March 15, 2016

IMPORTANT INFORMATION REGARDING
Quarterly Fax Blast to the TXSP network pharmacies

Prior Authorizations
Prescribers may request prior authorizations for Cigna-HealthSpring® members by contacting our pharmacy department:
Phone: (888) 671-7379
Fax: (888) 766-6341

72-Hour Emergency Supplies
If a prescription cannot be filled when presented to the pharmacist due to a PA requirement and the prescriber’s office cannot be reached, then the pharmacy can dispense a 72-hour emergency supply of the prescription. The pharmacy is not required to dispense a 72-hour supply if the dispensing pharmacist determines that taking the prescribed medication would jeopardize the patient’s health or safety, and he/she has made good faith efforts to contact the prescriber.

To dispense a 72-hour emergency supply for use in cases described above:

- Enter 8 in Prior Authorization Type Code (Field EU 461-EU)
- Enter 8Ø1 in Prior Authorization Number Submitted (Field EV 462-EV)
- Dispense no more than a 3-days’ supply—Quantity Dispensed (Field 442-E7) and Days’ Supply(Field 4Ø5-D5)

Please contact the provider helpdesk for further information: (866) 618-6725

Formulary and PDL
Prescribers and pharmacists may access the Cigna-HealthSpring/Texas Medicaid formulary and PDL through the Texas Vendor Drug Program’s website: www.txvendordrug.com. The Vendor Drug Program’s website includes instructions for how to register with Epocrates, providing free access to the formulary and PDL on handheld devices.

Drugs with quantity limits may be viewed at: http://starplus.cignahealthspring.com/DownFile.Aspx?fileid=4367
Drugs with clinical edits may be viewed at: http://starplus.cignahealthspring.com/clinicaledits

Reminder: Medicaid Members Must Request Refills:
Refills may only be submitted when requested by the client. Providers must not bill Medicaid unless the client has requested the refill – this includes pharmacies that use automated refill systems/programs.

Information for Pharmacies Filling Prescriptions for Dual Eligible Members:
Medicaid pays for some categories of drugs not covered by Medicare:

- OTC medications
- Some cough and cold medications
- Some vitamins and minerals for members 20 years of age and younger
- Some limited home health supplies (LHHS)
Prescriptions reimbursable by Medicare Part D are not eligible for additional reimbursement through Medicaid.

If a Medicare Part A or B member does not have Medicare Part D information on file or states he/she is not enrolled in a Medicare Part D plan, the pharmacy should:

- Utilize the Facilitated Enrollment process to enroll the client in a plan by calling 800-633-4227, or;
- Call 1-800-MEDICARE (800-633-4227) for additional information.

For more information, please refer to the payer specification documents and pharmacy procedures manual at: [http://www.txvendordrug.com/about/policy/index.shtml](http://www.txvendordrug.com/about/policy/index.shtml)

For specific claim inquiries, contact our pharmacy benefits manager at 866-618-6725.

**Durable Medical Equipment (DME)**

Cigna-HealthSpring reimburses for covered durable medical equipment (DME) and products commonly found in a pharmacy. For all qualified Members, this includes medically necessary items such as nebulizers, ostomy supplies or bedpans, and other supplies and equipment. For children (birth through age 20), Cigna-HealthSpring also reimburses for items typically covered under the Texas Health Steps Program, such as prescribed over-the-counter drugs, diapers, disposable or expendable medical supplies, and some nutritional products.

To be reimbursed for DME or other products normally found in a pharmacy for children (birth through age 20), a pharmacy must hold a separate ancillary contract with Cigna-HealthSpring, to cover reimbursement for DME products and be credentialed with Cigna-HealthSpring, separate from the pharmacy’s credentialing status with Cigna-HealthSpring’s pharmacy benefit manager. Participating pharmacies may bill in accordance with claims filing guidelines in the Billing and Claims Administration section of the Cigna-HealthSpring provider manual. Call Cigna-HealthSpring’s Provider Services at 1-877-653-0331 for information about DME and other covered products commonly found in a pharmacy for children (birth through age 20).

**Helpful Reminders for Pharmacy Coordination of Benefits:**

- For Medicaid members with additional prescription drug coverage through another third party payer, pharmacy providers must bill all other third party payers and insurance before billing Medicaid. Medicaid is the payer of last resort.
- If a claim is submitted to the primary payer and is denied, the pharmacy should contact the primary payer and/or prescriber to address the denial reason. If, when the member’s primary insurance is billed the claim is processed, the pharmacy should submit the claim to Medicaid (as secondary payer), including the amount paid by the primary payer, and the applicable other coverage code:

<table>
<thead>
<tr>
<th>Other Coverage Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No Other Coverage</td>
</tr>
<tr>
<td>2</td>
<td>Other Coverage Exists – Payment Collected</td>
</tr>
<tr>
<td>3</td>
<td>Other Coverage Billed – Claim Not Covered</td>
</tr>
<tr>
<td>4</td>
<td>Other Coverage Exists – Payment Not Collected</td>
</tr>
</tbody>
</table>

- Cigna-HealthSpring will pay up to the amount Medicaid would have reimbursed for eligible clients and covered drugs.
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- Drugs reimbursable by Medicare Part D (Medicare Rx) are not eligible for additional reimbursement through Medicaid.
- For more information, please refer to the payer specification documents and pharmacy procedures manual at: http://www.txvendordrug.com/about/policy/index.shtml

**Prescription Billing Best Practices:**
- Prescriptions must be billed with an appropriate prescription origin code (field 419-DJ).
- Ensure DAW codes and days’ supplies are accurate.
- In submitting a claim the fill date should not be post-dated from the submission date. These claims may be flagged for audit.
- NCPDP does not consider reconstituted drugs, such as IV antibiotics, eligible for billing as compounds. These claims are subject to additional review.

**Frew Provider Recognition:**
If you or any of your staff want to be recognized for receiving this training information from Cigna-HealthSpring, please email your name, pharmacy name, date of training, and pharmacy NPI to FrewProviderEducation@healthspring.com.

**Provider Feedback:**
We encourage feedback from our providers. Please forward any questions or comments to FrewProviderEducation@healthspring.com.

TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON MEMBER’S ID CARD PRIOR TO SUBMITTING PRESCRIPTION CLAIMS.

Should you have any questions or require assistance, please contact the Catamaran/OptumRx Help Desk, 24 hours a day, 7 days a week:

**Help Desk phone numbers:**
- Help Desk: 888-625-5686

For questions regarding this communication or other pharmacy related claims processing issues call:
- Provider Relations (877)-633-4701 or e-mail provider.relations@optum.com

Thank you for your continued support. Please distribute immediately.