



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2008-05

January 2008

TO: Pharmacy Providers, Physicians, Nurse Practitioners, Dental Providers, Physician Assistants, Optometrists, Long Term Care Providers, Clinics, Hospitals, and MCOs

SUBJECT: Change in Pharmacy Claim Processing for HUSKY A, HUSKY B and SAGA Clients*IMMEDIATE ACTION REQUIRED*****

*****PLEASE NOTE UPDATES IN BOLD*****

The purpose of this bulletin is to inform providers that beginning February 1, 2008, pharmacy claims for HUSKY A, HUSKY B and State Administered General Assistance (SAGA) clients will be processed by EDS. These clients are currently receiving their pharmacy benefits from BlueCare Family Plan, HealthNet, Community Health Network (CHN) or WellCare managed care organizations (MCO). This change will necessitate the following:

BIN Changes

For claims to properly route to EDS, providers must submit pharmacy claims for HUSKY A, HUSKY B and SAGA clients using BIN '610480' in the NCPDP 5.1 header fields 101-A1. This is the same BIN providers currently use to submit claims for Medicaid fee-for-service (FFS).

Client Identification

Clients should be asked for their State of Connecticut Department of Social Services CONNECT card to obtain client identification numbers for submission to EDS. Pharmacies may use the client ID number from the BlueCare Family Plan, CHN or WellCare member cards. If a client does not have their member card or their CONNECT card, the provider can attempt to obtain a valid identification number using one of the following methods:

- Ask the client if they have their Medicaid client identification number.
- Use the Automated Voice Response System (AVRS) by calling 800-842-8440 or 860-269-2028 (local) and enter the client's date of birth and social security number.
- Use the eligibility verification functionality on the secure Web Portal at www.ctdssmap.com and enter the client's date of birth and social security number.

If none of these methods are successful, the client should be asked to contact their caseworker for further action.



Drug Coverage

Drug coverage for clients enrolled in HUSKY A, HUSKY B and SAGA programs will be the same as the current fee-for-service Medicaid population. A list of restrictions, including age, quantity, diagnosis and manufacturer drug rebate is listed in Chapter 8 of the Pharmacy Provider Manual and available at www.ctdssmap.com.

Prior Authorization (PA) Requirements

PA is required in the following situations before a prescription can be filled.

- PA requests are necessary when a prescriber requires that a client receive a **Brand Medically Necessary (BMN)** prescription, when an "A"-rated generic alternative of the same quality, dose and strength of the drug is available. BMN PA is required for HUSKY A, HUSKY B, SAGA, ConnPACE and fee-for-service Medicaid clients.
- PA is required to override **Early Refills (ER) or over utilization** of any prescription drug. Early refill is defined as any attempted refill in which less than 75% of the medication should have been taken in the prescribed drug regimen based on the days supplied as submitted by the pharmacy. Prior Authorization for early refills is required for HUSKY A, HUSKY B, SAGA, ConnPACE and fee-for-service Medicaid clients.
- PA is required for a prescription of a **Non-Preferred medication** as indicated on the most current Preferred Drug List (**PDL**). Prior Authorization for non-preferred drugs is only required for HUSKY A and fee-for-service Medicaid clients at this time. HUSKY B and SAGA clients will not require a PA for non-preferred drugs. The PDL can be viewed from our Web site at www.ctdssmap.com. Click on the Pharmacy Information heading then click on Preferred Drug List.

The following chart provides a brief summary of what programs are subjected to our current PA requirements and who can request PA:

PA TYPE	PROGRAM	REQUESTOR
Early Refill for Non-Controlled Drug	Medicaid FFS, ConnPACE, HUSKY A, HUSKY B & SAGA	Pharmacist may request PA
Early Refill for Controlled Drug	Medicaid FFS, ConnPACE, HUSKY A, HUSKY B & SAGA	Prescriber must request PA
*Brand Medically Necessary (BMN)	Medicaid FFS, ConnPACE, HUSKY A, HUSKY B & SAGA	Prescriber must request PA
*Non-Preferred Drug	Medicaid FFS & HUSKY A	Prescriber must request PA

* If the pharmacist cannot reach the prescriber, the pharmacist may call the EDS PA Call Center and request a **temporary** supply.



The EDS Prior Authorization Call Center is available 24 hours a day, 7 days a week at 1-866-409-8386 or locally at 860-269-2030. PA forms can be downloaded at www.ctdssmap.com / Publications then scroll down to the forms section, through the fax back request from the AVRS at 800-842-8440 or 860-269-2028 (local), or by calling the EDS Prior Authorization Call Center.

Transition Policy from Managed Care to FFS

Beginning February 1, 2008, when a pharmacy submits a claim for a HUSKY A, HUSKY B or SAGA client and the medication requires PA for BMN or a non-preferred medication and no PA is on file, the claim will deny. A new message stating that the Department will pay for a one-time fill of this drug will be returned to the pharmacy. The pharmacy will be required to input all 9's in the Prior Authorization Number Submitted field, NCPDP 462-EV, and a numeric value of "1" in the Prior Authorization Type field, NCPDP 461-EU. This claim can then be resubmitted to EDS in order for the client to receive their medication and the pharmacy to receive payment for this one-time fill.

When dispensing any temporary fills for any medication requiring PA, we ask that the pharmacy contact the prescriber to change the drug therapy or obtain PA.

Subsequent Requests for BMN and Non-Preferred Medications

The client, pharmacist, and prescriber should use this grace period provided by the one-time fill to either change the drug therapy to a drug which does not require PA, or obtain and receive PA from the EDS Prior Authorization Center. Subsequent claims for the same drug which requires PA for BMN or PDL exception, and no PA is on file, will deny and a message that states that the one-time bypass fill has been used and the pharmacy should contact the prescriber to change the drug therapy or obtain PA.

In addition, if the pharmacist or prescriber is unable to obtain a PA and the client requires the prescription and the one-time override has already been used, the pharmacist may call the EDS Prior Authorization Call Center and request **an additional temporary** supply of the medication.

Claim Submission

Pharmacy claims for dates of service prior to February 1, 2008 must be sent to the appropriate MCO to be processed.

This bulletin and other program information can be found at www.ctdssmap.com.
Questions regarding this bulletin may be directed to the EDS Provider Assistance Center -
Monday through Friday from 8:00 a.m. to 5:00 p.m. at:
In-state toll free **800-842-8440** or
Out-of-state or in the
local Farmington, CT area **860-269-2028**

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