



Louisiana Department of Health Informational Bulletin 17-7

September 2, 2017 – **REVISED SEPTEMBER 3, 2017**

Hurricane Harvey Provider Assistance FAQs

I. Expedited Provider Enrollment

1. How do I enroll as a provider in Texas Medicaid?

Texas has two expedited enrollment processes with separate instructions for pharmacy and non-pharmacy providers. Applications may be submitted now and should be submitted electronically for the fastest turnaround. Processing of the applications will begin on September 5, 2017. Both pharmacy and non-pharmacy enrollments during this event will be for a time limited period. Texas will reevaluate the enrollment timeline as the recovery efforts progress, and if needed, will extend both expedited enrollment types.

a. PHARMACY PROVIDERS:

Pharmacy enrollment is facilitated through the Texas Vendor Drug Program (VDP). The VDP Hurricane Harvey Temporary Pharmacy Agreement is available online [here](#). Pharmacies should use this form for expedited enrollment. Pharmacy enrollment will be retroactively dated to August 25, 2017.

b. NON-PHARMACY PROVIDERS:

A simplified provider enrollment application has been created to allow non-Texas Medicaid-enrolled providers, including out of state providers, to temporarily enroll in Texas Medicaid. Providers must be enrolled in Texas Medicaid in order to be reimbursed for rendering services to Texas Medicaid eligible clients whose permanent address is in one of the FEMA-declared disaster counties. The expedited enrollment application can be found [here](#).

The simplified process will expedite Texas Medicaid's provider enrollment and allow providers to temporarily enroll in Texas Medicaid. Providers enrolled through this process will be eligible for reimbursement for services rendered from August 25, 2017 through December 31, 2017. After December 31, 2017, providers enrolled under this process will be automatically dis-enrolled.

Providers who wish to continue to provide services to Texas Medicaid clients may pursue traditional provider enrollment with Texas Medicaid. Additional information about this process may be found on www.tmhp.com.

Providers may also call the TMHP Contact Center for more information at 1-800-925-9126. The call center will open on Monday, September 4, 2017.

2. Does the expedited enrollment process apply for methadone providers?

Yes, since methadone as medication assisted treatment is a Medicaid-covered service in Texas, Louisiana methadone providers can use the same application provided in question 1 for non-pharmacy providers. Methadone providers will need to fill out the disclosure part of the application in second half of form regarding ownership and principals.

II. Out of State Billing Processes

3. What information should providers collect from clients in order to bill?

a. PHARMACY PROVIDERS:

All pharmacy providers must enroll with Texas Medicaid to provide services to fee-for-service or managed care members as indicated in question 1.

Subsequent to enrollment, each managed care organization (MCO) has its own contracting requirements for reimbursement of claims. The [Pharmacy Enrollment Chart](#) identifies how pharmacy providers with questions pertaining to a new, pending, or existing contract can contact each MCO and pharmacy benefits manager (PBM).

Pharmacy providers, and their contracted software company, should refer to the [Texas Pharmacy Provider Payer Sheets](#) for specific claim processes. These documents define the required fields needed for processing a prescription claim (such as BIN number and process control number) and address certain claim-specific policies (such as for coordination of benefits or 340B claim processing). While this information should be accessible through the provider's pharmacy software system, pharmacy staff can refer back to these payer sheets when questions arise.

Texas fee-for-service has an emergency procedure to follow if a prescription claim rejects with error code 79 ("Refill Too Soon") or 76 ("Plan Limitations Exceeded") by using the values in the table below. Pharmacies can override error codes 79 or 76, but only for people identified as affected by Hurricane Harvey and for replacement medications lost or left behind. Pharmacy staff should use their professional judgment when filling prescriptions to ensure adherence to state and federal law.

Segment	Field Number	Field Name	Value
Claim	461-EU	Prior Authorization Type Code	9 ("Emergency Preparedness")
Claim	462-EV	Prior Authorization Number Submitted	82Ø17

This emergency override procedure is available as of 7 p.m. Central Time on Friday, August 25, 2017, and available for claims with service dates of August 24, 2017, forward. The emergency override will be in place as long as necessary.

