

Kentucky Pharmacists Association

Questions from Pharmacist Providers - August

1. When/how will our pharmacists receive contracts? What is the timeline? Will your health plan have its own contract template or is the state providing a standard provider template which you will be using?

Response: We have contracted with Medco to provide a network for all Coventry Health Care membership. Pharmacies currently contracted with Medco are already contracted. Pharmacies that are not currently contracted with Medco will need to contact them for inclusion in the Medco network. Remember: If you work with a purchasing group (such as Epic), your contract with Medco may be through them.

2. What can pharmacists expect in terms of reimbursement?

- How frequently will pharmacies be paid?
- What will be the reimbursement rates from your health plan for pharmacists?
- Will there be any exclusions that have different reimbursement rates?
- Will the current Medicaid dispensing fees be maintained?
- How often do you anticipate changing reimbursement rates during the course of the plan year?
- When PBMs receive price updates, how promptly do they adjust the MACs?

Response: reimbursement frequency and terms are Medco's terms. Contract holders should discuss these questions with the party holding the contract, so if a pharmacy is directly contracted, they should contact Medco. If contracted through a purchasing group, contact the purchasing group. According to the Medco Pharmacy Manual, Medco pays pharmacies every two weeks for commercial/Medicaid claims. Per Medco, the payable MAC rate with the pharmacies is updated as needed. In general, it is updated weekly, but changes for urgent issues can be made daily. The process is the same for all lines of business. If a pharmacy has questions or concerns about the MAC rate, they should call Medco's Pharmacy Services Department.

3. How does your MAC list compare to the current KY Medicaid MAC List?

Response: The MAC list is a proprietary Medco product.

4. How will your MCO formulary compare to the current formulary and how will PAs, step-edits be handled?

Response: The CoventryCares KY formulary has been approved by the state. The CoventryCares KY formulary is primarily based on safe and effective generics. Brands are added to formulary in classes where safe and effective generics are not available, ie asthma, HIV, etc. Select OTCs are also covered. The formulary is posted on our website (www.CoventryCaresKY.com) Claims submitted for members currently taking our common non-formulary, prior authorization or step therapy drug will reject with a standard message. A pharmacist with knowledge of the member's prior claims history will be able to call the Coventry Pharmacy Call Center (877-215-4100) to certify that the member has met the prior drug trial in the case of a Step Therapy drug, or has tried the pre-requisite formulary alternative and will be able to get the claim approved for payment as long as the claim is consistent with the benefit design.

In addition, we will allow a single fill of up to one month's medication for our members within their first 90 days of enrollment for our common prior authorization, step therapy and non-formulary drugs at a retail pharmacy when the pharmacist uses an override code provided by Medco. This code will allow the fill and trigger the letter. Note: those drugs that exceed plan limits (qty per fill) and those drugs that exceed the maximum recommended dose per FDA will not be allowed under this transition program.

5. How does (will) your health plan conduct audits?

Response: This function is part of your contract with Medco. As noted below, Medco will participate in a future meeting with KyPHA to discuss their audit procedures.

6. How do you define specialty pharmacy products and how will they be managed?

Response: We generally define Specialty drugs as follows:

Plan defined, including but not limited to the oral, topical, inhaled, inserted or implanted, and injected routes of administration. Included characteristics of Specialty Medications are:

- drugs that are used to treat and diagnose rare or complex diseases
- require close clinical monitoring and management
- frequently require special handling
- may have limited access or distribution

We will limit specialty drugs to the Specialty network. Medco maintains that network so inclusion is between the pharmacy and Medco. Criteria for becoming a specialty pharmacy are attached.

7. Will you pay for MTM?

Response: No.

8. Do you offer (or plan to offer) mail order and how will this be administered? If so, will your plan be marketing a mail order option directly to Medicaid recipients? And, if planned, will the mail order pharmacies use NDCs, including package sizes, and AWP's that are available to community pharmacies?

Response: We are not offering a mail order benefit at this time.

9. How will CFHS Medicaid be involved in the management of the Medicaid patients?

Response: if the population is assigned to us, we will manage the day to day care of the members. We will provide, at a minimum, the state benefits. The state will provide oversight of our management.

10. Will CFHS assign the Medicaid ID numbers for each patient? If so, to your knowledge, will the patient use the same ID number if s/he changes MCOs?

Response: Members will have two IDs: Their state assigned number and a CC KY assigned number. Either ID will work to submit a claim to CoventryCares KY. Note that claims are submitted to Medco under BIN 610014, Rx Group Number: CVTYMCD. Processor Control number is not required.

11. If a patient cannot present an ID card, will there be a central call center to assist in determining who the Medicaid MCO is? Or will the pharmacy need to call all four health plans?

Response: The same website used today can be used to verify enrollment. Pharmacies can either call CFHS or Coventry Customer Service to verify eligibility.

