



Healthy Blue

Pharmacy provider
communication and
education

Topics

- Background
- Pharmacy network participation
- Healthy Blue service areas
- Claims submission and processing information
- Coordination of Benefits
- Pharmacy Benefit plan design
- Pharmacy payment
- Contact information

Background

- We have operated in Louisiana since February 1, 2012
 - Pharmacy carve-in became effective November 1, 2012
- We serve Medicaid beneficiaries, including Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI) nondual members
- We process all medication prior authorizations
 - Pharmacy Drug PA: Phone: **1-844-521-6942**
Fax: **1-844-864-7865**
 - Office Based Injectable PA: Phone: **1-844-521-6942**
Fax: **1-844-487-9291**
 - IngenioRx will use CVS to process pharmacy benefit claims

Pharmacy Network



Pharmacy network

- IngenioRx is our Pharmacy Benefit Manager (PBM)
- Any pharmacy willing to accept the terms of an agreement with IngenioRx can participate in the pharmacy network
 - IngenioRx does not promote any one pharmacy over another in the network
 - IngenioRx network consists of local/independent, chain, and specialty/home delivery pharmacies
- Your pharmacy must be in good standing with the Louisiana Department of Health for inclusion in the network

Pharmacy network (cont.)

- Any pharmacy in the network is permitted to dispense specialty drugs and submit claim to IngenioRx
- Pharmacies that supply durable medical equipment (DME) must contract with Healthy Blue under the ancillary provider network and are subject to those terms and conditions
- Home infusion pharmacies submit drug claims to IngenioRx
 - Supplies may be billed under DME



Claims submission

Pharmacy claims

- Find claims processing information on the back of the member's Healthy Blue ID card or on our website at **<https://providers.healthyblueia.com>**
- Claims are processed by IngenioRx using National Council for Prescription Drug Programs (NCPDP) D.0 transaction standard:
 - **Pharmacy Provider Help Desk: 1-833-236-6194** or **<https://www.caremark.com/pharminfo>**
 - Transmission data:
 - RXBIN: 020107
 - RXPCN: FG
 - RXGRP: WKLA
- Member's Healthy Blue ID number or state Medicaid ID number can be used for claim submission

Pharmacy claims (cont.)

- Other required transmission data:
 - Transmit the first nine digits of the **subscriber number** as the patient's ID number
 - Transmit the last two digits as 01 for the dependent suffix code
 - Transmit date of birth, sex, prescriber identification number and NPI number
 - If you can't find the Healthy Blue ID number, you may use the member's state Medicaid ID
- There is a sample Healthy Blue member ID card in your pharmacy notification from Healthy Blue

Pharmacy claims (cont.)

- All claims submitted electronically must be within 365 days of fill
- Over-the-counter (OTC) claims require a prescription and must be submitted using the National Drug Code (NDC) number or UPC
 - Not All OTC's are covered under the pharmacy benefit plan
- Repackaged NDCs are not allowed
- Multisource brand-name drugs (MSB) may require generic substitution unless brand is justified
 - Some MSB drugs are preferred over generic per the Louisiana Medicaid Preferred Drug List (PDL)

Eligibility

- Eligibility inquiries:
 - Pharmacies may submit eligibility inquiries in the NCPDP E1 HIPAA-compliant format and all claims and remittance transactions in the 837/835 HIPAA-compliant format
 - Claim transactions for pharmacy services must be in the NCPDP B1/B2 HIPAA-compliant formats
 - All others must be in the 837/835 HIPAA-compliant format
 - Check the plan-specific contact list for more resources
- Newborns:
 - For processing information, providers should call Healthy Blue Provider Services at **1-844-521-6942**

Prescriber NPI

- For all claims, including controlled substance prescriptions, providers must use their individual valid and active NPI
- Providers must maintain the DEA number on the original hard copy for all controlled substance prescriptions in accordance with state and federal laws
- Claims submitted without an appropriate and valid NPI **will be rejected**

Prescription origin code

- Providers must give the prescription origin code (POC) when submitting claims
- If the POC is submitted as blank or with a value of 0, the claim will reject with the following message:
 - [REJECT 41]-<<M/I PRESCRIPTION ORIGIN CODE SUBMIT 1, 2, 3, 4>>
- Original fill claims submitted without one of the values below will be rejected (POC in field 419-DJ):
 - 1 = written, 2 = telephone, 3 = electronic, 4 = facsimile, 5 = pharmacy
- Blank or 0 (not specified) are not valid values for original fills

340B claims

Pharmacies submitting a claim as a 340B-contracted provider must:

1. Identify the claim by submitting a value of **8** in the *Basis of Cost* field
2. Billed as the actual acquisition drug cost + dispensing fee

