Call Center for prior authorization requests as outlined in Table 11.

Table 11 - Traditional Medicaid Prior Authorization Requests

Prior Authorization Type	Medium
<ul style="list-style-type: none"> PDL (non-preferred) Clinical 	1-877-PA-TEXAS (1-877-728-3927) <ul style="list-style-type: none"> Monday-Friday, 7:30 a.m. to 6:30 p.m. (central)
<ul style="list-style-type: none"> PDL (non-preferred) 	Select the "PA Request" tab at PAXpress

PAXpress is the Texas Prior Authorization Call Center portal.

Table 12 - PAXpress Website Content

Content	Address
Main	paxpress.txpa.hidinc.com

Users may call the Texas Prior Authorization Technical Helpdesk when PAXpress is offline or unavailable.

Table 13 - PAXpress Technical Helpdesk

Media	Contact
Phone	334-321-0177 <ul style="list-style-type: none"> Monday-Friday, 7:30 a.m. to 6:30 p.m. (central)

12.3 Medicaid Internal Review

VDP pharmacists review prior authorization requests for the drugs identified in Table 14 for people enrolled in traditional Medicaid. Download these forms from the Traditional Medicaid Clinical Prior Authorization page at txvendordrug.com/formulary/prior-authorization/ffs-clinical-pa.

Table 14 - Medicaid Internal Prior Authorizations

Drug	Form Number
Xenical (orlistat)	HHS Form 1331
Synagis	HHS Form 1033

Refer to each form for completion and submission instructions. Requests must be signed and submitted by the prescribing provider.

Table 15 - Medicaid Internal Prior Authorization Review Correspondence

Media	Contact
Mailing address	Attention: DUR/Formulary Management Vendor Drug Program (MC-2250) Texas Health and Human Services 4900 North Lamar Blvd. Austin, TX 78751
Fax	512-491-1962

12.4 CSHCN Services Program Internal Review

CSHCN has special prior authorization requirements for drugs identified in Table 16. Download these forms from the CSHCN Prior Authorization Forms page at txvendordrug.com/formulary/prior-authorization/cshcn. Letters of medical necessity (LMN) must be sent on office stationary and faxed to CSHCN Service Program staff.

Table 16 - CSHCN Internal Prior Authorizations

Drug	Form Number
Cystic Fibrosis products (includes Cayston, Kalydeco, Pulmozyme, and Tobi)	HHS Form 1143
Growth Hormone products	HHS Form 1312
Synagis	HHS Form 1055

Drug	Form Number
Human Immunodeficiency Virus products	LMN required
Family planning products	LMN required
Pulmonary hypertension drugs	LMN required

Refer to each form for unique completion and submission instructions. Requests must be signed and submitted by the prescribing provider. Refer to Table 4 for submission information.

13 Third-party Recovery

13.1 Traditional Medicaid

Refer to the “Medicaid” section of the **Coordination of Benefits** chapter of this manual to learn more about third party billing. Pharmacy staff should refer to Table 17 for instruction on what entity to contact in specific circumstances.

Table 17 - Third Party Contact Guidance

What Happens	Who to Contact
Pharmacy staff receives a rejection from the primary insurance.	The primary insurance. Medicaid does not have the ability to assist with the correction of a non-Medicaid rejection.
Pharmacy staff are told the person does not have any other insurance although Medicaid has other insurance on file.	The Texas Pharmacy Third Party Insurance Call Center at 1-866-389-5594. Staff will re-verify the other insurance within 72 hours and update the claim processing system as necessary.
Pharmacy staff does not know how to enter a coordination of benefits claim in its system.	Your software help desk or corporate office.
Pharmacy staff receives a rejection from Medicaid and do not know how else to resolve it.	Pharmacy Benefits Access Help Desk (Table 1)

Third-party recovery is administered by the Texas Pharmacy Third Party Insurance Call Center. Call center staff will verify non-Medicare third-party requests within three business days and provide updates to allow for claim processing.

Table 18 - Texas Pharmacy Third Party Insurance Call Center Correspondence

Media	Contact
Phone	1-866-389-5594 • Monday-Friday, 8:30 a.m. to 5:15 p.m. (central)
Website	txvendordrug.com/about/contact/third-party

13.2 Medicaid Managed Care

Download the *Pharmacy MCO Assistance Chart* from the Downloads page at txvendordrug.com/resources/downloads. The chart identifies the appropriate pharmacy call center for each MCO. Refer to Managed Care, section 2 above, for more information about managed care organizations.

14 Texas Drug Utilization Review Board

The Texas Drug Utilization Review Board develops recommendations for the preferred drug list, suggests clinical prior authorizations on outpatient prescription drugs, recommends educational interventions for Medicaid providers, and reviews drug utilization across the Medicaid program.

The public may submit written testimony for consideration by board members. Refer to the website identified in Table 19 for instructions.

Table 19 - Texas Drug Utilization Review Board Correspondence

Media	Contact
Mailing address	Refer to Table 1 Attention: Drug Utilization Review Board
Email	vdp-advisory@hhsc.state.tx.us
Website	txvendordrug.com/resources/drug-utilization-review-board

15 Texas Medicaid and Healthcare Partnership

To enroll a pharmacy as a durable medical equipment (DME) provider or as part of the Medicaid Comprehensive Care Program (CCP), contact the Texas Medicaid and Healthcare Partnership (TMHP) at noted in Table 20.

Refer to section 1.1 above for enrollment in VDP.

Table 20 - TMHP Contact Center Correspondence

Media	Contact
Phone	1-800-925-9126 <ul style="list-style-type: none"> Monday-Friday, 7:00 a.m. to 7:00 p.m. (central) Select Option 2 (Provider Inquiries), then Option 1 (Client Eligibility), and then follow the prompts to find enrollment status and the name of the person's MCO.
Email	provider.relations@tmhp.com

A pharmacy not enrolled as part of the Medicaid CCP should direct people to the TMHP Client Line to locate a CCP provider.

Table 21 - TMHP Client Line Correspondence

Media	Contact
Phone	1-800-335-8957 <ul style="list-style-type: none"> Monday-Friday, 7:00 a.m. to 7:00 p.m. (central)

Additional resources available at tmhp.com.

Table 22 - TMHP Online Resources

Media	Contact
Provider Enrollment	tmhp.com/Pages/ProviderEnrollment/PE_Home.aspx
Provider Information	tmhp.com/Pages/Medicaid/Medicaid_home.aspx
Texas Medicaid Provider Procedures Manual (TMPPM)	tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx
Learning Management System (LMS)	learn.tmhp.com
Computer Based Training	tmhp.com/Pages/Education/Ed_CBT.aspx
Support Services	tmhp.com/Pages/SupportServices/PSS_Home.aspx
Contacts	tmhp.com/pages/tmhp/tmhp_contacts.aspx