

## **Clinician Administrated Drugs Request Due March 25, 2016**

### **Background**

HHSC is interested in identifying ways to improve the gap in coverage on Clinician Administered Drugs (CAD). Currently, there is between a 3-9 month lag time from when CMS releases new codes and HHSC is able to apply a reimbursement rate.

### **Request**

HHSC would like to know if Medicaid MCOs use the same timeline that fee-for-service follows for CAD reimbursement or if they have identified ways to reduce the gap in coverage. HHSC requests that STAR, STAR Health and STAR+PLUS MCOs provide the following information below by **March 25, 2016**. If you have questions, please contact Amanda Slagle at [Amanda.Slagle@hhsc.state.tx.us](mailto:Amanda.Slagle@hhsc.state.tx.us). Please send responses to Amanda Slagle and copy your health plan management team.

1. When CMS releases new CPT/HCPCS codes, specifically clinician (physician) administered drugs, do your MCO establish a reimbursement rate for the drug ahead of HHSC's rate hearing, and do you make the reimbursement rate effective based on the effective date of the code.
2. If your MCO wait for HHSC to establish a reimbursement rate, is the reimbursement rate effective back to when CMS make the code effective, or do you follow the TMHP fee schedule's effective date?