DUR conflict codes and messages

- All drug utilization review (DUR) messages appear in the claim response
- IngenioRx, in accordance with current NCPDP standards, returns up to nine DUR messages on the same claim
- It is the pharmacy's responsibility to view all screens for any drug interactions and/or contraindications

Copays

Copays:

- Drug costs \$10 or less; copay is \$0.50
- Drug costs \$10.01 to \$25; copay is \$1
- Drug costs \$25.01 to \$50; copay is \$2
- Drug costs \$50.01 or more; copay is \$3

Claims may have \$0 copay

- Drug exemptions
- Member exemptions

Copay exemptions: services

The following services are exempt from copays:

- Family planning services and supplies, including contraceptives
- Emergency services
- Flu vaccines
- Limited OTCs, i.e. ASA 81mg

Members unable to pay the copay cannot be denied their medications.

Copay exemptions: members

The following members are exempt from copays:

- Individuals younger than 21 years of age
- Native Americans/American Eskimos
- Pregnant women
- Under \$800/month 2019 income
- Individuals who are in a:
 - Hospital
 - Long-term care facility
 - Group home
 - Other medical institution

E-Prescribing

- We encourage and support e-prescribing to reduce errors, identify drug therapy issues and help with formulary compliance
- Providers who use e-prescribing must do so in accordance with all applicable state and federal laws



Coordination of Benefits

Coordination of Benefits

- Medicaid is the payer of last resort, which means other forms of insurance coverage (for example, Medicare Part B or D, commercial insurance) must be submitted before Louisiana Medicaid and SSI nondual programs
- Coordination of Benefits (COB) payer sheets with additional details are located at **caremark.com/pharminfo** >NCPDP Payer Sheets
- Louisiana Medicaid and SSI nondual plan members should always leave the pharmacy with their prescribed medication(s)

Coordination of Benefits (cont.)

- We support online COB
- COB segment is required
- Requirements for submitting secondary claims:
 - Supplemental RXBIN: 020107
 - Supplemental RXPCN: FG
 - Supplemental RXGRP: WKLA
 - Other coverage codes: 01 to 04



Benefit plan design

Pharmacy benefit

- Formulary follows the Louisiana Medicaid State Preferred Drug List (PDL) found here: <http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>
 - The State of LA determines the PDL and the prior authorization criteria
 - Some OTC items covered, i.e. polyvitamin with iron
 - Some medical supplies covered, i.e. BD 1ml syringe
 - Healthy Blue prefers True Test glucose monitors and test strips
http://fm.formularynavigator.com/FBO/4/Louisiana_Prefered_Diabetic.pdf
- **Mandatory generic program:**
 - Claims for brand-name drugs where there's a generic equivalent available will reject, unless the brand (multi-source brand) is preferred on the PDL
 - For multi source brand PDL drugs you dispense as brand preferred, use DAW 9 to receive reimbursements at the contracted brand rate

Prior authorization

- If a claim rejects because it requires prior authorization, contact Healthy Blue:
 - Phone: **1-844-521-6942**
 - Fax: **1-844-864-7865**
 - Website: **<https://providers.healthyblueia.com>**
- Please include any supporting medical records that will help us review the prior authorization request
- Allow up to 24 hours to complete the authorization process

Prior authorization (cont.)

- Pharmacist should submit a 72-hour emergency supply prescription if prescriber is not available to submit PA
 - Pharmacist deems if medication is an emergency and requires 72 hour fill
 - Emergency fills are limited to 2 consecutive fills only (6 days)
- If the prior authorization is:
 - **Approved**, we will enter the authorization and fax the prescriber with the outcome
 - **Denied**, we will deny the authorization and fax the prescriber with the outcome



Pharmacy payment and contact information

Pharmacy payment

- Chain pharmacies will receive payment for Healthy Blue claims in accordance with their IngenioRx contracts and state prompt pay requirements
- Local/independent pharmacies will receive payment for Healthy Blue claims in accordance with our State contractual requirements of NADAC + dispensing fee + provider fee
- Pharmacies will receive a remittance advice (paper) or 835 file (electronic) from IngenioRx
- Healthy Blue claims will appear with an RXBIN code that distinguishes those claims from other payer claims
- Additional questions related to payment should be directed to IngenioRx

Contact information

| Reason | Contact number | Website |
|--|--|---|
| Prior authorization | 1-844-521-6942 (Phone) 1-844-864-7865 (Retail PA Fax) 1-844-487-9291 (Medical Injectable PA Fax) | https://providers.healthybluela.com |
| IngenioRx Pharmacy Help Desk (point-of-service/adjudication issues) | 1-833-236-6194 | https://www.caremark.com/pharminfo |
| Healthy Blue (member eligibility verification) | 1-844-521-6942 | https://providers.healthybluela.com |

Thank you

<https://providers.healthyblueela.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BLAPEC-1250-19 June 2019