



# DVHA Pharmacy Newsletter

## News and Updates

December 2014

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## **IMPORTANT NEWS REGARDING DVHA’S 1/1/15 CONVERSION FROM CATAMARAN TO GOOLD HEALTH SYSTEMS (GHS)**

In its October 2014 newsletter, DVHA introduced Goold Health Systems (GHS) as its new Pharmacy Benefit Manager (PBM) for beneficiaries enrolled in the State of Vermont’s publicly funded health care programs (example, Medicaid and VPharm). This change is effective January 1, 2015. You will be receiving mailings and faxes over the next month to keep you informed.

### **Pharmacies That Are OPEN on January 1, 2015**

DVHA’s pharmacy claims processing systems will be **shut down at 7pm EST** New Year’s Eve and will be unavailable until **1pm EST** on January 1, 2015 while we prepare to launch the new POS system. During this “blackout” period, we are asking pharmacies to **hold non-urgent prescriptions**.

- If a prescription is of an urgent nature, please call the GHS Call Center at (844) 679-5362 to find out if the drug is covered.
- During the short time that our systems will be down, we ask that you please use MALCOM to verify eligibility by calling: toll-free in Vermont (800)925-1706; local and out-of-state (802) 878-7871.

1. Press #1
2. If your VT Medicaid user ID contains all digits press #1
3. If your VT Medicaid user ID contains digits and letters press #2

- You can also check eligibility on-line using the VTMEDICAID Web Services Portal at <https://www.vtmedicaid.com/secure/logon.do>
- These steps will help minimize filling prescriptions for ineligible members or drugs that are not covered.

## Pilot Testing

On November 29<sup>th</sup>, 2014 an important notice was faxed to all participating Vermont Medicaid Pharmacies to invite them to Pilot Test DVHA's new POS Pharmacy System.

**Pilot testing will begin on December 8<sup>th</sup>, 2014 and end December 19<sup>th</sup>, 2014.**

The following information in regards to GHS Payer Sheet for Pilot Testing can be found on the GHS website <http://www.ghsinc.com/payer-sheets> under "Vermont."

- ✓ VTPOP NCDPD D.0 Pilot Payer Sheet
- ✓ VTPARTD NCPDP D.0 Pilot Payer Sheet – NEW
- ✓ Payer Sheet Differences Summary – NEW
- ✓ Pilot Registration Form – NEW

| Bank ID No (BIN) | Plan Name                                      | Proc. Control No (PCN) |
|------------------|--|------------------------|
| 017779           | VTTEST (Previously VTM-Medicaid)               | VTTEST                 |
| 017779           | VTDTEST (Previously VTD-VPharm/Dual Eligibles) | VTDTEST                |

### BIN-PCN for January 1, 2015

The BIN-PCN numbers listed below are needed in order to process electronic pharmacy claims to GHS starting on **01/01/2015**.

| Bank ID No (BIN) | Plan Name | Proc. Control No (PCN) | Group No |
|------------------|-----------|------------------------|----------|
|------------------|-----------|------------------------|----------|

|        |                             |         |              |
|--------|-----------------------------|---------|--------------|
| 017795 | VTPOP<br>(Previously VTM)   | VTPOP   | Not Required |
| 017795 | VTPARTD<br>(Previously VTD) | VTPARTD | VTMEDICAID   |

## Payer Sheet

Changes to the payer sheet for data submission will be effective for all Vermont Medicaid enrolled pharmacies on January 1<sup>st</sup>, 2015.

**Below are some of the changes identified with the new Pharmacy Point-of-Sale (POS) deployment.** Guidance for all of the POS changes are included within the payer sheet. The complete payer sheet can be found on the [www.ghsinc.com/payer-sheets](http://www.ghsinc.com/payer-sheets) website under “Vermont”.

| FIELD # | FIELD NAME                            | EXPLANATION OF CHANGE  |
|---------|---------------------------------------|--|
| 423-DN  | Basis of Cost Determination           | GHS utilizes the NCPDP standard and will require 2 digits on the claim (example: '00'), claims with other than 2 digits will reject.   |
| 2Ø1-B1  | Service Provider ID                   | GHS does not allow duplicate prescription number and will validate a duplicate transaction by the combination of 201-B1, 401-D1 and 402-D2   |
| 4Ø1-D1  | Date of Service                       |  |
| 4Ø2-D2  | Prescription/Service Reference Number |  |
| 335-2C  | Pregnancy Indicator                   | GHS will allow pharmacies the option of sending the claim with the pregnancy indicator of 2 in the 335-2C payment segment. This can be used if the member is newly pregnant and their eligibility does not reflect this. |

|        |                               |  |
|--------|-------------------------------|--|
| 42Ø-DK | Submission Clarification Code | Pharmacies will be able to send in Submission Clarification Code = 02 on Ebox claims for Long-Term Care members which will override the Reject 79 – Refill Too Soon error message.<br>The Submission Clarification Code of 02 will not override 75 PA required message. The pharmacy will have to call for a special PA. |
| 461-EU | PA Type Code                  | GHS will allow pharmacies to send in 461-E = 2 and 462-EV = 72 on the claim for an on-line override when it is necessary to allow an emergency 72 hour supply of a medication. This function is only allowed off hours when the call center is not available.  |
| 462-EV | PA Number                     |  |

|  |  |  |
|--|--|--|
|  |  |  |
| 522-FM   | Basis of Reimbursement Determination   | Pricing logic considers submitted U&C, Gross Amount Due, Ingredient Cost Submitted and the State calculated rates including State MAC, and FUL. The processor will pay the lesser of logic for all prices considered.<br><br>The maximum provider payment is set at \$99,999.99. Any claim exceeding this amount will reject. Contact the POS Helpdesk for a special PA if the claim amount is higher. |
|  |  |  |
| 341-HB<br>342-HC<br>431-DV<br>353-NR<br>351-NP<br>352-NQ | OTHER PAYER AMOUNT PAID COUNT<br>OTHER PAYER AMOUNT PAID QUALIFIER<br>OTHER PAYER AMOUNT PAID<br>OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT<br>OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER<br>OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT | VT POP (previously VTM) uses COB Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount   |
|  |  |  |
| 353-NR<br>351-NP<br>352-NQ                               | OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT<br>OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER<br>OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT  | VT Part D (previously VTD) uses COB Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only  |

## GENERAL INFORMATION AND GUIDANCE

### ***Transmissions***

Refer to the NCPDP Telecommunication Standard Implementation Guide Version D. Ø for the structure and syntax of the transaction(s) within the transmission.

### ***Segments***

Each segment is listed as mandatory, situational, or optional for a given transaction in the NCPDP *Telecommunication Standard Implementation Guide*. If the segment is mandatory for a given transaction, that segment must be sent. If the segment is situational, the situations outlined in the guide must be followed for use.

GHS encourages providers to go to the website at [www.ghsinc.com/payer-sheets](http://www.ghsinc.com/payer-sheets) to view all recent changes to the payer sheet. We also encourage you to participate in testing before the December 19<sup>th</sup> deadline. If you have questions and/or want to participate in testing, please email [POSTechSupport@ghsinc.com](mailto:POSTechSupport@ghsinc.com) or call 877-553-8455.

## **Coming Soon**

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