



Pharmacy Benefit Changes for Medicaid and LaCHIP Recipients Enrolled in Aetna, Amerigroup, AmeriHealth Caritas, Louisiana Healthcare Connections, and United Healthcare Bayou Health Plans

Starting February 1, 2015, Louisiana Medicaid and LaCHIP recipients enrolled in the **Aetna Better Health of Louisiana, Amerigroup, AmeriHealth Caritas, Louisiana Healthcare Connections, or United Healthcare Community Plan** Bayou Health Plan will 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. Pharmacy benefits for those individuals enrolled in legacy fee-for-service Medicaid will continue to be managed by the state-run pharmacy benefit program.*

You can determine if your Medicaid and LaCHIP customers are enrolled in one of the Health Plans by checking the online Medicaid Eligibility Verification System, (MEVS). 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 MEVS information takes precedence.

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 a pharmacy a contract if the pharmacy wishes to participate as a network provider. DHH requires the Health Plans to pay at least a \$2.50 dispensing fee per prescription in addition to a \$0.10 provider fee.



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

Aetna Better Health (CVS Health): 1-855-364-2977

Amerigroup (Express Scripts): 1-888-571-8182

AmeriHealth Caritas (PerformRx): 1-800-555-5690

Louisiana Healthcare Connections (US Script): 1-877-690-9330

United Healthcare Community Plan (Optum Rx): 1-800-797-9798

Pharmacies can choose to enroll in as many Health Plans as they wish, and can remain a legacy Medicaid provider to continue treating customers who aren't part of Bayou Health.

Retail Pharmacy Providers 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.

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

While DHH will maintain review and approval over these policies, each Health Plan will establish its own list of covered drugs, 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 comprehensive drug list/PDL must provide adequate 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 a 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 www.MakingMedicaidBetter.com and clicking on the "Pharmacy" tab. 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.