Each MCO has its own billing requirements. Pharmacy billing and call center information for fee-for-service and managed care can be found [here](#).

b. NON-PHARMACY PROVIDERS:

For Texas Medicaid recipients in managed care, providers should call the member's MCO to coordinate services and insure proper billing. The MCOs will pay under the out of network rates. To contact the MCOs, use the MCO call center contact information [here](#). Additional guidance is forthcoming on claims submission and processing. Once received, this IB FAQ will be revised and republished.

4. How should Louisiana Medicaid enrolled nursing facilities treat out of state transfers/evacuees seeking admission?

Nursing Facilities should first refer to the published memorandum regarding licensed bed capacity during the declared even for Hurricane Harvey – [click here](#). Below are a series of scenarios for which nursing facilities may be receiving evacuees and expectations for billing.

Scenario 1: Texas Evacuating Nursing Facility Transfers residents to Louisiana host/receiving Nursing Facility:

1.1 A Texas evacuating nursing facility may temporarily transfer nursing home residents to a Louisiana host nursing facility for up to thirty (30) days under the following provisions:

- (a) There is a written transfer agreement/contract between the evacuating nursing facility and the host/receiving nursing facility, wherein payment/reimbursement to the Louisiana host nursing facility is arranged;
- (b) The Texas evacuating nursing facility bills Texas Medicaid up to 30 days;
- (c) The host/receiving nursing facility has sufficient licensed and certified bed capacity for the resident or the host/receiving nursing facility has received Departmental and/or CMS approval to exceed the licensed and certified bed capacity for a specified period; and
- (d) The host/receiving nursing facility is subject to surveys by the Louisiana Department of Health, encompassing all residents sheltered or admitted to the host/receiving nursing facility and all staff/personnel working at the host/receiving nursing facility.

1.2 Should the placement/stay exceed longer than thirty (30) days, then the following shall occur:

- (a) Texas evacuating nursing facility must discharge the resident;
- (b) The Louisiana host nursing facility enrolls in Texas Medicaid, via expedited enrollment process;
- (c) The Louisiana host nursing facility admits (via temporary admission) the evacuated resident, subject to licensed and certified bed capacity; and
- (d) The Louisiana host nursing facility is subject to the regular survey processes.

1.3 Should there be no written transfer agreement/contract between the evacuating nursing facility and the host/receiving nursing facility, then the following shall occur:

- (a) Texas evacuating nursing facility must discharge the resident;
- (b) The Louisiana host nursing facility enrolls in Texas Medicaid, via expedited enrollment process;
- (c) The Louisiana host nursing facility admits (via temporary admission) the evacuated resident, subject to licensed and certified bed capacity (or properly approved exception/extension); and
- (d) The Louisiana host nursing facility is subject to the regular survey processes.

Scenario 2: Texas Medicaid eligible evacuee (general community) needs services in/admission to a Louisiana Nursing Home:

2.1 If a Texas evacuee with Texas Medicaid coverage requests services from/placement in a Louisiana nursing home, the following steps shall be taken:

- (a) The Louisiana nursing facility enrolls in Texas Medicaid (via expedited enrollment process);
- (b) The Louisiana nursing facility follows Louisiana level of care and nursing home admissions process, including PASRR process;
- (c) The Louisiana nursing facility admits the evacuee, subject to licensed and certified bed capacity (or properly approved exception/extension);
- (d) Louisiana nursing facility bills Texas Medicaid; and
- (e) The Louisiana nursing facility is subject to regular survey process.

2.2 If a Texas evacuee without Texas Medicaid coverage requests services from/placement in a Louisiana nursing home, the Louisiana nursing facility follows Louisiana level of care and nursing home admissions process, including PASRR process. However, Louisiana and Texas Medicaid are currently in discussion on the necessary authority for determining financial eligibility. Upon direction from CMS, IB 17-7 will be updated with final guidance.

5. What are expectations or directions for provision of home and community-based service providers?

If a Texas evacuee (who has been receiving home and community-based services in Texas) needs home and community-based services in Louisiana and such evacuee brings his direct care worker with him to Louisiana, then the Texas provider continues to provide the services through the direct care worker and bills Texas Medicaid.

If a Texas evacuee (who has been receiving home and community-based services in Texas) needs home and community based-services in Louisiana and such evacuee does NOT bring his direct care worker with him to Louisiana, then the evacuee shall select a Louisiana home and community based service provider, such provider shall enroll in Texas Medicaid and shall bill Texas Medicaid for such services provided. The Louisiana home and community based service provider will be subject to Louisiana licensing rules and the Direct Service Worker rules.

