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DEPARTMENT OF HEALTH AND HUMAN RESOURCES

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West Virginia Medicaid Pharmacy Benefit
Fee-for-Service to Mountain Health Trust Managed Care Transition
Frequently Asked Questions

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## General Information

### 1. When is this change taking place?

Benefits transfer from fee-for-service to managed care on April 1, 2013.

### 2. Why is this change taking place?

Beneficiaries receive the majority of services through their managed care organizations (MCOs). The addition of this benefit will improve the coordination of members' health care. Recent changes in Federal policy provided the opportunity to make this change without increasing the overall cost of the benefit.

### 3. Will any of the MCOs be using a Pharmacy Benefits Manager?

The MCOs currently contracted with the State will be using the same Pharmacy Benefits Manager (PBM), Express Scripts Inc.

### 4. Whom do I contact for more information?

Providers can contact the MCOs directly with questions prior to implementation (3/1-4/1) at the following:

	Prescribing Providers	Pharmacy Providers
<b>CoventryCares</b>	Phone: 1-877-215-4100 Fax: 1-877-554-9137	1-888-571-8182 Option 4
<b>The Health Plan</b>	Phone: 1-800-624-6961 ext. 7914 Fax 1-888-329-8471	
<b>UniCare</b>	Phone: 1-877-375-6185 Fax: 800-601-4829	

Once the benefit is implemented on April 1<sup>st</sup>, please contact the MCOs at the following numbers:

	Prescribing Providers	Pharmacy Providers
<b>CoventryCares</b>	Phone: 1-877-215-4100 Fax: 1-877-554-9137	Phone: 1-800-922-1557
<b>The Health Plan</b>	Phone: 1-800-624-6961 ext. 7914 Fax 1-888-329-8471	Phone: 1-800-922-1557
<b>UniCare</b>	Phone: 1-877-375-6185 Fax: 800-601-4829	Phone: 1-877-337-1102

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The MCOs will also post information about the pharmacy transition on their websites:

**CoventryCares:** <http://chcwestvirginia.coventryhealthcare.com/>

**The Health Plan:** <http://www.healthplan.org/>

**UniCare:** <http://www.unicare.com>

To contact the Bureau for Medical Services with any questions, please call **Brandy Pierce** at **304-558-1700** from 8 a.m. to 5 p.m. Monday through Friday or email [WV\\_Expansion@lewin.com](mailto:WV_Expansion@lewin.com).

## 5. Where can I find information about these changes?

There are a number of materials posted on the Bureau for Medical Services' (BMS) website at <http://www.dhhr.wv.gov/bms/mco/Pages/default.aspx> in addition to this FAQ document. These materials include a recorded provider webinar and fast facts sheets specific to prescribing and pharmacy providers. In addition, each MCO and the PBM will post provider manuals on their websites. ESI will host a webinar for all network and West Virginia Medicaid contracted pharmacies regarding the changes on March 19. If you have any questions not answered by these materials, the contact information for all three MCOs, the PBM, and BMS are provided in question 3.

Manuals for prescribing providers are available at:

**CoventryCares:** <http://chcmedicaid-westvirginia.coventryhealthcare.com/for-providers/document-library/index.htm>

**The Health Plan:** <http://www.healthplan.org/pdf/ProviderProceduralManual.pdf>

**UniCare:**

[http://www.unicare.com/provider/noapplication/plansbenefits/medical/notertiary/pw\\_a090806.pdf?refer=chpproviderunicare&state=WV](http://www.unicare.com/provider/noapplication/plansbenefits/medical/notertiary/pw_a090806.pdf?refer=chpproviderunicare&state=WV)

The ESI pharmacy provider manual is available at: <https://pharmacy.express-scripts.com/pharmacyweb/userLogin.sf>

## 6. What beneficiaries will be impacted by this change?

Currently, only low-income pregnant women, children, and healthy adults are eligible to enroll in the MCO program and will begin receiving pharmacy benefits through their MCOs. Medicaid beneficiaries who are not eligible for managed care (e.g., Supplemental Security Income beneficiaries, Medicare/Medicaid dual eligibles and individuals receiving long term care benefits which includes services provided under the Bureau's approved Waivers) will continue to receive their pharmacy benefits through FFS.

