



**Louisiana Department of Health  
Informational Bulletin 17-7  
September 2, 2017**

**Hurricane Harvey Provider Assistance FAQs**

**I. Expedited Provider Enrollment**

***1. How do I enroll as a provider in Texas Medicaid?***

Texas has two expedited enrollment processes with separate instructions for pharmacy and non-pharmacy providers. Applications may be submitted now. Processing of the applications will begin on September 5, 2017. Both pharmacy and non-pharmacy enrollments during this event will be for a time limited period. Texas will reevaluate the enrollment timeline as the recovery efforts progress, and if needed, will extend both expedited enrollment types.

**a. PHARMACY PROVIDERS:**

Pharmacy enrollment is facilitated through the Texas Vendor Drug Program (VDP). The VDP Hurricane Harvey Temporary Pharmacy Agreement is available online [here](#). Pharmacies should use this form for expedited enrollment. Pharmacy enrollment will be retroactively dated to August 25, 2017.

**b. NON-PHARMACY PROVIDERS:**

A simplified provider enrollment application has been created to allow non-Texas Medicaid-enrolled providers, including out of state providers, to temporarily enroll in Texas Medicaid. Providers must be enrolled in Texas Medicaid in order to be reimbursed for rendering services to Texas Medicaid eligible clients whose permanent address is in one of the FEMA-declared disaster counties. The expedited enrollment application can be found [here](#).

The simplified process will expedite Texas Medicaid's provider enrollment and allow providers to temporarily enroll in Texas Medicaid. Providers enrolled through this process will be eligible for reimbursement for services rendered from August 25, 2017 through December 31, 2017. After December 31, 2017, providers enrolled under this process will be automatically dis-enrolled.

Providers who wish to continue to provide services to Texas Medicaid clients may pursue traditional provider enrollment with Texas Medicaid. Additional information about this process may be found on [www.tmhp.com](http://www.tmhp.com).

Providers may also call the TMHP Contact Center for more information at 1-800-925-9126. The call center will open on Monday, September 4, 2017.

## **2. Does the expedited enrollment process apply for methadone providers?**

Yes, since methadone as medication assisted treatment is a Medicaid-covered service in Texas, Louisiana methadone providers can use the same application provided in question 1 for non-pharmacy providers. Methadone providers will need to fill out the disclosure part of the application in second half of form regarding ownership and principals.

## **II. Out of State Billing Processes**

### **3. What information should providers collect from clients in order to bill?**

#### **a. PHARMACY PROVIDERS:**

All pharmacy providers must enroll with Texas Medicaid to provide services to fee-for-service or managed care members as indicated in question 1.

Subsequent to enrollment, each managed care organization (MCO) has its own contracting requirements for reimbursement of claims. The [Pharmacy Enrollment Chart](#) identifies how pharmacy providers with questions pertaining to a new, pending, or existing contract can contact each MCO and pharmacy benefits manager (PBM).

Pharmacy providers, and their contracted software company, should refer to the [Texas Pharmacy Provider Payer Sheets](#) for specific claim processes. These documents define the required fields needed for processing a prescription claim (such as BIN number and process control number) and address certain claim-specific policies (such as for coordination of benefits or 340B claim processing). While this information should be accessible through the provider's pharmacy software system, pharmacy staff can refer back to these payer sheets when questions arise.

Texas fee-for-service has an emergency procedure to follow if a prescription claim rejects with error code 79 ("Refill Too Soon") or 76 ("Plan Limitations Exceeded") by using the values in the table below. Pharmacies can override error codes 79 or 76, but only for people identified as affected by Hurricane Harvey and for replacement medications lost or left behind. Pharmacy staff should use their professional judgment when filling prescriptions to ensure adherence to state and federal law.

Segment	Field Number	Field Name	Value
Claim	461-EU	Prior Authorization Type Code	9 ("Emergency Preparedness")
Claim	462-EV	Prior Authorization Number Submitted	82Ø17

This emergency override procedure is available as of 7 p.m. Central Time on Friday, August 25, 2017, and available for claims with service dates of August 24, 2017, forward. The emergency override will be in place as long as necessary.

Each MCO has its own billing requirements. Pharmacy billing and call center information for fee-for-service and managed care can be found [here](#).

**b. NON-PHARMACY PROVIDERS:**

Future guidance is forthcoming on claims submission and processing. Once received, Informational Bulletin 17-7 will be revised and republished.

**III. Eligibility Verification**

**4. How can providers verify a client is eligible for Texas Medicaid?**

**a. PHARMACY PROVIDERS:**

**Real-time Pharmacy Verification of Eligibility**

Pharmacy staff using the following real-time eligibility tools will query the Texas Pharmacy Claims System using the individual’s Medicaid, CHIP, KHC, or CSHCN cardholder ID number. The expanded messaging that is returned will include the most current or last effective eligibility period, prescription limitations, managed care health plan name, and Medicare Part B and D coverage.

- Eligibility Verification (E1) Transaction**

The National Council for Prescription Drug Programs (NCPDP) Eligibility Verification transaction is submitted from the pharmacy’s point-of-sale claim system. Pharmacy providers will need to enter in the National Provider Identification **(NPI) number 0000820171** to perform the E1 Transaction.

Ability to use these transaction codes will depend on the pharmacy’s software. Pharmacy providers should contact their software company to discuss E1 submission issues and to ensure the “Additional Message Information” field (526-FQ) is returned for all responses.

Network switch companies offer a centralized telecommunication link between the pharmacy and the Texas Vendor Drug Program (VDP). All arrangements with switching

companies should be handled directly by the pharmacy provider. VDP currently accepts transactions from the following switch companies:

- Change Healthcare (formerly Emdeon).
  - QS/1 Data Systems.
  - Relay.
- **VDP Help Desk**  
Pharmacy staff may also contact the Texas Pharmacy Benefits Access Help Desk at 1-800-435-4165 for additional assistance. The Help Desk is open Monday-Friday, 8:30 a.m. to 5:15 p.m., Central Time. The call center will be open during normal business hours over the Labor Day weekend (9/2/17 - 9/4/17). This number is for pharmacy provider staff only. Staff should not share this number with Medicaid-eligible individuals.

#### **b. NON-PHARMACY PROVIDERS:**

Texas is implementing access for Louisiana access to its system to verify eligibility. Testing is underway to make sure all the log-in information being coded by Texas Medicaid will work as programmed. Texas will also be producing a screenshot guide to help providers read and interpret the eligibility screens. Once testing is completed, more information on how to access eligibility verification information will be published in the revised Informational Bulletin 17-7.