III. Eligibility Verification

6. How can providers verify a client is eligible for Texas Medicaid?

a. PHARMACY PROVIDERS:

Real-time Pharmacy Verification of Eligibility

Pharmacy staff using the following real-time eligibility tools will query the Texas Pharmacy Claims System using the individual’s Medicaid, CHIP, KHC, or CSHCN cardholder ID number. The expanded messaging that is returned will include the most current or last effective eligibility period, prescription limitations, managed care health plan name, and Medicare Part B and D coverage.

- **Eligibility Verification (E1) Transaction**

The National Council for Prescription Drug Programs (NCPDP) Eligibility Verification transaction is submitted from the pharmacy’s point-of-sale claim system. Pharmacy providers will need to enter in the National Provider Identification **(NPI) number 0000820171** to perform the E1 Transaction.

Ability to use these transaction codes will depend on the pharmacy’s software. Pharmacy providers should contact their software company to discuss E1 submission issues and to ensure the “Additional Message Information” field (526-FQ) is returned for all responses.

Network switch companies offer a centralized telecommunication link between the pharmacy and the Texas Vendor Drug Program (VDP). All arrangements with switching companies should be handled directly by the pharmacy provider. VDP currently accepts transactions from the following switch companies:

- Change Healthcare (formerly Emdeon).

- QS/1 Data Systems.
- Relay.

- **VDP Help Desk**

Pharmacy staff may also contact the Texas Pharmacy Benefits Access Help Desk at 1-800-435-4165 for additional assistance. The Help Desk is open Monday-Friday, 8:30 a.m. to 5:15 p.m., Central Time. The call center will be open during normal business hours over the Labor Day weekend (9/2/17 - 9/4/17). This number is for pharmacy provider staff only. Staff should not share this number with Medicaid-eligible individuals.

b. NON-PHARMACY PROVIDERS:

Texas is implementing access for Louisiana access to its system to verify eligibility. Testing is underway to make sure all the log-in information being coded by Texas Medicaid will work as programmed. Texas will also be producing a screenshot guide to help providers read and interpret the eligibility screens. Once testing is completed, more information on how to access eligibility verification information will be published in the revised Informational Bulletin 17-7.

IV. Provider Relations

For additional guidance, please refer to the [Texas Medicaid FAQs](#). For other general inquiries, providers may call the following numbers:

Texas Medicaid Main Provider Line: 1-800-925-9126

This provider line offers general information concerning Texas Medicaid. Responsibilities include policy education, claims filing assistance, financial inquiry, eligibility inquiry, and provider education. The following options are available:

Option 1: Automated transactions – Choose this option for automated transactions available through the Automated Inquiry System (AIS).

Option 2: Provider Inquiries – Choose one of the following options:

Option 1: Client Eligibility – This line assists providers with questions about current and past eligibility for Medicaid clients.

Option 2: Claims Status – This line assists providers with claim related inquiries, such as claim status, appeal process, and claim submission instruction.

Option 3: Authorizations – This line assists providers with prior authorization request concerns, including appropriate submission format, instruction clarification, and appeal process.

Option 4: Telephone Appeals – This line is available for providers to request a claim appeal. The provider must have the most recent 24-digit claim number, and the appeal process is limited to specific claim situations. Telephone appeals must follow the guidelines in the [Texas Medicaid Provider Procedures Manual](#).

Option 5: Benefit Limitations and Dental History – This line assists providers with questions related to benefit limitations for Medicaid services. This line also assists with client dental history.

Option 6: Accounts Receivable and Financial Transactions – This line assists providers with questions regarding accounts receivable, payment status, and check history.

Option 3: Provider Enrollment – The Provider Enrollment line assists with applications to enroll, updates to new and existing provider accounts, and questions concerning enrollment policy.

Option 4: Electronic Data Interchange (EDI) – The EDI Help Desk assists providers and vendors with TexMedConnect (TMC) access. The Help desk can reset TMC passwords and troubleshoot other TMC and EDI issues, such as Internet requirements, EDI enrollments, transmission verifications, TMC issues, file rejections, software requests, file resets, technical problems within the TMHP website, and electronic Remittance and Status (ER&S) Report download issues.

Texas Medicaid Managed Care Call Centers – [CLICK HERE](#)

Includes Provider/Member/Behavioral Health