



Pharmacy Benefit Changes for Medicaid and LaCHIP Recipients Enrolled in Amerigroup, LaCare and Louisiana Healthcare Connections Bayou Health Plans

Starting November 1, 2012, Louisiana Medicaid and LaCHIP recipients enrolled in the **Amerigroup, LaCare or Louisiana Healthcare Connections** Bayou Health Plan will begin to have their prescription drugs and pharmacy services managed through their Bayou Health Plans.

***This change does not apply** to all other Medicaid and LaCHIP recipients, including those enrolled in the Community Health Solutions or United Healthcare Bayou Health Plans. Pharmacy benefits for those individuals will continue to be managed by the state-run pharmacy benefit program (legacy Medicaid).*

You can determine if your Medicaid and LaCHIP customers are enrolled in one of these three Health Plans by checking the online Medicaid eligibility verification system, eMEVS. This information tells providers which Bayou Health Plan to bill for services or obtain authorizations as needed.

Please note that you should always consider the Medicaid eligibility database the ultimate source of information for Bayou Health Plan assignment. A customer may think he or she is in a different Plan or may have a letter or ID card from another Plan, but the eMEVS information takes precedence.

Note that this change is unrelated to the recent move to Average Acquisition Cost-based reimbursement, which applies to the state-run pharmacy program. Reimbursement by Health Plans will be guided by the contracts between Plans or their Pharmacy Benefits Manager (PBM) and the pharmacy provider.

What does this mean for you?

You must take action to participate as a network provider.

Health Plans are required to develop robust pharmacy networks across the state. These networks must meet strict adequacy requirements based on mileage and distance from where their members live. Furthermore, Health Plans cannot deny any willing pharmacist/pharmacy the opportunity to sign a contract with the Health Plan to provide pharmacy services to its members. Health Plans are required to offer you a contract if you wish to participate as a network provider. DHH requires the Health Plans to pay at least a \$2.50 dispensing fee per prescription.



Health Plans and their PBMs have provider network specialists actively contracting with pharmacy providers now, but you do not have to wait to be contacted. You can contact the Health Plans through the hotlines below to begin the contracting process:

Amerigroup (CVS/Caremark): 1-480-391-4623

LaCare (PerformRx): 1-800-555-5690

Louisiana Healthcare Connections (USScript): 1-877-690-9330

You can choose to enroll in as many Health Plans as you wish, and you can remain a legacy Medicaid provider to continue treating your customers who aren't part of Bayou Health or are in the two Bayou Health Plans – Community Health Solutions and United Healthcare Community Plan – that will continue providing pharmacy services through the state-run Medicaid Pharmacy Benefits Program.

You will not lose business to mail order pharmacy.

Health Plans cannot require its members to use a mail service pharmacy. Furthermore, DHH has prohibited Health Plans from allowing mail order prescriptions to exceed the historical levels used in legacy Medicaid, which are set at one (1) percent of all pharmacy claims in that Plan.

You should become familiar with the prior authorization process and policies of any Health Plans you contract with.

While DHH will maintain review and approval over these policies, each Health Plan will establish its own formulary, preferred drug list, and prior authorization (PA) processes. Each Health Plan will be required to establish a state Pharmaceuticals and Therapeutics (P&T) committee, and their formulary/PDL must provide coverage for every therapeutic class covered by the legacy Medicaid pharmacy program.

Health Plans are required to provide an automated PA process in addition to phone and fax request capabilities. Once the medically necessary information is obtained from the prescriber, the Health Plan must notify the practitioner of the approval or denial within 24 hours. Individual policies will be available in the Health Plans' provider handbooks, which are posted on their websites.

If a prior authorization decision cannot be immediately rendered, the Health Plan must have an automated process that allows and reimburses the pharmacy to dispense up to a 72-hour supply of a product without having to obtain an override.



You will be paid timely.

Each Health Plan will be required to maintain automated claims and an encounter processing system for pharmacy claims. Health Plans will be required to meet or exceed contractually set prompt-pay requirements or face financial sanctions. Ninety percent of all clean claims must be paid within 14 business days, and 99 percent of all clean claims must be paid within 30 calendar days. The Health Plans are required to provide you with examples of what constitutes a clean claim when you contract with a network, so that you will be able to bill and receive timely reimbursement for your services.

Patient-steering and co-branding will be strictly prohibited.

Bayou Health Plans operate under strict guidelines to prevent patient steering, and DHH is including explicit contract language specific to pharmacy, prohibiting any Health Plan or PBM from steering its members to or away from any network pharmacy provider. Members must have free access to any pharmacy participating in their network. Furthermore, Health Plans are prohibited from displaying the names and/or logos of co-branded PBMs on the Health Plan's member identification card.

DHH is here to help.

You can learn more about the Bayou Health pharmacy program by visiting MakingMedicaidBetter.com and clicking on the "Pharmacy" tab. There, you can find DHH's final reform concept, which outlines these provisions and more in detail. This website also contains information about how you can contact the provider relations staff at any of the Bayou Health Plans. These staff can help you address any issues you are encountering specific to that Health Plan.

The Bayou Health team is also available to answer any questions and provide assistance through this process. You can email any questions or comments to BayouHealth@la.gov and staff will respond. Bayou Health is typically able to provide an answer within one business day. Providers should also sign up for the Bayou Health electronic newsletter to receive frequent email updates on the progress of pharmacy inclusion and other initiatives. Providers can sign up at www.MakingMedicaidBetter.com and use the "Subscribe to newsletter" button on the homepage, or you can email BayouHealth@la.gov and ask to be included on the newsletter email list.

Furthermore, beginning Monday, September 17, Bayou Health will temporarily modify its daily provider call schedule to focus on pharmacy questions and comments. All calls will take place from noon to 1 p.m. and will be tailored to address specific issues as follows:



- Monday - Primary Focus on Pharmacy Questions and Comments
- Tuesday - Primary Focus on Pharmacy Questions and Comments
- Wednesday – Hospitals, Physicians and other providers
- Friday - Primary Focus on Pharmacy Questions and Comments

The call-in information (pre-registration is not required) is:

Call-in #: 1-888-278-0296

Access Code: 6556479#

Thursday's calls focus on specialized behavioral health services, and are conducted through Magellan/Louisiana Behavioral Health Partnership. The call-in information for this call is:

Call-in#: 1-888-205-5513

Access Code: 827176

Any provider is welcome to call on any of the days, but Bayou Health staff will give priority to questions from the designated provider type for that call, and will have staff who work in that provider area on the line to assist.