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## Change for Amerigroup Community Care Georgia Members Beginning September 1, 2015

**Beginning September 1, 2015, Express Scripts will be the pharmacy benefits manager (PBM) for Amerigroup (Community Care) Medicaid members.** Following are important updates about the pharmacy benefit for these members.

### Member Eligibility Verification

- Below are sample Amerigroup identification cards:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <br><b>Amerigroup RealSolutions</b><br>in healthcare<br><br>Effective Date:<br>Date of Birth:<br>Subscriber #:<br><br><br>Member Name:<br>Medicaid or PeachCare for Kids® Number:<br>Primary Care Provider (PCP):<br>PCP Telephone #:<br>PCP After Hours #:<br>PCP Address:<br>Copays may apply for certain services<br>Vision: 1-866-522-5923<br>Dental: 1-800-608-9563<br>AMERIGROUP Member Services/Nurse Helpline and Behavioral Health<br>(24 hours a day, 7 days a week): 1-800-600-4441 | <p><b>MEMBERS:</b> Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If your PCP is unavailable, go to the nearest urgent care center. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 711.</p> <p><b>MIEMBROS:</b> Porte esta tarjeta en todo momento. Muéstrela antes de recibir cuidado médico. No tiene que mostrar esta tarjeta antes de recibir cuidado de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para cuidado que no sea de emergencia. Si su PCP no está disponible, vaya al centro de cuidado de urgencia más cercano. Si tiene alguna pregunta, llame a Servicios al Miembro al 1-800-600-4441. Si es sordo o tiene problemas auditivos, llame al 711.</p> <p><b>HOSPITALS:</b> Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.</p> <p><b>PROVIDERS:</b> Certain services must be preauthorized. Care that is not preauthorized may not be covered. Non-par providers must obtain preauthorization for all inpatient/outpatient services. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.</p> <p><b>PHARMACIES:</b> Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKJA. For technical help, call Express Scripts at 1-844-367-6112.</p> <p><b>SUBMIT MEDICAL CLAIMS TO:</b><br/>AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010</p> <p><small>GA01 9/15</small> <b>USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.</b></p> |
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- If the member does not have a card, please call Amerigroup at 1.800.454.3730 for eligibility verification.

### Claim Submission Information

- To submit a pharmacy claim to Express Scripts for Community Care members on or after September 1, 2015, use the following BIN/PCN/GroupRx information:

| Claim Submission Information |               |
|------------------------------|---------------|
| <b>BIN:</b>                  | <b>003858</b> |
| <b>PCN:</b>                  | <b>MA</b>     |
| <b>Group:</b>                | <b>WKJA</b>   |

### Prescriber NPI Requirement

- For all pharmacy claims requiring written prescriptions, pharmacists must submit the prescriber's National Provider Identifier (NPI).
- Claims submitted without the prescriber's NPI, with an invalid or inactive NPI, or those submitted with other types of prescriber IDs will reject with code 25 (Missing or Invalid Prescriber ID).

### Quantity Limits

- Pharmacists may fill up to a 31-day supply for all Medicaid plans excluding the Family Planning Waiver (FPW) and Inter-Pregnancy Care (IPC) programs.
- Pharmacists may fill up to a 34-day supply for FPW and IPC programs.



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### Copayments

- **Pharmacies cannot refuse to fill Medicaid prescriptions due to a member's inability to pay copayments.**
- Copayments vary based on the medication dispensed as illustrated in the chart below:

| Type of Medication           | Member Copayment                                                                                                                                                                                                                                                                                                                                     |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Generic prescription drug    | CIC ≤ \$10 = \$.50 copay<br>CIC \$10.01 - \$25.00 = \$1.00 copay<br>CIC \$25.01 - \$50.00 = \$2.00 copay<br>CIC ≥ \$50.01 = \$3.00 copay<br>Copays do not apply to any member under the age of 6 regardless of plan.<br>CHIP members age 6 and older the co-pay is the same as listed above for nonpreferred brand -name only and \$.50 for generic. |
| Preferred brand-name drug    |                                                                                                                                                                                                                                                                                                                                                      |
| Nonpreferred brand-name drug |                                                                                                                                                                                                                                                                                                                                                      |

**Copayment Exclusions: Native Americans, Alaskan Natives, pregnant women, non-K Chip children (under 19) and members in long-term care.**

### Transition of Care Benefit

- Members may receive temporary, transitional fills of some medications, identified by secondary messages on paid claims stating **Paid under Transition Fill.**
- If you see this transition message, please alert the member to the temporary nature of his/her fill and have the member call Amerigroup at 1.800.600.4441 or his/her prescriber to request a prior authorization (PA) or switch to a formulary medication.

### Prior Authorization (PA) Contact Numbers

- Pharmacists or prescribers may request PAs using the phone and fax numbers below:

| Prior Authorization Numbers |                       |
|-----------------------------|-----------------------|
| Phone                       | <b>1.800.454.3730</b> |
| Fax                         | <b>1.866.359.5781</b> |

### Prescription Origin Codes (POC)

- This field must be populated with a valid value for all claims, or the claim will reject with code 33 (Missing or Invalid Prescription Origin Code).
- One of the following values should be placed in the POC field (419-DJ) on all claims:
  - **1 = Written**
  - **2 = Telephone**
  - **3 = Electronic**
  - **4 = Facsimile**



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### 72-Hour Emergency Fills

- A 72-hour fill should only be used in the event of an emergency.
- Submit claims for emergency fills with:

| Emergency Fill Claim Submission Information |              |                  |
|---------------------------------------------|--------------|------------------|
| Field Name                                  | Field Number | Submission Codes |
| Days Supply:                                | 405-D5       | 3                |
| Prior Auth Type Code                        | 461-EU       | 1                |
| Prior Auth Number Submitted                 | 462-EV       | 1111             |

- To obtain a prior authorization, please call 1.800.454.3730.

### Drug Coverage

- Members must use generics when available. Claims for brand-name drugs will reject.
  - When dispensing brand-name drugs as generics, submit Dispense As Written (DAW) code 5 to receive reimbursements at generic prices.
- Some over-the-counter (OTC) items will be covered with a physician prescription. Please submit a claim to determine coverage.
- Only drugs covered under the Medicaid Drug Rebate Program will process for these members. Claims not covered by a federal rebate will reject with code AC (Product Not Covered, Non-Participating Manufacturer).

### HELPFUL CONTACT NUMBERS:

**Express Scripts Pharmacy Help Desk: 1.844.367.6112**

**Eligibility Verification: 1.800.454.3730**

**Prior Authorization Requests: 1.800.454.3730**