12. Will pharmacies located in and/or serving the Passport region need to have provider contracts with the three new MCOs?

Response: Pharmacies wishing to serve CoventryCares KY members will need to have a contract with Medco and the state. Since many pharmacies currently have an agreement with Medco, Region 3 is included. If there are pharmacies in Region 3 who do not have a Medco agreement, we recommend they contact Medco to become contracted, especially in the border regions where members could cross over to obtain their prescriptions.

13. Has the state established an administrative fee with your health plan? Is this public information that you are willing to share?

Response: Yes, we have agreed to an admin fee. This information is not available to the public.

14. For those pharmacies serving EPSDT patents and providing enteral food, i.e., PediaSure, etc. how will this be managed in your health plan?

Response: These foods are billed through the medical benefit. Generally, if it is a state benefit and medically necessary, it will be covered.

15. How will you handle Medicaid DME for braces, diabetic shoes, crutches, etc.?

Response: These DME items are billed through the medical benefit. Diabetic test strips, Syringes, lancets and Blood Glucose monitors are billed thru Pharmacy. Also see Response to #14 above

16. Does personal care homes fall under the LTC/nursing home umbrella (and therefore not be changing the type of Medicaid that their residents/Medicaid recipients/patients have)?

Response: if a member is classified as an LTC member on the 834 file, they will remain under the state's responsibility. The state determines which members the State FFS program will retain and which member will be assigned to an MCO.

17. Will all maintenance meds be required to shift to a three-month supply in your plan?

Response: no

18. Would your MCO consider, if allowable, the Kentucky Pharmacists Association serving as the contract negotiating agent for Kentucky pharmacies?

Response: Please refer this question to Medco.

Questions from Pharmacist Providers - September

1. Provide our transition rx practice

Response: we will allow a one time (up to 31 day) retail fill for non-formulary, prior authorization, step therapy and specialty drugs within the first 90 days of the member's enrollment. The fill is effectuated when the dispensing pharmacist enters a required PAMC code into the system. The retail fill is limited to our standard quantity limits for the drug. Pharmacists experiencing a problem with a claim should contact us at 877-215-4100. See also #4 above.

2. Provide the specialty terms

Response:

- Pharmacy must have Full or In Process Specialty Pharmacy Accreditation from URAC, or must be currently accredited in Home Care by The Joint Commission
- Pharmacy must be accessible to members 24/7 and 365 days a year.
- Pharmacy will verify dosing and diagnosis for covered specialty pharmacy services
- Pharmacy will coordinate and/or provide injection/infusion training, when requested, for plan members receiving covered specialty pharmacy services

- Pharmacy will contact specialty pharmacy members prior to each scheduled fill to arrange dispensing of their next dose and to monitor patient compliance and treatment effects
 - Pharmacy must employ pharmacists with documented special education and training in, but not limited to, the following specialties: Pulmonary Arterial Hypertension, Hemophilia, Multiple Sclerosis, Alpha 1 Deficiency. Lysosomal Storage Deficiency, Immunodeficiency, Hepatitis C, Oncology, Multiple Sclerosis, Growth Hormone
 - Pharmacy must provide benefit investigation services and be capable of billing claims to either the medical and pharmacy benefit, as applicable
 - Pharmacy shall provide to Eligible Persons at no additional cost, the supplies required to self administer drugs
- Per Medco, accreditation by either URAC or JCAHO is required. Other accreditations are not recognized in lieu of URAC or JCAHO.

3. group wants a contact for Specialty Contracting since they do not feel that the general number is helpful and this is specialized info

Response: Medco suggests that the number from the provider manual be used for inquiries. Staff are being trained on how to respond to inquiries related to terms and conditions for the Specialty Network. The number is 800-992-1557.

4. KyPHA wants a Medco rep at an upcoming mtg to talk about Audit practices (issue is if rx is legal, they should not be fully deducted for clerical errors. Cited DEA on back vs front, Current provider address not on rx in the case of a hospital residence or dr with two office locations, who gets the money that is taken back, complain that they have no appeal rights with Medco decision final) and MAC lists, frequency of updates, appeals of bad rates and response. Specific examples were cited of generics not being updated by competitor (Catalyst).

Response: A Medco representative will participate in a future meeting.

5. question about whether tamper evident rxs must be used for MCO members. Apparently state requires these.

Response: Coventry does not require a specific prescription form. Pharmacists must comply with state law.

6. Question about coverage of vaccines thru pharmacy. This is not a practice today and other MCOs will allow.

Response: CoventryCares KY will use the Vaccines For Children (VFC) program for children who are eligible. The plan will cover five common vaccines (flu, pneumonia, meningitis, zoster, HPV) consistent with KY state regulations for members who do not qualify for VFC when administered by either a medical or certified pharmacy provider.

7. Question about contracting for DME. Please contact Michael Montgomery @ MRMontgomery@cvtv.com or 502-719-8786.