



Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

# MEDICAID MEMO

**TO:** All Prescribing Providers and Pharmacists Participating in the Virginia Medical Assistance Programs

**FROM:** Cynthia B. Jones, Director  
Department of Medical Assistance Services (DMAS)

**MEMO:** Special

**DATE:** 9/27/17

**SUBJECT:** Magellan Medicaid Administration as DMAS' New Pharmacy Benefit Administrator, Effective October 1, 2017

The purpose of this memorandum is to inform providers that Magellan Medicaid Administration (MMA) will be DMAS' Fee-For-Service (FFS) Pharmacy Benefit Administrator, effective October 1, 2017. MMA will be providing ALL pharmacy-related services for the FFS program, **including pharmacy claims processing, the Preferred Drug List (PDL), service authorizations (SA), and the Drug Utilization Review (DUR) program, including ProDUR and RetroDUR.**

The transition from Conduent (formerly Xerox) to MMA will begin on Saturday, September 30<sup>th</sup>. Virginia Medicaid has scheduled **downtime for the Medicaid Point of Sale (POS) system from 10:00 PM Saturday, September 30, 2017 until 9:00 AM Sunday, October 1, 2017.** This means that POS claims cannot be processed during this time. **Please hold all Medicaid POS claims until after 9:00 AM on October 1, 2017, when the POS system will be operational again.**

**If the system is not available by 9:00 AM on Sunday, October 1, 2017, AND** eligibility cannot be verified through the Automated Response System (ARS) at [www.viriniamedicaid.dmas.virginia.gov](http://www.viriniamedicaid.dmas.virginia.gov) or MediCall at 800-552-8627, providers should follow the Virginia Medicaid Emergency fill provisions as detailed below:

A pharmacist should ascertain if the person is Medicaid eligible through patient information at the store level or obtain a copy of the current Medicaid identification card and dispense a 72-hour supply of the prescribed medication. The pharmacist must call Magellan at 800-932-6648 if the drug dispensed is a non-preferred drug on the PDL located at [www.viriniamedicaidpharmacyservices.com](http://www.viriniamedicaidpharmacyservices.com). The prescription should be processed as a "partial" and "completion" fill. The patient will be charged a prorated co-payment for the 72-hour supply. A pro-rated co-payment will be charged for the completion fill. If a provider dispenses a "partial" and a "completion" prescription as defined by NCPDP, the provider is entitled to the remaining prorated portion of the \$10.65 dispensing fee when filling the completion portion of a 72-hour supply prescription. The completion fill claim should be submitted with a "03" in the Level of Service (NCPDP data element 418-DI) field.

### Pharmacy Benefit Administrator’s Help Desk - 800-932-6648

The MMA Help Desk will assist with questions regarding claims processing, including transmission errors, claim reversals, etc., as well as calls about the DMAS PDL, service authorizations, prospective DUR edits such as early refill and dose optimization, the mandatory generic drug program, drug rebate and obsolete date issues, and the tamper resistant prescription pad requirement. The phone number for the MMA Help Desk is **800-932-6648**.

### Pharmacy Benefit Administrator’s Website

MMA will maintain the DMAS Pharmacy website. The URL for the website is [www.virginiamedicaidpharmacyservices.com](http://www.virginiamedicaidpharmacyservices.com). The website will contain information about the PDL program, service authorization forms, links to relevant web sites for eligibility, enrollment and claims information and include drug look-up functionality.

### Frequently Asked Questions

DMAS has developed a frequently asked questions (FAQ) document to address the changes in the pharmacy program. Pharmacy providers are strongly encouraged to review the FAQs prior to October 1, 2017. The FAQs and other important information can be found at [www.virginiamedicaidpharmacyservices.com](http://www.virginiamedicaidpharmacyservices.com) or [www.dmas.virginia.gov/Content\\_pgs/pharm-home.aspx](http://www.dmas.virginia.gov/Content_pgs/pharm-home.aspx).

### Summary of Major Pharmacy Changes

- The following claim submission fields and requirements are highlighted to assist in your claim filing success during this transition. All claims must be submitted under the NCPDP Telecommunication Standard Version/Release D.0.

Transaction Header Segment				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	BIN Number	010900	M	Existing BIN
104-A4	Processor Control Number (PCN)	<b>8263342243</b>	M	<b>NEW</b>
Claim Segment				
436-E1	Product/Service ID Qualifier		M	<ul style="list-style-type: none"> <li>• Ø3- Non-compounds</li> <li>• ØØ-Compounds</li> </ul>
407-D7	Product/Service ID	<ul style="list-style-type: none"> <li>• NDC</li> </ul>	M	<ul style="list-style-type: none"> <li>• Must send a single ‘Ø’ for Compounds (<b>Change</b>)</li> </ul>
6ØØ-28	UNIT OF MEASURE	Values: <ul style="list-style-type: none"> <li>• EA = Each</li> <li>• GM = Grams</li> <li>• ML = Milliliters</li> </ul>	R	<b>NEW</b>
Insurance Segment				
3Ø1-C1	GROUP ID	<b>VAMEDICAID</b>	R	<b>NEW</b> Submit for members

- **Early refill threshold for controlled drugs will be set at 90%.** Pharmacists may contact the MMA Help Desk at 800-932-6648 for override requests. The refill threshold for non-controlled drugs will remain at 75%.
- Pharmacy claims > \$9999.99 will no longer “pend” for review by DMAS.

