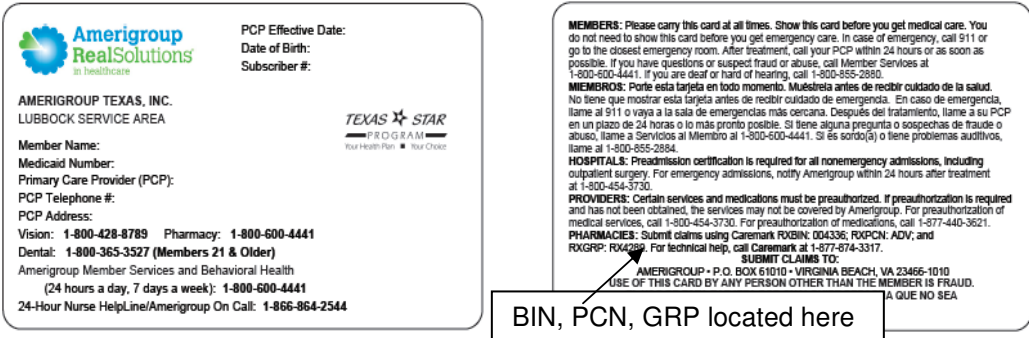


Texas Medicaid/CHIP Amerigroup New Implementation

Effective March 1, 2012, Caremark will begin to administer the prescription claim processing for Amerigroup, a managed care organization in the Texas Medicaid and CHIP Programs. The following information will assist your pharmacy in submitting claims for this plan sponsor. Please update or create patient profiles to reflect the following information:

RXBIN / RXGRP / RXPCN	Submit claims to Bank Identification Number (RXBIN) 004336 / RXGRP Number RX4289 / Use RXPCN ADV
Member Identification Cards	<p>Amerigroup plan members carry cards similar to the one illustrated below:</p> 
ID Number and Date of Birth	Submit ID Number and Date of Birth as printed on card
Cost Share	Applies only to certain CHIP members. Please rely on the claims system to determine the correct amount to collect from the plan member.
Prior Authorization	Only a prescriber or the prescriber's authorized representative may submit a request for prior authorization. Prescribers may call in prior authorizations or request forms by calling 1-877-440-3621.
Formulary	The formulary and preferred drug list may be found at: http://www.txvendordrug.com/formulary/formulary-search.asp
Service Areas	<p><u>STAR</u>: Bexar, Dallas, Harris, Jefferson, Lubbock, Tarrant</p> <p><u>STAR+Plus</u>: Bexar, El Paso, Harris, Jefferson, Lubbock, Tarrant, Travis</p> <p><u>CHIP</u>: Bexar, Dallas, Harris, Jefferson, Tarrant</p> <p><u>MRSA</u>: Central, Northeast, West</p>



February 8, 2012

72-hour Override for Non-Preferred (Non-PDL) Drugs

Please check messaging to indicate if a 72- hour override is available. Pharmacies should submit the following information:

Field #	NCPDP Field Name	Required Value
461-EU	Prior Authorization Type Code	8
462-EV	Prior Authorization Number Submitted	801
405-D5	Day Supply	3

Coordination of Benefits (COB) Claims

Submit to the appropriate RXBIN using the correct RXPCN as indicated for the situation below. Please submit OPAP processing when submitting supplemental claims.

If the Primary is...	If the Secondary is...	RXBIN	RXPCN	RXGRP
Amerigroup	N/A	004336	ADV	RX4289
Medicare Part D Plan	Amerigroup	012114	COBSEGADV	RX4289
Other Commercial Plan	Amerigroup	013089	AMGSEGADV	RX4289
Other Coverage Codes accepted: 1 – No other coverage 2 - other coverage exists/billed payment collected 3 – other coverage billed – claim not covered 4 – other coverage exists/billed – payment not collected				
PAYER SHEETS: For additional COB processing information for 2012, refer to the NCPDP Version D.0 payer sheets at www.caremark.com/pharminfo or www.caremark.com > For Pharmacists and Medical Professionals > Downloadable Forms and Guides.				

If you have any questions, please call the Pharmacy Help Desk at **1-877-874-3317**.

Thank you for delivering high quality, cost-effective pharmacy services to **Amerigroup** plan members.