



# DVHA Pharmacy Bulletin

News and Updates in support of our Pharmacy Partners

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## 2013 CLAIMS PROCESSING UPDATES

### **Enhanced Coordination of Benefits (COB)**

Effective October 15, 2012, DVHA has improved its capability for identifying primary insurance (when it exists) for beneficiaries of Vermont's publicly funded programs. In addition to beneficiary-supplied third-party liability (TPL) information, DVHA will also be obtaining TPL information from commercial health insurance carriers. The TPL information gathered from health insurance carriers is used in DVHA's new "enhanced COB" process.

- POS claims in which the beneficiary has TPL identified by the **enhanced COB** process will reject with the NCPDP code "41" with the beneficiary's TPL information (BIN, PCN, ID, Group, Phone) being messaged to the pharmacy allowing for proper resubmission to the alternate/primary insurer.
- After submitting to the alternate/primary insurer, pharmacies may resubmit the unpaid balance of claims with the appropriate NCPDP "**other coverage code**" and required COB segment fields to override the TPL edit and gain payment from DVHA.
- In addition to the **enhanced COB process**, DVHA will continue to utilize the current TPL cost avoidance process in which the claim rejects with NCPDP Code 41, but the beneficiary specific TPL billing information is NOT returned to the pharmacy.

Please remember that DVHA (Medicaid) is the payer of last resort in all areas of third party billing. If found in audit/reporting, claims are subject to recoupment.

## IMPORTANT REMINDERS

### **Generic Substitution Policy**

- When DVHA prefers the branded product: In select situations, the DUR Board may determine that a branded product is the preferred product when a new FDA-approved generic equivalent proves more costly to the State than its branded counterpart. Claims for the branded product should be submitted using a DAW of 6.



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- In situations where a Medicaid beneficiary has primary coverage with private insurance or Medicare, and that plan requires the dispensing of the generic product, the pharmacy may call the Clinical Call Center at 800-918-7549 to request an override.

### **DUR 88 / Reject Code 79 (Same Drug, Dosage Form and Strength)**

DVHA applies a hard edit to claims rejecting for Ingredient Duplication (ID). This means that:

- Pharmacies do not have the ability to submit the DUR “Reason for Service” codes to override ID denials.
- Vacations, changes in therapy, and lost or stolen medications may be considered valid reasons for overriding the DUR 88 / Reject Code 79.
- If an override for one of these situations is required, please contact the Pharmacy Help Desk at 800-918-7545.

### **Part D Plans for 2013**

There are changes in the coverage and premiums of Part D Plan offerings, so it is expected that some beneficiaries will be changing plans. Contained in this bulletin are some resources to make this year’s transition as easy as possible.

Attached is a list of pharmacy contact information for all Part D Plans serving Vermonters in 2013. To the best of our knowledge, this list contains the correct pharmacy center, member services and eligibility/enrollment contact information, as well as the correct pharmacy billing information (BIN and PCN).

### **Member Enrollment Assistance**

Beneficiaries with questions about their Medicare Part D prescription drug plan options may be directed to do the following:

- Call Medicare at 1-(800)-633-4227; or go to <http://www.medicare.gov/>; or
- Call the State Health Insurance Assistance Program (SHIP) Senior Help Line at 1-(800)-642-5119; or
- To compare plans, go to <https://www.medicare.gov/find-a-plan/questions/home.aspx> and enter the beneficiary’s zip code.

## Medicare/Medicaid Eligibles without a Part D Plan

### Point-of-Sale Facilitated Enrollment (POS FE) Process & Limited Income Newly Eligible Transition Program (LI NET):

The POS FE process was designed to ensure that individuals with both Medicare and Medicaid, “dual eligibles,” who are not enrolled in a Medicare Part D prescription drug plan, and do not have other insurance that is considered creditable coverage, are still able to obtain immediate prescription drug coverage when evidence of Medicare and Medicaid eligibility are presented at the pharmacy. Other individuals who qualify for the Part D low-income subsidy (LIS) are also able to use the POS FE process. To ensure coverage and allow for billing to a Medicare Part D Plan, follow these steps:

Step 1) Submit an E1 Transaction to the TROOP Facilitator. Note: If you are uncertain about how to submit an E1 or enhanced E1 query, please contact your software vendor.

If the E1 query returns a BIN/PCN indicating the patient has current drug plan coverage, **do NOT submit a claim to the POS FE process**. If the E1 query returns a help desk telephone number, this indicates the individual has been enrolled but the 4Rx data is not yet available. Please contact that plan for the proper 4Rx data.

If the E1 query does not return a BIN/PCN indicating the individual has current drug plan coverage, go to step 2.

Step 2) BIN/PCN to submit claims for the 2012 Limited Income Newly Eligible Transition (LI NET) Program:

BIN: 015599

PCN: 05440000

ID Number: Medicare HIC Number

Group Number: may be left blank

More information on the LI NET program is available online at the following location: [https://www.cms.gov/LowIncSubMedicarePresCov/03\\_MedicareLimitedIncomeNET.asp](https://www.cms.gov/LowIncSubMedicarePresCov/03_MedicareLimitedIncomeNET.asp) or by calling the LI NET help desk at 1-(800)-783-1307.

## **The Medicare Coverage Gap Discount Program Closing the Part D Coverage Gap**

The Affordable Care Act includes provisions to close the Medicare Part D prescription drug coverage gap (also known as the “donut hole”) to make prescription drugs more affordable for people with Medicare.