- Pharmacy claims > \$4999.99 will deny with NCPDP error code 75 – PA required. **Pharmacists can call the Help Desk to request the service authorization (SA). The prescriber does not need to submit the SA request.**
- Co-pays and dispensing fees for partial fills will be prorated.
- Elimination of paper claims. DMAS will no longer accept paper claims for drugs and services covered under the pharmacy benefit.

**Contractor Changes and Contact Information**

<b>Pharmacy Service</b>	<b>Old Vendor</b>	<b>New Vendor</b>	<b>New Vendor Contact Information</b>
Pharmacy Claims Processing	Conduent	Magellan Medicaid Administration	P: 800-932-6648 <a href="http://www.virginiamedicaidpharmacyservices.com">www.virginiamedicaidpharmacyservices.com</a>
Drug Service Authorizations	Provider Synergies	Magellan Medicaid Administration	P: 800-932-6648 F: 800-932-6651 <a href="http://www.virginiamedicaidpharmacyservices.com">www.virginiamedicaidpharmacyservices.com</a>
Preferred Drug List (PDL)	Provider Synergies	Magellan Medicaid Administration	P: 800-932-6648 <a href="http://www.virginiamedicaidpharmacyservices.com">www.virginiamedicaidpharmacyservices.com</a>
Drug Utilization Review Program (ProDUR and RetroDUR)	Conduent	Magellan Medicaid Administration	P: 800-932-6648 <a href="http://www.virginiamedicaidpharmacyservices.com">www.virginiamedicaidpharmacyservices.com</a>
Pharmacy Payments include Electronic Funds Transfers, Checks, Remittance Advice questions	Conduent	Conduent	P: 800-552-8627 <a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a>

**Attachment 1: DMAS New Pharmacy Benefit Administration FAQs**

**MAGELLAN BEHAVIORAL HEALTH OF VIRGINIA (Behavioral Health Services Administrator)**

Providers of behavioral health services may check member eligibility, claims status, check status, service limits, and service authorizations by visiting [www.MagellanHealth.com/Provider](http://www.MagellanHealth.com/Provider). If you have any

questions regarding behavioral health services, service authorization, or enrollment and credentialing as a Medicaid behavioral health service provider please contact Magellan Behavioral Health of Virginia toll free at 1-800-424-4046 or by visiting [www.magellanofvirginia.com](http://www.magellanofvirginia.com) or submitting questions to [VAProviderQuestions@MagellanHealth.com](mailto:VAProviderQuestions@MagellanHealth.com).

### **MANAGED CARE PROGRAMS**

Most Medicaid individuals are enrolled in one of the Department's managed care programs: Medallion 3.0, Commonwealth Coordinated Care (CCC), Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan/PACE provider may utilize different prior authorization, billing, and reimbursement guidelines than those described for Medicaid fee-for-service individuals. For more information, please contact the individual's managed care plan/PACE provider directly.

Contact information for managed care plans/PACE providers can be found on the DMAS website for each program as follows:

- Medallion 3.0:  
[http://www.dmas.virginia.gov/Content\\_pgs/mc-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mc-home.aspx)
- Commonwealth Coordinated Care (CCC):  
[http://www.dmas.virginia.gov/Content\\_pgs/mmfa-isp.aspx](http://www.dmas.virginia.gov/Content_pgs/mmfa-isp.aspx)
- Commonwealth Coordinated Care Plus (CCC Plus):  
[http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)
- Program of All-Inclusive Care for the Elderly (PACE):  
[http://www.dmas.virginia.gov/Content\\_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf](http://www.dmas.virginia.gov/Content_atchs/ltc/WEB%20PAGE%20FOR%20PACE%20Sites%20in%20VA.pdf)

### **COMMONWEALTH COORDINATED CARE PLUS**

Commonwealth Coordinated Care Plus is a required managed long term services and supports program for individuals who are either 65 or older or meet eligibility requirements due to a disability. The program integrates medical, behavioral health, and long term services and supports into one program and provides care coordination for members. The goal of this coordinated delivery system is to improve access, quality and efficiency. Please visit the website at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx).

