TennCare Pharmacy Benefit Management (PBM)
Provider Training
Implementation Information
Medicaid Pharmacy Program

• On Saturday, June 1, 2013, Magellan Health Services (“Magellan”) will begin processing the Tennessee Medicaid Pharmacy Program. Magellan will perform the following functions:
  – Claims Processing
  – Operations support for the Pharmacy Benefit Management (PBM) system
  – Call Center Operations for Providers and Enrollees
  – Clinical Consultation Services
  – Education and Outreach for Providers
Plan Effective Date for Pharmacy Benefit Management (PBM) Transition Implementation

• On Friday, May 31, 2013, the current pharmacy vendor (Catamaran) will shutdown claims processing at 11:59 p.m., ET

• On Saturday, June 1, 2013, Magellan will begin claims processing at 8:00 a.m., ET
  – All claims incurred on or before May 31 should be sent to Catamaran prior to shutdown to avoid a potential delay in payment
  – Providers should hold ALL claims during this downtime
Availability

- Magellan will provide system availability for submitting claims:
  - Daily; 24 hours availability
    - Except:
      - Saturday at 10:00 p.m., CT
      - through Sunday at 5:00 a.m., CT
Readiness Documents and Resources

• Pharmacy Claims Submission Manual
• Payer Specification Document
• User Administration Console (UAC) User Guide
• Web Remittance Advice (RA) User Guide

All documents and resources are located on the following website:
https://TennCare.Magellanhealth.com
Modes of Claim Submission

• Point-of-sale (POS) claim submission
• Batch claim submission for Nursing Homes
• Paper claim submission for members
Point-of-sale (POS) Technical Readiness
Technical POS Submission Readiness

• Ensure software vendors are certified to send National Council for Prescription Drug Programs (NCPDP) D.0 (most vendors are already certified)
  – For questions, contact:
    • Quality Assurance/Testing/Certification Help Line at 804-217-7900
• Ensure that the routing information:
  – Banking ID Number (BIN)
  – Processor Control Number (PCN) are changed
Necessary Data Elements for Initial Setup

• Transaction Header Segment
  – All transactions require the following segments:

  • BIN Number: 016820
  • Version/Release #: D.0
  • Processor Control #: P086016820
  • Group ID: TennCare
Additional Necessary Data Elements for Initial Set-up

• Relationship Code NCPDP Field # 306-C6 will be a recommended field. This field is used as a mechanism to identify a newborn whose claim is being submitted under the Mother’s ID.
  – The value submitted should be ‘03’.
POS Operational Readiness
Claims Submission Timely Filing Limits

• Reminder:
  – Date RX Written = should be the original date written
  – Date of Service (DOS) = should be the actual DOS
  – The ‘Date RX Written’ = used as a factor in refill editing logic
POS claims are generally submitted at the time of dispensing. If a claim is submitted after a drug is dispensed due to mitigating circumstances, the following guidelines apply:

- For all original claims, the timely filing limit from the DOS is 90 days.
- For all reversals, the timely filing limit from the DOS is Unlimited.
- For all re-bill claims, the timely filing limit from the DOS is 90 days.
- Claims that exceed the timely filing limit will deny with NCPDP Error 81, “Timely Filing Exceeded”. Providers may request an override following TennCare guidelines.
NCPDP D.0

- The following transactions will be processed on June 1, 2013:
  - Claim Type
    - Original Claims B1
    - Reversals B2
    - Re-bills B3
    - Eligibility E1
NCPDP D.0

• HIPAA Compliance: There are requirements for privacy regulations regarding the use of claim data elements

• Data element conditions are detailed in the Payer Specification Sheet including:
  – Mandatory (NCPDP designation – required at all times) or
  – Required
    • TennCare program requires
  – Qualified Requirement
    • “Required when”
NCPDP D.0

- All submitted fields will be edited for valid format.
- All submitted fields will be edited for valid values.
- If you send optional data, the values must be valid and any supporting/associated fields must be sent.
Days Supply

- The standard days’ supply maximum is 31 days per prescription with the following exceptions:

Exceptions

- Long-term care (LTC) up to a 35-day supply
- The following Drug Agents will allow up to a 100-day supply:
  - PDL preferred prenatal vitamins
- The following Drug Agents will allow up to a 35-day supply:
  - Lamictal Starter Kit
- The following Drug Agents will allow up to a 42-day supply:
  - Cimzia Starter Kits
- The following Drug Agents will allow up to a 91-day supply:
  - Insulins
  - Nuvaring
  - Femring
  - Estring
  - Fluphenazine Decanoate Injection
  - Haloperidol Decanoate Injection
  - Medroxyprogesterone 150 mg/ml
  - Seasonique/Seasonale
Quantity Limits

• There are no minimum quantity limits.
• For current detailed information specific to maximum quantity per day, quantity over time, and daily dosage dispensing limits, refer to the Magellan website at https://TennCare.magellanhealth.com.
• Dollar Limits
  – Compounds - $500.00
  – Factors - $40,000.00
  – All others - $1,500.00
• For current detailed information specific to minimum and maximum age limits, refer to the Magellan website at https://TennCare.magellanhealth.com.
Mandatory Generic Program

• TennCare is a mandatory generic program.
• Multi-source brand products submitted with a DAW code of ‘1’ require a prior authorization to bypass the MAC/FUL pricing.
• Exceptions to the mandatory generic policy exist where TennCare prefers a brand product over a generic.
• For a current detailed listing of these drugs, please see the Branded Drugs Classified as Generics list on the Magellan website at https://TennCare.magellanhealth.com.
Early Refills