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**7. How many managed care plans are in each county?**

Beneficiaries may choose among two or three MCOs in almost every county. There are currently three participating MCOs in the state:

- CoventryCares of West Virginia (CoventryCares)
- The Health Plan of the Upper Ohio Valley (The Health Plan)
- UniCare Health Plan of West Virginia (UniCare)

MCO	Number of Counties Served
CoventryCares	52
The Health Plan	30
UniCare	53

*\*As of February 2013. In April, CoventryCares will expand to all 55 counties and THP will expand to six additional counties.*

For a map of the MCOs’ service area, visit:

<http://www.dhhr.wv.gov/bms/Pages/LocateACountyOffice.aspx>

**8. How do beneficiaries choose an MCO?**

Beneficiaries who are eligible for managed care are provided plan information from BMS’ enrollment broker, Automated Health Systems and asked to make a plan choice. Medicaid beneficiaries either self-select their plan or they will be auto enrolled if no plan selection is made. To change MCOs or to ask a question, beneficiaries may call Automated Health Systems at 1-800-449-8466 or visit the website at <http://www.mountainhealthtrust.com/>.

**Benefit Administration**

**9. Will the change be effective for all members on April 1st or is there a transition period?**

All members enrolled in an MCO will have their prescription benefit covered through the MCO as of April 1st. However, for the first 90 days (through June 30th) the MCOs will honor any prior authorization decision made prior to implementation and members will be able to use any existing FFS pharmacy regardless of whether it is in the MCO’s network. During this time, the MCOs will notify members and providers of any changes that may need to be made (e.g., additional prior authorization, transition to an in-network pharmacy) by July 1st. Beginning July 1st, all members will be required to utilize an in-network pharmacy and follow the MCO’s authorization requirements.

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**10. Which pharmacies are in each MCO’s network?**

Each MCO has a provider directory that lists in-network pharmacies. Beneficiaries and providers may request a copy of the provider directory by calling:

MCO provider directories are also available online at:

**CoventryCares:** <http://chcmedicaid-westvirginia.coventryhealthcare.com/for-members/benefits-and-services/pharmacy-locator/index.htm>

**The Health Plan:**

<https://host1.medcohealth.com/consumer/site/openenrollment?accessCode=THPWVMDCD5441&pageName=oeinfo>

**UniCare:**

[http://www.unicare.com/member/wv/statesponbusiness/medicaidmanagedcare/notertiary/pw\\_ad058618.pdf?refer=chpculdesac&na=ssbwv](http://www.unicare.com/member/wv/statesponbusiness/medicaidmanagedcare/notertiary/pw_ad058618.pdf?refer=chpculdesac&na=ssbwv)

**11. Are there mail-order pharmacies in the MCOs’ networks?**

No, MCOs may not use mail-order pharmacies for WV Medicaid members.

**12. Will beneficiaries be able to stay with their current pharmacy?**

The vast majority of beneficiaries will be able to continue receiving medications from their current pharmacy. ESI’s network is extensive and very close to the current FFS network. However, there are a few differences. For the beneficiaries who are receiving medications from a FFS pharmacy that is not in ESI’s network, they will have 90 days from implementation (through June 30th) to transition to a new pharmacy before prescriptions at an out-of-network pharmacy will be denied. During this time, the MCOs will notify members that they will need to choose a new, in-network pharmacy provider.

If you are a pharmacy not currently contracting with ESI and are interested in contracting, please call ESI at **1-888-571-8182; Option 4** or email [PharmacyRecruitmentR@express-scripts.com](mailto:PharmacyRecruitmentR@express-scripts.com).

**13. How would a pharmacy check to make sure it is in ESI’s network?**

If you participate in Express Scripts' broadest retail network (National Plus Network) today, you are a contracted provider for West Virginia Medicaid. If you are unsure of your ESI network status, please call 888-571-8182 (Option 4) for confirmation.

**14. Do pharmacies need to call ESI to check whether it needs to re-sign a contract?**

No. If you participate in Express Scripts' broadest retail network (National Plus Network) today, you are a contracted provider for West Virginia Medicaid.

