



Louisiana Department of Health and Hospitals Bayou Health Informational Bulletin 12-30 October 29, 2012; Revised: November 9, 2012

Issues: Bayou Health Pharmacy Benefit and Out of Network Policies

Beginning Nov. 1, 2012, pharmacy benefits for Louisiana Medicaid and LaCHIP recipients enrolled in the Bayou Health Prepaid Plans - Amerigroup, LaCare and Louisiana Healthcare Connections - will be managed by their respective Bayou Health Plans. Pharmacies providing services to these members must be in-network with the member's Health Plan, or comply with the out-of-network policies detailed in this bulletin, to ensure payment.

These changes do not apply to those Medicaid and LaCHIP recipients enrolled in the Community Health Solutions or United Healthcare Bayou Health Plans and other Medicaid and LaCHIP recipients. Their pharmacy benefits will continue to be provided through the state pharmacy benefit program using the Louisiana Medicaid ID Card.

Please be aware that all three of the Bayou Health Plans and their Pharmacy Benefits Managers can accept a patient's Medicaid ID number for claims processing.

Q: How do I join the pharmacy network for the Prepaid Plans?

A: Prepaid Bayou Health Plans and their PBMs are currently reaching out to pharmacies to build their statewide networks. To contact them directly for contract information call:

- Amerigroup - CVS/Caremark: (480) 391-4623
- LaCare – Perform Rx: (800) 555-5690
- Louisiana Healthcare Connections - USScript: (877) 690-9330

Q: How do I determine a member's Bayou Health Plan?

A: A patient's eligibility can be verified in the same manner it is today, using the Web, phone and swipe card options in the eligibility verification system operated by Molina. This is considered the source of truth for eligibility. A member may have a Bayou Health Plan ID card, but it is possible for a member to be enrolled in a Plan different from the card they have on hand, so the Molina eligibility system is always recommended. A sample of the eligibility verification screen and where

to locate a recipient's Bayou Health Plan information is online at www.MakingMedicaidBetter.com/Providers.

Q: Can I still provide services to a member if I don't have an active contract with their Health Plan?

A: Pharmacists who have an active contract with CVS/Caremark, PerformRx or USScript for their commercial business will have a 30-day grace period from Nov. 1, 2012 to Nov. 30, 2012 to finalize their Bayou Health pharmacy contract amendments. During this grace period, the pharmacy will be able to provide pharmacy services to Bayou Health members in the associated Plans and submit claims for payment.

In addition, each Prepaid Bayou Health Plan has defined specific policies that will be applicable to out-of-network pharmacies during the first 30 days of the pharmacy benefit implementation. These policies address those pharmacies that have no existing affiliation to CVS/Caremark, PerformRx or USScript.

Please address any additional questions about specific Health Plan policies to the appropriate Health Plan's provider services hotline, listed below.

Amerigroup (CVS/Caremark)

In order to ensure a smooth transition on Nov.1, 2012 for members and to support the one month transition period to the new Amerigroup Louisiana Medicaid Network effective Dec. 1, 2012, Caremark will accept claims from current Louisiana based pharmacies that are part of Caremark's existing national network.

- Caremark is unable to accept or pay for claims dispensed without a supporting contract and a thorough credentials review, which can take up to 10 business days to complete.
- For pharmacies that are not part of the existing national network on Nov. 1, 2012, Caremark will support retroactive electronic claim submission for the transition period provided all required documentation is completed and received prior to the end of November 2012 and the pharmacy passes its credentialing review.

For additional questions, please contact Amerigroup Provider Relations at (888) 821-1108.

LaCare (PerformRx)

The following procedures outline how PerformRx will handle non-contracted pharmacies during the first 30 days of go-live from Nov. 1, 2012 through Nov. 30, 2012. A non-contracted pharmacy is any pharmacy provider in Louisiana who has not entered into a contract with PerformRx for any services related to the LaCare line of business.

- PerformRx will not pre-load non-contracted pharmacies into their network.
- Claims submitted by a non-contracted pharmacy will reject at the point of sale (POS), prompting the pharmacy to contact PerformRx.

- When a non-contracted pharmacy contacts PerformRx about a rejected claim, PerformRx will refer the provider to the contract sent out previously (which each legacy Medicaid pharmacy provider should receive prior to Nov. 1) and will fax the pharmacy a 30-day letter of agreement that the pharmacy can fax to make that pharmacy a network provider immediately, being paid at the contracted rate.
- If the pharmacy agrees on the phone, PerformRx will load the pharmacy into the network immediately to allow the claim to process.
- In the event the Pharmacy does not agree to the contract terms and conditions, PerformRx will provide the location of the nearest in-network pharmacy so the recipient can be referred there.
- In these instances, PerformRx will note the pharmacy name and information and add to tracking log.
- Daily, PerformRx will review the tracking log and compare it to signed contracts received.
- Beginning five (5) days after adding the pharmacy to the network, PerformRx will initiate outreach if no contract has been received.
- One week prior to Dec. 1, 2012, PerformRx will outreach to any outstanding pharmacies in this scenario and notify them of termination of the out-of-network/transitional coverage effective Dec. 1, 2012, if no contract is received.
- On Dec. 1, 2012, PerformRx will remove any pharmacies that were added during the transitional phase but did not submit a contract to officially join the network.

For additional questions, please contact LaCare Provider Relations at (888) 922-0007.

Louisiana Healthcare Connections (USScript)

Louisiana Healthcare Connections is unable to permit dispensing without a supporting contract and credentials review. The Health Plan has taken pre-emptive measures to outreach and pre-credential non-participating providers to allow for immediate execution of a contract upon receipt of a signed agreement when there are clear credentials.

During the go-live grace period, Louisiana Healthcare Connections will reach out to any pharmacy that submits a claim and is rejected as a non-contracted pharmacy to assist with the completion of any necessary documentation. Louisiana Healthcare Connections will encourage the pharmacy to dispense while the processing occurs (typically a one-to-five business day timeframe), and then allow a retroactive submission of the non-contracted claims, provided the documents are all received before the end of the month (Nov. 30, 2012).

For additional questions, please contact Louisiana Healthcare Connections Provider Relations at (866) 595-8133.