• Early refill tolerance periods:
  – Non-controlled substance = 85 percent tolerance
  – Controlled substances = 95 percent tolerance
• Response code for early refill error = “88”
• To override an early refill for a non-controlled substance at POS the following codes are necessary:
  – Professional Service Code
  – Result of Service Code
  – Reason for Service Code
• To override an early refill for a controlled substance, contact the Magellan Clinical Call Center.
Coordination of Benefits

• Providers are required to fully pursue all third-party coverage before billing TennCare.
• Providers must comply with all policies of an enrollee’s insurance coverage, including, but not limited to prior authorization, quantity and days’ supply limits.
• Magellan will assist the State in monitoring this process for compliance on all claims.
Enrollee Lock-in

- Enrollees can be locked into
  - A pharmacy
Emergency Override Procedure

- The TennCare pharmacy program requires pharmacists to adhere to specific procedures when unresolved POS denials are encountered. Denials for non-preferred medications, step therapy, therapeutic duplication, and quantity limits are subject to the following requirements of the Grier Consent Decree.
  - The pharmacist must attempt to contact the prescriber and/or Magellan Clinical Call Center to resolve the denial. If the pharmacist is unsuccessful in reaching the prescriber and resolving the matter, the pharmacist should consider providing an emergency three-day supply of the medication.
Emergency Override Procedure, cont.

• An emergency situation is a situation that, in the judgment of the dispensing pharmacist, involves an immediate threat of severe adverse consequences to the enrollee, or the continuation of immediate and severe adverse consequences to the enrollee, if an outpatient drug is not dispensed when a prescription is submitted.

• The Emergency Supply Policy does not apply to drugs that are normally not covered by TennCare. Protocol for provider level overrides is as follows:
  – Emergency Supply: Non-Preferred Drug List (PDL) Edits – the claim denied for the drug being non-preferred or requiring prior authorization.
  – The pharmacist should determine if an immediate threat of severe adverse consequences exists should the enrollee not receive an emergency supply.
Emergency Override Procedure, cont.

• In the pharmacist’s judgment, if the dispensing of an emergency supply is warranted, determine the appropriate amount for a three-day supply. For unbreakable packages, the full package can be dispensed.

• Resubmit the adjusted claim to Magellan, including both a Prior Authorization (PA) Type Code of “8” (NCPDP Field # 461-EU) and Prior Authorization Number NCPDP # 462-EV of “88888888888” to override the POS denial.

• The enrollee is not charged a co-pay for the emergency supply.

• The emergency supply **DOES** count toward the monthly prescription limit.
Reporting Fraud and Abuse

• The Pharmacy shall report all confirmed or suspected fraud and abuse to the appropriate agency as follows:
  – Suspected fraud and abuse in the administration of the program shall be reported to the Tennessee Bureau of Investigation Medicaid Fraud Control Unit (TBI MFCU) and/or the Tennessee Office of Inspector General (OIG) at 1-800-433-3982.
  – All confirmed or suspected provider fraud and abuse shall immediately be reported to TBI MFCU.
  – All confirmed or suspected enrollee fraud and abuse shall be reported immediately to OIG.
  – For more information, please see Section 2.1.2 Reporting Fraud in the Pharmacy Claims Submission Manual at https://TennCare.MagellanHealth.com
Summary of Changes

- BIN Number: 016820
- Processor Control #: P086016820
- Group ID: TennCare
- Cardholder ID: New Magellan Health Services Patient ID
- Patient Relationship Code: ‘03’ for newborns without a Magellan Health Services Patient ID
POS Claim Processing
Claim Processing

• All claim processing requirements are defined in the Provider Payer Specifications and the Pharmacy Claims Submission Manual.

https://TennCare.Magellanhealth.com
Contact Information

• Magellan Health Services Provider Relations
  – 1-480-365-5227
  – 8:00 a.m. – 4:30 p.m. CT

• TennCare Fraud and Abuse
  – 1-800-433-3982
  – [Link](http://www.tn.gov/tnoig/ReportTennCareFraud.shtml)

• Paper Claims Mailing Address
  – Magellan Health Services Processing Unit
  – P.O. Box 85042
  – Richmond, VA 23261-5042

• MMA Support Center (Pharmacy Help Desk)
  – 1-866-434-5520
  – 24/7/365

• MMA Clinical Consultation Services (Prior Authorizations)
  – Voice: 1-866-434-5524
  – Fax: 1-866-434-5523
  – 24/7/365

• MMA Web Support Help Desk
  – 1-800-241-8726
  – 7:00 a.m. to 7:00 p.m. CT (Monday–Friday)
https://TennCare.Magellanhealth.com

- Primary source for Medicaid Pharmacy Program information and resources
  - Provider communication (letters, notices, etc.)
  - Forms (PA, Medical Necessity, Provider Lock-in Agreement)
  - Manuals
  - Provider Payer Specifications
  - Web tools reference collection
  - Enhanced Drug Lookup
  - Web RA access
  - Web PA Submission Portal
  - Contact Information
  - Lists (SMAC, Cough and Cold Coverage)
Provider Web Tools

• Web PA
  – Web PA will be implemented on July 15, 2013
  – Providers wishing to access a web tool must register via the User Administration Console (UAC).
  – The username and password established through UAC registration provides access to all web tools.
  – Instructional resources for provider web tools and UAC registration are located on
    • https://TennCare.Magellanhealth.com
Pharmacy Web PA

• Web PA is one of the three ways a provider can submit prior authorizations
• Other methods include:
  – Telephonic
    • Magellan Clinical Consultation Services
      – Phone: 1-866-434-5524
  – Fax
    • Magellan Clinical Consultation Services
      – Fax: 1-866-434-5523
    • A fax request form is available at https://TennCare.Magellanhealth.com