

Pharmacy Point of Sale for Tailored Plan Launch

How will Pharmacy Point of Sale work at Tailored Plan launch?

Pharmacy Point of Sale (POS) claims for members enrolled in Behavioral Health and Intellectual/Developmental Disabilities (I/DDs) Tailored Plans will temporarily be managed by NCTracks starting when Tailored Plans launch on Dec. 1, 2022, through March 31, 2023. Pharmacy POS claims, associated Pharmacy prior authorizations (PAs), and the Lock-In program will be managed by NCTracks during this period. This change was made as a result of a key Pharmacy Benefit Manager (PBM) unexpectedly leaving the NC Medicaid market in late 2021, which required some Tailored Plans to procure another PBM.

WHAT SHOULD PRESCRIBERS KNOW ABOUT PHARMACY AT TAILORED PLAN LAUNCH?

- Prescribers need to bill the Tailored Plan for any Physician's Administered Drug Program Claims, just as they do with any other medical claims.
- To submit Pharmacy PAs for Tailored Plan enrolled members from Dec. 1, 2022, through March 31, 2023, prescribers will need to submit pharmacy PAs to NCTracks via NCTracks' Provider Portal, Fax, etc. For contact information, please see below:
 - NCTracks Fax: 855-710-1969
 - NCTracks Pharmacy PA Call Center: 866-246-8505

WHAT DO PHARMACIES NEED TO KNOW ABOUT PHARMACY AT TAILORED PLAN LAUNCH?

- To appropriately process POS claims for Tailored Plan enrolled members from Dec. 1, 2022, through March 31, 2023, pharmacies need to submit Pharmacy POS claims for members who are enrolled in a Tailored Plan to NCTracks leveraging the NCTracks POS BIN/PCN Number.
 - **BIN:** 610242
 - **PCN:** 781640064
- If pharmacies see a Medicaid ID for a Tailored Plan (i.e., Alliance, Eastpoint, Partners, Sandhills, Trillium, or Vaya), they should continue to bill POS claims to NCTracks until April 1, 2023.
 - During this period, the member ID cards **will not** include pharmacy billing information. Pharmacies should continue to bill NCTracks during this time.
 - Starting April 1, 2023, pharmacies will need to bill the new BIN/Group/PCN for the member's Tailored Plan.

WHAT TEMPORARY PHARMACY OVERRIDES WILL BE AVAILABLE AT TAILORED PLAN LAUNCH?

- From Dec. 1, 2022, through March 31, 2023, NCTracks will not receive any new medical claims information for Tailored Plan enrolled members to utilize during processing of pharmacy claims.
- Medical data, which may be used by NCTracks to process automated prior authorization requirements, may not be present at POS during this period. This applies to any new medical data managed by the Tailored Plan between Dec. 1, 2022, through March 31, 2023; providers may be required to submit PA in these instances.
 - To mitigate impact to providers, pharmacists may utilize PA type code "1" or submission clarification code "2" to override a rejection due to PA being required for the drugs or drug classes listed below:
 - Anticonvulsants
 - Xifaxan
 - Antipsychotics
 - Oral Pulmonary Hypertension Agents

WHAT SHOULD PHARMACIES WHO ADMINISTER DURABLE MEDICAL EQUIPMENT THROUGH THE MEDICAL BENEFIT DO AT TAILORED PLAN LAUNCH?

- Pharmacies may bill medical durable medical equipment (DME) via a medical claim (CMS 1500/837P or UB-04/837I) to the Tailored Plan.
- For DME billed at POS, the pharmacy may continue to process through NCTracks.
- DME Pharmacies should contract with Tailored Plans to continue billing DME through the medical benefit. Providers should be contracted by Dec. 1, 2022. There is no delay to Tailored Plans processing medical claims.

WHAT DO MEMBERS NEED TO KNOW ABOUT PHARMACY AT TAILORED PLAN LAUNCH?

- There will be no impact to Members' pharmacy benefits during this transitional period.
- From Dec. 1, 2022, through March 31, 2023, member ID cards will not include pharmacy information.
 - A new card will be issued for April 1, 2023, with complete pharmacy benefit information.
- For Pharmacy questions, members should use the Tailored Plan contact/call center line, appearing on their ID card. Calls will be routed to NCTracks or the Medicaid Contact Center from this single portal of entry, as needed.

WHAT WILL THE TAILORED PLANS MANAGE RELATED TO PHARMACY AT LAUNCH?

- The Tailored Plans will manage medical drug claims, including claims for:
 - ⊖ Physician's Administered Drug Program
 - Professional (CMS 1500 or 837P)
 - Outpatient (UB-04 or 837I)
 - Inpatient (UB-04 of 837I)
- The Tailored Plans will also manage medical claims for DME.

WHAT WILL NCTRACKS MANAGE RELATED TO PHARMACY AT TAILORED PLAN LAUNCH?

- NCTracks will manage the following:
 - Pharmacy POS Claims
 - Pharmacy PAs
 - Pharmacy Lock-In Program

WHAT IF I HAVE QUESTIONS?

For questions about contracting, contact the health plan. Information can be found on the [NC Medicaid Health Plans webpage](#).

For general inquiries and complaints regarding health plans, NC Medicaid has created a **Provider Ombudsman** to represent the interests of the provider community. The Ombudsman will:

- Provide resources and assist providers with issues through resolution.
- Assist providers with Health Information Exchange (HIE) inquiries related to NC HealthConnex connectivity compliance and the HIE Hardship Extension process.

Provider Ombudsman inquiries, concerns or complaints can be submitted to Medicaid.ProviderOmbudsman@dhhs.nc.gov, or received through the Provider Ombudsman line at 866-304-7062. The Provider Ombudsman contact information is also published in each health plan's provider manual.

For questions related to your NCTracks provider information, please contact the NCTracks Call Center at 800-688-6696. To update your information, please log into [NCTracks provider portal](#) to verify your information and submit a Manage Change Request (MCR) or contact the NCTracks Call Center.

For all other questions, please contact the NC Medicaid Contact Center at 888-245-0179.