*To contact the Bureau for Medical Services with any questions, please call Brandy Pierce at 304-558-1700 at 8 a.m. – 5 p.m. Monday through Friday or email [WV\\_Expansion@lewin.com](mailto:WV_Expansion@lewin.com).*

**15. Are the MCOs' pharmacy networks open to any pharmacy willing to accept the rates, terms, and conditions?**

If a pharmacy would like to be part of the ESI pharmacy retail network they may contact ESI for rate negotiation. Please call 888-571-8182 (option 4) to request to be considered for addition to the network.

Home infusion companies should contact each MCO directly to request information regarding network participation.

Specialty pharmacies should contact ESI at 888-571-8182 (option 4). Please note: At this time, THP and Coventry Cares of WV have a preferred specialty provider.

Please see the section "Specialty Drugs and Home Infusion" for more information on this subject.

**16. Will beneficiaries have to change doctors?**

No, this change will not result in any beneficiaries needing to change his or her doctor.

**17. Will there be changes to what is covered by Medicaid?**

MCOs are required to follow all drug selections including preferred/non-preferred statuses and criteria on the State's Preferred Drug List (PDL). This includes behavioral health medications. Hemophilia factors will continue to be covered through FFS. Beneficiaries not enrolled in an MCO will continue to access their prescriptions through the existing FFS program.

The large majority of products and their prescribing criteria (about 85%) are included on the State's PDL. There may be some variation in how the MCOs manage covered therapeutic classes not on the PDL and in drugs that are not required to be covered. Examples of drugs not currently on the PDL include thyroid medications, oral contraceptives, oral drugs to treat cancer, antiretroviral medications for HIV, and prenatal vitamins. Each MCO's formulary contains information on the MCO's coverage and criteria for non-PDL drugs.

Information on the PDL can be accessed at:

<http://www.dhhr.wv.gov/bms/Pharmacy/Pages/pdl.aspx>

**18. Will there be a change to the drugs beneficiaries take now?**

The MCOs are required to follow the prescribing criteria on the State's Preferred Drug List, which includes the majority of covered drugs. However, each MCO will have their own criteria for managing covered therapeutic classes not on the PDL, so it is possible there may be changes to a beneficiary's current medications. As of April 1, each MCO

will have its formulary available to providers on their website (see question 5 for links to each MCO’s website).

In addition, the MCOs will send communications that will provide more information regarding covered drugs along with guidance on how to ensure continued access to medications through the managed care plan. Please note that no member will be required to switch an existing medication during the first 90 days of implementation (through June 30th).

**19. Will the MCOs institute any coverage limits that are different from what the State currently does?**

For drugs that are not on the State’s PDL, the MCOs may administer limits, such as mandatory generic policies that require prior authorization for medical necessity to allow use of brand medications. Please review each MCO’s formulary and other utilization management guidance for specific information on each MCO’s policies for non-PDL drugs. If the MCOs make the decision to apply different coverage limits, they will be required to notify providers and beneficiaries of the changes. All MCOs must also administer the State’s four prescription per month limit for adult members with the Mountain Health Choices Basic Benefits Package.

**20. How do I request prior authorization for a prescription?**

Pharmacists or prescribers may request prior authorization using the phone & fax numbers below:

	<b>CoventryCares</b>	<b>The Health Plan</b>	<b>UniCare</b>
<b>Phone</b>	(877) 215-4100	(800) 624-6961, ext. 7914	(877) 375-6185
<b>Fax</b>	(877) 554-9137	(888) 329-8471	(800) 601-4829

**Claims and Payment**

**21. Will there be co-pays for prescriptions for MCO members?**

No, there will be no co-pays for any medications for MCO members.

**22. If our pharmacy has a contract with Express Scripts, then will we be able to bill for prescriptions?**

If the pharmacy is in ESI’s retail National Plus Network, they will be able to bill for prescriptions.

