



State of Vermont
 Department of Vermont Health Access
 312 Hurricane Lane, Suite 201
 Williston, VT 05495-2807
<http://dvha.vermont.gov>

Agency of Human Services

**IMPORTANT NOTICE:
 NEW PBM IMPLEMENTATION GOING LIVE 1-1-2015
 Processing of PART B Secondary Claims, CMS Excluded Drugs, and OTC's**

December 31, 2014

Effective January 1st, 2015, The DVHA will have a new PBM, Goold Health Systems (GHS). There will be a new process on submitting Part B secondary claims, CMS excluded drugs, and over-the-counter drugs through the POS system for Vermont Medicaid Enrolled Pharmacies. Please see the following billing instruction grid below outlining the correct use of Other Coverage Codes for members enrolled in Vermont's publicly funded pharmacy programs.

FOR PART B SECONDARY CLAIMS (MEMBER HAS PART B):

Member Benefit	Process Control#	Other Coverage Code	Additional Information:
Dual Eligible (Medicaid/Medicare eligible with MAPD/PDP)	VTPOP	OCC2, OCC4	
Creditable Coverage (Medicaid/Medicare eligible but no MAPD/PDP)	VTPOP	OCC2, OCC4	
VPharm (Medicare eligible with MAPD/PDP)	VTPARTD	OCC8	No Benefit Stage Qualifier Needed

CMS EXCLUDED DRUGS, OVER THE COUNTER DRUGS, DIABETIC SUPPLIES

(This would include drugs that Part D does not cover, such as cough and cold preps and OTC's. This also includes members who do not have Part B, but DVHA reimburses diabetic supplies not covered by Part D-ex. Lancets, Strips)

Member Benefit	Process Control#	Other Coverage Code	Additional Information:
Dual Eligible (Medicaid/Medicare eligible with MAPD/PDP)	VTPOP	OCC3	Reject code from MAPD/PDP required
Creditable Coverage (Medicaid/Medicare eligible but no MAPD/PDP)	VTPOP	OCC3	Reject code from primary insurer required
VPharm (Medicare eligible with MAPD/PDP)	VTPARTD	OCC3	Reject code from MAPD/PDP required

In addition, the following are some changes to the Payer Sheet that were not highlighted in previous communications:

- a) When submitting OTC's or CMS Excluded drugs for Full Benefit Duals or VPharm members, NCPDP requires a reject code from the MAPD/PDP for processing
- b) Please note that we will no longer accept OCC2 or OCC4 for VPHARM members Part D cost-share (WRAP) claims. These must be submitted with an OCC8 and the appropriate Benefit Stage Qualifier fields from the MAPD/PDP

GHS Contact Numbers (Effective January 1, 2015)

Help Desk	Phone	Fax	Availability
Clinical Call Center Prior Authorizations	1-844-679-5363	1-844-679-5366	M-F 7:30 am – 6:30 pm Sat 8:00 am – 2:00 pm After hours on call 24/7, 365 days/year
Pharmacy POS Call Center	1-844-679-5362		

Examples of issues handled by the Clinical Call Center: Request for prior authorizations (PA) and PA status

Examples of issues handled by the POS Call Center: Pharmacies claim processing/billing issues, early refills override due to lost or stolen medication, vacation override, Pharmacy Home/Lock-In change, pharmacy or prescriber enrollment, member ineligible on date of service.