

# Quarterly Pharmacy Provider Forum

Department of Health Care Finance  
March 13-14, 2019



# AGENDA

- \* Welcome
- \* Introductions
- \* DHCF Updates
- \* MCO updates
- \* Contact Information
- \* Open Discussion

# DHCF Updates

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- \* Dual Eligibles COB
- \* 340B
- \* MME program
- \* Beneficiaries notice update
- \* Generic Mandatory

# Medicare Dual Eligibles COB

- \* By law, third party resources must pay claims before the Medicaid program pays.

- \* Medicare Part B

- \* Coordination of benefits (COB) for Medicare Part B services must be submitted as a Medicaid medical benefit and cannot be processed at point of sale.

- \* Use CMS form 1500. Claims should be sent to:

CMS1500 Claim Forms

P.O. Box 34768

Washington, DC 20043-4768

<https://www.dc-medicaid.com/dcwebportal/nonsecure/contactUs>

# Medicare Dual Eligibles COB

- \* Medicare Part D

- \* COB claims must be sent to Medicare Part D to be paid. Some over-the-counter (OTC) drugs not covered by Medicare Part D that are routinely covered by Medicaid maybe reimbursed.

<https://www.medicaid.gov/medicaid/eligibility/tpl-cob/index.html>.

# 340B Reimbursement

- \* Effective January 1, 2018 for FFS beneficiaries.
- \* Department of Health Care Finance (DHCF) recognizes covered entity pharmacies but not contract pharmacies as 340B providers.
- \* Only covered entity in-house pharmacies which opted to carve-in Medicaid can dispense 340B drugs to beneficiaries and submit claims to the PBM of the Fee For Service (FFS) Medicaid program.
- \* Contract pharmacies are excluded from dispensing and submitting claims for 340B drugs.
- \* Per the NCPDP billing transaction standards, 340B claims should be submitted with Submission Clarification Code value of “2Ø” and Basis of Cost Determination value of Ø8.

# 340B Reimbursement

## Covered entities carve-in enrollment requirements:

- \* The covered entity in-house pharmacy must be enrolled as a DC Medicaid FFS provider.
- \* Carve-in status approved by HRSA. Information available at <http://www.hrsa.gov/opa>
- \* Shipping address on the 340B Office of Pharmacy Affairs Information System (OPAIS) must match the pharmacy business address on the DC Medicaid Management Information System (MMIS).
- \* Please send HRSA approved application, pharmacy contact information and NPI to [DC340B@magellanhealth.com](mailto:DC340B@magellanhealth.com) for DHCF approval.
- \* Claims can be submitted once all documentation is approved by DHCF.
- \* Service date period will be based on DHCF approval.



# Opioids Management

## MME Program

- \* A prior authorization will be required for any opioid prescription (or combination of opioid prescriptions) that results in a beneficiary exceeding 90 MME per day.
- \* Naïve patients (new prescriptions/new starts) will have a 90 MME limit.
- \* Limits for current utilizers will be implemented in stages.
- \* Stage 2 effective **April 1<sup>st</sup>, 2019**

Stage	MME Dosing Limit
1	No more than 300 MME
2	<b>No more than 180 MME</b>
3	No more than 90 MME

# Beneficiaries Appeals Notice

## Contact Number for Members:

- AmeriHealth Caritas DC -1-800-408-7511
- Amerigroup DC -1-800-922-1557
- Trusted Health Plan -1-855-326-4831
- HSCSN -202-467-2737 or
- 1-866-WE-R-4-KIZ (937-4549)
- Fee For Service Medicaid 1-800-273-4962

Beneficiaries notice will be posted  
in English and Spanish at  
[http://www.dc-  
pbm.com/provider/documents](http://www.dc-pbm.com/provider/documents)

**THIS IS AN IMPORTANT  
NOTICE TO DC MEDICAID  
RECIPIENTS...**



**Did you get your MEDICINE today?**



**If you did not receive your medication**, please speak to your pharmacist to answer your questions and resolve your concerns.