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**23. How will pharmacists know which MCO the beneficiary is enrolled in and how to bill?**

Beneficiaries enrolled in an MCO will receive an updated MCO member identification card with pharmacy information in the first week of April. They should present this card along with their Medicaid card. If the member does not have an updated card, or forgot his or her card at home, each plan has the following claims submission information:

<b>CoventryCares</b>	<b>THP</b>	<b>UniCare</b>
BIN Number: <b>610014</b>	BIN Number: <b>610014</b>	BIN Number: <b>003858</b>
PCN Number: <i>Any Number except all zeroes</i>	PCN Number: <i>Any Number except all zeroes</i>	PCN Number: <b>A4</b>
Group Number: <b>CVTYWVM</b>	Group Number: <b>THPWVMC</b>	Group Number: <b>WFWA</b>

If the member does not know which MCO he or she is enrolled with, the provider can call **ESI’s central eligibility verification line at 1-866-641-1112.**

**24. What reimbursement rates will pharmacies receive after the transition? Will there be any changes from existing reimbursement rates under fee-for-service Medicaid?**

The MCOs’ Pharmacy Benefits Manager, Express Scripts Inc., will reimburse pharmacies according to the pharmacy’s negotiated contract with ESI.

**25. How soon after the processing of claims begins through the 3 MCOs will pharmacies receive reimbursement?**

The MCOs and their Pharmacy Benefits Manager, Express Scripts Inc. must pay claims for Medicaid MCO members within 30 days of receipt of a clean claim.

**26. How will manufacturer rebates be administered and collected once the pharmacy program is carved into managed care?**

West Virginia Medicaid will continue to invoice and collect rebates under the National Drug Rebate Agreement and the State Supplemental Rebate Agreement, if applicable, by accessing pharmacy claims data, which will be provided by the managed care plans.

## **27. How will a pharmacy submit a 340B claim?**

To submit a 340B claim, please use the NCPDP 340B claim identifiers listed below as is appropriate for the claim:

- Enter a value of “08” in the “Basis of Cost Determination Code” field (423-DN) plus the 340B acquisition cost in the "Ingredient Cost Submitted" field (409-D9), AND
- Enter a value of “20” in the “Submission Clarification Code” field (420-DK).

## **Specialty Drugs and Home Infusion**

Home infusion companies will continue to contract with each MCO as they have had in the past. The MCOs’ prescription drug benefit is managed through the retail network administered by ESI with the exception of physician-administered injectables, IV-infused medications, and for Coventry and THP, drugs that are on the specialty drug list administered by these two plans.

THP and CoventryCares of WV utilize a specialty drug list. THP and CoventryCares members must fill prescriptions for drugs on the specialty list using the respective MCO’s preferred specialty provider, which is currently Accredo. The THP and CoventryCares of WV specialty lists are available on the MCOs’ websites. Home infusion companies may submit claims to ESI for drugs on THP or CoventryCares’ specialty lists until June 30, 2013; however, they will no longer be able to do this after July 1, 2013. After July 1, 2013, the specialty drugs as defined by each MCO (THP or Coventry Cares of WV) will be managed by the MCO’s preferred specialty provider. Home infusion providers should continue to bill for IV-infused medications through the MCO’s medical benefit.

UniCare members may fill self-administered specialty medications through any participating retail provider in the ESI National Plus Network. Any medications that are physician-administered injectables or IV-infused medications should be billed through the patient’s medical benefit unless the medication is listed on the state’s PDL. If listed on the state’s PDL, the medication should be billed through the patient’s pharmacy. Injectable contraceptives may be billed through the patient’s pharmacy or medical benefits and do not require prior authorization.

Home infusion companies should contact each MCO directly to request information regarding network participation.

Specialty pharmacies should contact ESI at 888-571-8182 (option 4). Please note: At this time, THP and Coventry Cares of WV have a preferred specialty provider.

## **28. Will there be any changes to billing procedures for home infusion pharmacies?**

No, with the exception that home infusion can no longer bill for drugs on an MCO’s specialty drug list. The MCOs will send home infusion pharmacies information about the pharmacy transition and their billing procedures.

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**29. Will there be separate retail and specialty networks?**

Yes, for THP and CoventryCares of WV. Please refer to the intro paragraphs of this section clarifying the management of the drug benefit.

**30. Will in-state, independent specialty pharmacies be able to contract as preferred pharmacies?**

If you are a specialty pharmacy company, please contact ESI at 888-571-8182 (option 4) for consideration for the network. Please note that at this time, THP and Coventry Cares of WV have a preferred specialty provider.