PHARMACY FACTS

Program Updates from Louisiana Medicaid

January 3, 2023

JANUARY 1, 2023, HEALTH PLAN ENROLLMENT CHANGES: HUMANA PHARMACY CLAIM PROCESSING

Effective January 1, 2023, the Louisiana Medicaid Pharmacy Program expanded to include a sixth managed care organization (MCO), Humana Healthy Horizons. The program now consists of six MCOs and fee for service (FFS) Medicaid. **Humana utilizes the same Pharmacy Benefits Manager (Gainwell Technologies) as FFS Medicaid. Pharmacy claims to Humana should be submitted online at Point of Sale (POS) to Gainwell Technologies.**

HUMANA HEALTHY HORIZONS BILLING INFORMATION

NCPDP FIELD	FIELD NAME	VALUE
332-CY	PATIENT ID	MEDICAID ID OR CARD CONTROL NUMBER (CCN)
101-A1	BIN	610514
104-A4	PCN	LOUIPROD
301-C1	GROUP ID	HUMANA

When presented with a Humana ID card, pharmacy staff should also request the Healthy Louisiana Medicaid ID Card (pictured on page 2). Humana pharmacy claims must be submitted with either the **legacy Louisiana Medicaid number** or **Card Control Number (CCN)**, which may be found on the Healthy Louisiana Medicaid ID Card. Humana pharmacy claims billed with the Humana "H" recipient ID will deny with NCPDP Reject Code 52 (non-matched cardholder ID).

The BIN and PCN are the same as FFS billing, but with the addition of **HUMANA** as a group ID. If a Humana pharmacy claim is billed without **HUMANA** in NCPDP field 301-C1 (Group ID), the claim will deny with EOB 367 (group number is missing or invalid for Humana), which is mapped to NCPDP Reject Code 06.

MEDICAID ID CARD

Each Louisiana Medicaid recipient receives a Healthy Louisiana Medicaid Eligibility Card (MEC) which contains the FFS/legacy processing information. If the recipient is enrolled in a Healthy Louisiana plan, they will also receive a card from their plan. The recipient should show both cards when they visit the pharmacy.

Questions? Feel free to contact us!
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e-MEVS

The Medicaid Eligibility Verification System (MEVS) is an electronic system used to verify recipient Medicaid eligibility including health plan linkages. An eligibility request can be entered via https://www.lamedicaid.com/account/login.aspx for an individual recipient and the Medicaid eligibility profile for that individual will be returned on a web page response.

To ensure the security of recipient and provider information, the Provider Applications Area in e-MEVS is a secure portal and is available to Louisiana Medicaid providers only. It is the responsibility of each Medicaid provider to register and obtain a login and password for this area of this website to access the applications.

Humana recipients will appear as follows:

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Health Benefit Plan Coverage

Benefit	Service Type Code	Insurance Type	Plan Coverage Description
Active Coverage	Health Benefit Plan Coverage	Medicaid	Eligible for Medicaid on Plan Date. Plan Begin Date 06/01/2022
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Base Deductible is $0 for In Plan Network and Out of Plan Network.
Deductible	Health Benefit Plan Coverage	Medicaid	Health Plan Remaining Deductible is $0 for In Plan Network and Out of Plan Network.
Benefit Description	Health Benefit Plan Coverage	Medicaid	Recipient is EPSDT Eligible.
Benefit Description	Health Benefit Plan Coverage	Medicaid	PREFERRED LANGUAGE: ENGLISH
Managed Care Coordinator	Medical Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 01/01/2023 Managed Care Organization HUMANA HEALTH BENEFIT PLAN OF Telephone (800) 448-3810
Managed Care Coordinator	Specialized Behavioral Health Care	Medicaid	BAYOU HEALTH PLAN Benefit Begin 01/01/2023 Payer HUMANA HEALTH BENEFIT PLAN OF Telephone (800) 448-3810
Managed Care Coordinator	Dental Care	Medicaid	DENTAL BENEFITS PLAN MANAGER Benefit Begin 01/01/2021 Payer MCNA INSURANCE COMPANY Telephone (855) 701-6262 URL https://PORTAL.MCNA.NET
Active Coverage		Medicaid	Eligible for Medicaid on Plan Date.
Co-Insurance		Medicaid	MEDICAID - Benefit Co-Insurance is 0% for In Plan Network and Out of Plan Network
Co-Payment		Medicaid	MEDICAID - Benefit Co-Pay is $0 for In Plan Network and Out of Plan Network

RECIPIENT ELIGIBILITY VERIFICATION SYSTEM (REVS)

The Recipient Eligibility Verification System (REVS) is a toll-free telephonic eligibility hotline that has been in place for several years and is used to verify Medicaid recipient eligibility. REVS has two telephone numbers. The toll free number is **(800) 776-6323**. The local Baton Rouge number is **(225) 216-REVS (or 7387).**

Accessing REVS

Providers may access recipient eligibility by using the following pieces of information:

- 16-digit card control number and recipient's 8-digit birth date OR social security number
- Medicaid 13-digit ID number (valid during the last 12 months)

UNSURE OF WHICH MCO TO SUBMIT TO?

The Healthy Louisiana Medicaid Eligibility Card can be used to determine the recipient's plan coverage. If you process a pharmacy claim using the information on the Healthy Louisiana Medicaid Eligibility card for a recipient that is not FFS/legacy or Humana, the pharmacy will receive EOB reject code **507**, which is linked to NCPDP Reject Code M1. Depending on which MCO the recipient is linked to, EOB 507 will be returned with one of the following messages:

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- **PLEASE BILL: AETNA/CVS HEALTH, USE BIN 610591, PCN ADV, GRP RX8834, MEDICAID OR PLAN ID, OR CALL 1-855-364-2977**

- **PLEASE BILL: ACLA/PERFORMRX USE BIN 019595, PCN 06030000, MEDICAID ID OR PLAN ID, OR CALL 1-800-684-5502**

- **PLEASE BILL: HEALTHY BLUE/CVS, USE BIN 020107, PCN FG, GRP WKLA, MEDICAID ID OR PLAN ID, OR CALL 1-833-236-6194**

- **PLEASE BILL: LHCC/CVS CAREMARK USE BIN 004336, PCN MCAIDADV, GRP RX5444, MCAID OR PLAN ID OR CALL 1-800-311-0543**

- **PLEASE BILL: UHC/OPTUM RX, USE BIN 610494, PCN 9999, GRP ACULA, MEDICAID ID OR PLAN ID, OR CALL 1-866-328-3108**

HELP DESK FOR RECIPIENT INFORMATION

If there is an issue with the Healthy Louisiana Medicaid Eligibility Card, the pharmacy or recipient may contact the Medicaid Pharmacy Help Desk at (800) 437-9101. Please make sure you have the recipient's name, date of birth, and social security number or Medicaid ID number available.

COPAY

Reminder: as long as the federal COVID-19 Public Health Emergency continues, Medicaid will not assess recipient copayments.

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