During 2013, people with Medicare who have Part D, but who do not receive Extra Help (through the low-income subsidy), will receive a discount of 52.5% for brand name drugs and 21% for generic Part D drugs while they are in the Part D coverage gap.

**IMPORTANT:** VPharm wrap coverage will not be available for the drugs of manufacturers who have not signed an agreement with the federal government to cover the discount on brand name drugs. Without this agreement, the manufacturer’s branded drugs are no longer considered Part D covered drugs.

### **Change in Part D Low Income Subsidy Copayments**

Medicare Part D Low Income Subsidy (LIS) copayments in 2013 will be increasing to a maximum amount of \$6.60. Beneficiaries who have been found eligible for the Low Income Subsidy (LIS) at Level 1 will have a Medicare Part D copayment ranging from \$2.65 - \$6.60 (an increase from last year), and those at Level 2 will have a Medicare Part D copayment ranging \$1.15 - \$3.50 (also an increase from last year).

### **Benzodiazepines and Barbiturates**

Effective January 1, 2013, benzodiazepine and barbiturates are now included as Part D covered drugs. The definition of a Part D covered drug has been revised to include barbiturates used in the treatment of epilepsy, cancer and chronic mental health disorders. All benzodiazepines for all indications now meet the definition of a Part D covered drug. These claims will no longer be paid for beneficiaries with Part D coverage.

### **Claims Subject to Recoupment**

Reminder:

- The use of OCC 04 is not to be used for primary claims that have been denied by the Medicare Part D Plan because the drug requires PA or is a non-formulary drug.
- Please remember that DVHA (Medicaid) is the payer of last resort in all areas of third party billing. If found in audit/reporting, claims are subject to recoupment.

Vermont Medicare Part D PDP Pharmacy Contact List – 2013

Company Name	Aetna	B/C/BS	Cigna	Cigna	Envision RX	FirstHealth Life & Health Ins. Co.
Contract #	56810	S2893	S6617 172	S6617 008	57894 002/073	S5768 014
PBM	CVS	Caremark	Argus	Argus	Envision RX Options	* Medco Health Solutions/Express Scripts
Pharmacy Code	800-236-6279	800-364-6331	800-558-9363	800-558-9363	866-250-2005	800-922-1557
Pharmacy	800-494-2366	800-294-5979	800-558-9363	800-558-9363	800-250-2005	800-551-2694
Pharmacy	800-406-2366	888-836-0730	866-249-1172	866-249-1172	677-903-7231	hi: 800-639-9158
Member Services	877-236-6211	877-479-2227	800-222-6700	800-222-6700	866-250-2005	866-823-5178
Eligibility/Enrollment	800-832-2640	888-496-4178	800-735-1459	800-735-1459	800-361-4642	877-816-8163
PHN	610602	4396	012363	012353	012312	610014
PCN	00670000	MEDADV	3490000	3490000	PART	MEDPRIME
Group	363495	RX8692	246694602CIGC	246694602CIGV	EICS002/EICS073	CVTYRTL
Company Name	First Health Life & Health Ins. Co.	First Health Life & Health Ins. Co.	HealthMarkets	Health Springs	Humana	Medco
Contract #	S5768 038	5768 126	S0128	S5932	S6894	S5680
PBM * Medco combined with Express Scripts effective 04/02/12	* Medco Health Solutions/Express Scripts	* Medco Health Solutions/Express Scripts	Humana Pharmacy Solutions	Calamaran RX	Argus	Express Scripts
Pharmacy Code	800-922-1557	800-922-1557	888-630-9137	888-626-6686	800-522-7487	800-922-1557
Pharmacy	800-551-2694	800-551-2694	866-391-2370	877-813-6695	800-556-2546	800-753-2851
Pharmacy	800-639-9158	800-639-9158	866-391-0161	866-464-0709	877-486-2621	800-837-0959
Member Services	866-866-0862	866-866-0862	888-630-9137	877-504-7252	800-706-0872	800-262-4974
Eligibility/Enrollment	877-816-8163	877-816-8163	888-626-6686	877-357-1685	888-446-6678	800-477-6703
PHN	610014	610014	16390	610011	15681	610014
PCN	MEDPRIME	MEDPRIME	0725	HTHSRING		MEDPRIME
Group	CVTYRTL	CVTYRTL	S0128004	N/A	N/A	RXMEDD1
Company Name	SilverScript	S mart D Rx	Unicare	United American	United Health Care	Wellcare
Contract #	S5601	S0064	S5960	S5755	S5820 & S6921	S5967
PBM	Caremark	BeneCard	Wellpoint	Medco	Prescription Solutions by OptumRx	Calamaran RX
Pharmacy Code	800-364-6331	865-850-6333	800-662-0210	800-922-1557	877-889-6471	888-550-5252
Pharmacy	800-294-5979	865-850-6333	800-338-6180	800-753-2851	800-711-4555	888-550-5252
Pharmacy	888-836-0730	888-723-6008	800-601-4823	888-236-6651	800-527-0631	866-388-1767
Member Services	866-236-6660	865-976-2781	800-642-5113	800-596-4645	877-710-5083	888-550-5252
Eligibility/Enrollment	866-562-6106	865-976-2781	800-328-6201	800-596-4645	888-867-6664	877-803-9081
PHN	004336	016333	003858	610014	610097	603286
PCN	MEDADV	BT43	MD	MEDPRIME	3939	MEDD
Group	RX9110	S00000	1050070201	PDP13697	PD PIND	788257