**If you still have questions or concerns and you are enrolled in any of the following health plans**, please contact your health plan at one of the following numbers:

- **AmeriHealth Caritas DC** - 1.800.408.7511
- **Trusted Health Plan** - 1.855.326.4831
- **Amerigroup DC** - 1.800.922.1557
- **Health Services for Children with Special Needs (HSCSN)** - 202.467.2737 or 1.866.937.4549



**If you are enrolled in the DC Medicaid Program and did not receive your medication**, call the Medicaid Pharmacy Call Center at 1.800.273.4962.



You can **ask your pharmacist for a 3-day supply of medicine** until the issue that prevented you from getting your medication today is resolved.

**You can request a fair hearing if you think your request for medication has been wrongfully denied or reduced.** To request a hearing:

- Call the DHCF Ombudsman at 202.724.7491 or email [healthcareombudsman@dc.gov](mailto:healthcareombudsman@dc.gov);
- Call the Office of Administrative Hearings at 202.442.9094;
- Or visit 441 4<sup>th</sup> Street, NW, Suite 450 North, Washington, DC 20001.



GOVERNMENT OF THE  
DISTRICT OF COLUMBIA  
**DC** MURIEL BOWSER, MAYOR

# Generic Mandatory

The District Medicaid FFS program is a Generic Mandatory program. Claims submitted for a Brand product that has an AB-rated Generic equivalent product available will deny with a message informing the pharmacy to use a Generic medication.

Exceptions to this rule include the following:

- \* Insulin
- \* Preferred brand drugs identified on the preferred drug list (PDL)
- \* Claims for which the prescriber has written “Brand Medically Necessary” on the prescription and the provider has received a PA from the District Medicaid Pharmacy Call Center; (the provider must submit a DAW 1 on the claim).
- \* Please refer to Fee-for-Service (FFS) Provider Manual for further details.

[http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District\\_FFS\\_Provider\\_Manual.pdf](http://www.dc-pbm.com/provider/external/medicaid/dc/doc/en-us/District_FFS_Provider_Manual.pdf)

# MCO Updates

# Trusted Health Plan

## PBM change effective April 1<sup>st</sup>, 2019

- Abarca Health
  - RxBIN: 610674
  - RxPCN: ABARCA
  - RxGroup: THPDC
  - Abarca toll free number: 1-866-287-6156
  - Abarca Call Center fax: 1-888-224-4566
  - Abarca PA fax: 1-866-839-2372
- Member ID will remain the same



Date: February 19, 2019

Dear Valued Trusted Provider,

Please be advise that Trusted Health Plan will be transitioning our PBM services from MeridianRx to Abarca Health effective April 1, 2019.

Please make sure to submit all Pharmacy claims to Abarca Health under the following billing information:

RxBIN: 610674

RxPCN: ABARCA

RxGroup: THPDC

Abarca toll free number: 1-866-287-6156

Abarca Call Center Fax number: 1-888-224-4566

Abarca Coverage Determination (PA) Fax Number: 1-866-839-2372

The member ID number will remain the same.

As always, we appreciate your continued cooperation and contribution to quality care to our members. You may contact Trusted Health Plan Pharmacy Department at 202-350-9644 with any questions or concerns.

Kindest regards,

A handwritten signature in black ink, appearing to read 'Jose'.

Jose Diaz-Luna, Pharm.D, RPh  
Vice President of Pharmacy



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# Questions?



# DHCF Contact Information

- \* Charlene Fairfax, RPh, CDE
  - \* Senior Pharmacist
  - \* [Charlene.fairfax@dc.gov](mailto:Charlene.fairfax@dc.gov) or 202-442-9076
- \* Gidey Amare, RPh, MS
  - \* Pharmacist
  - \* [Gidey.amare@dc.gov](mailto:Gidey.amare@dc.gov) or 202-442-5956
- \* Jonas Terry, PharmD, CMTM
  - \* Pharmacist
  - \* [jonas.terry@dc.gov](mailto:jonas.terry@dc.gov) or 202-478-1415

# Providers Contact Information

- \* Provider Enrollment – Maximus

- \* Nikki Kittrell, Project Director
  - \* MarthaDKittrell@maximus.com
  - \* 202-499-3396

- \* Magellan Providers Relations

- \* Allison Williams
  - \* 804-548-0184
  - \* ANWilliams1@magellanhealth.com
- \* James Woods
  - \* 804-548-0199 ext. 80199
  - \* JLWoods@magellanhealth.com