Quarterly Fax Blast

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(Fields 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/GetFile.Ashx?fileid=4826
Drugs with clinical edits may be viewed at: http://starplus.cignahealthspring.com/clinicaledits

Reminder for Pharmacies Filling Prescriptions with 340B-Purchased Drugs
Per guidance from the Texas Health and Human Services Commission (HHSC)—pharmacies of eligible entities participating in the 340B Drug Pricing Program must identify all outpatient pharmacy claims filled with 340B stock for 340B-eligible patients in all programs by submitting a value of “2Ø” (defined as “34ØB / Disproportionate Share Pricing/Public Health Service”) in the “Submission Clarification Code” field (42Ø-DK). The SCC = 2Ø indicates that the pharmacy has filled the prescription using stock purchased through the HRSA 340B program. Adherence to HHSC’s 340B guidance is subject to audit and monitoring to ensure claims are submitted appropriately.
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:

- Bill the Medicare Limited Income program (LI-NET), call LI-NET program at 800-783-1307, or visit the LI-NET Pharmacy portal at http://www.humana.com/pharmacists/resources/li_net.asp.
- 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

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 and credentialing with Cigna-HealthSpring. This credentialing is separate from the pharmacy’s 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).

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Flu Vaccines Provided in a Pharmacy:
Please adhere to the following best practices when administering flu vaccines to Cigna-HealthSpring’s STAR+PLUS members (age 18 and older):

- Immunizing pharmacists must follow the Texas State Board of Pharmacy rules related to certification to immunize and vaccinate (22 Tex. Admin. Code § 295.15).
- To ensure flu immunizations are included in the patient’s medical records, 22 Tex. Admin. Code § 295.15(g) requires pharmacists, after administering a vaccine to a patient, to notify both the physician who issued the immunization protocol (within 24 hours) and the primary care physician of the patient (within 14 days).
- The pharmacy must be enrolled with the Vendor Drug Program (VDP) and Cigna-HealthSpring through Catamaran/Optum pharmacy benefits.
- The pharmacy’s NPI number must be submitted on the claim.
- A “7” is required in the Submission Clarification Code field (Field 42Ø-DK) on the encounter to designate that the flu vaccine is non-formulary/medically necessary.
- The value “MA” in Field 44Ø-EF – Professional Service Code is required on the encounter to designate the service on the encounter.
- The pharmacy must submit a claim that includes the Professional Service Code (Field 44Ø-E5) with the value “MA” (Medication Administration) in the DUR/PPS segment for the service as well as the appropriate NDC for the flu vaccine in Product/Service ID (Field 4Ø7-D7).

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.

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.