### **VIRGINIA MEDICAID WEB PORTAL**

DMAS offers a web-based Internet option to access information regarding Medicaid or FAMIS member eligibility, claims status, payment status, service limits, service authorizations, and electronic copies of remittance advices. Providers must register through the Virginia Medicaid Web Portal in order to access this information. The Virginia Medicaid Web Portal can be accessed by going to: [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov). If you have any questions regarding the Virginia Medicaid Web Portal, please contact the Conduent Government Healthcare Solutions Support Help desk toll free, at 1-866-352-0496 from 8:00 a.m. to 5:00 p.m. Monday through Friday, except holidays. The MediCall audio response system provides similar information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **KEPRO PROVIDER PORTAL**

Providers may access service authorization information including status via KEPRO's Provider Portal at <http://dmas.kepro.com>.

**“HELPLINE”**

The “HELPLINE” is available to answer questions Monday through Friday from 8:00 a.m. to 5:00 p.m., except on holidays. The “HELPLINE” numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the “HELPLINE” is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

**TO ALL MEDICAID PROVIDERS: PROVIDER APPEAL REQUEST FORM NOW AVAILABLE**

There is now a form available on the DMAS website to assist providers in filing an appeal with the DMAS Appeals Division. The link to the page is [http://www.dmas.virginia.gov/Content\\_pgs/appeal-home.aspx](http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx) and the form can be accessed from there by clicking on, “Click here to download a Provider Appeal Request Form.” The form is in PDF format and has fillable fields. It can either be filled out online and then printed or downloaded and saved to your business computer. It is designed to save you time and money by assisting you in supplying all of the necessary information to identify your area of concern and the basic facts associated with that concern. Once you complete the form, you can simply print it and attach any supporting documentation you wish, and send to the Appeals Division by means of the United States mail, courier or other hand delivery, facsimile, electronic mail, or electronic submission supported by the Agency.

**NEW MEDICARE CARD**

CMS is removing Social Security Numbers from Medicare cards to help fight identity theft and safeguard taxpayer dollars. In previous messages, CMS has stated that you must be ready by April 2018 for the change from the Social Security Number based Health Insurance Claim Number to the randomly generated Medicare Beneficiary Identifier (the new Medicare number). Until now, CMS has referred to this work as the Social Security Number Removal Initiative (SSNRI). Moving forward, CMS will refer to this project as the New Medicare Card.

To help you find information quickly, CMS designed a new homepage linking you to the latest details, including how to [talk to your Medicare patients](#) about the new Medicare Card. Bookmark the [New Medicare Card](#) homepage and [Provider](#) webpage, and visit often, so you have the information you need to be ready by April 1<sup>st</sup>.

**MEMBERS: NEW MEDICARE CARDS ARE COMING**

Medicare will mail new Medicare cards between April 2018 and April 2019. Your new card will have a new Medicare Number that’s unique to you, instead of your Social Security Number. This will help to protect your identity.

Additional information is available at the following link:

<https://www.medicare.gov/forms-help-and-resources/your-medicare-card.html>

## DMAS New Pharmacy Benefit Administration Frequently Asked Questions (FAQs)

Effective October 1, 2017, Magellan Medicaid Administration (MMA) will be Virginia Medicaid's fee-for-service programs Pharmacy Benefit Administrator. MMA will be responsible for processing all pharmacy claims for Virginia Medicaid fee-for-service members. In addition to claims processing, MMA will be responsible for the administration of Virginia Medicaid's Preferred Drug List, processing all service authorization requests and overseeing the Drug Utilization Review Program.

Question	Answer
What is a Pharmacy Benefit Manager (PBM)?	PBM stands for Pharmacy Benefit Manager. PBM companies are Third-Party Administrators of prescription drug programs. They are primarily responsible for processing and paying prescription drug claims; however, they can provide additional services as well.
Who will administer the PBM for the Virginia Medicaid fee-for-service Program?	Magellan Medicaid Administration (MMA)
When will the new PBM be implemented?	October 1, 2017
What National Council on Prescription Drug Programs (NCPDP) format or version needs to be utilized to process claims?	Send NCPDP Version D.0 only. Any lower version will be denied. The new Companion Guide and Payer Specs can be found at <a href="https://www.virginiamedicaidpharmacyservices.com">https://www.virginiamedicaidpharmacyservices.com</a>
What routing information will my software vendor need to change so that claims can be submitted to MMA?	BIN # (NCPDP #101-A1) = 010900 PCN (NCPDP #104-A4) = 8263342243 (New) Group ID (NCPDP #301-C1) = VAMEDICAID (New)
Will the Payer Sheet change?	Yes. A new Payer Specification sheet is available. You can access the payer specification sheet at <a href="http://www.dmas.virginia.gov/Content_pgs/pharm-home.aspx">http://www.dmas.virginia.gov/Content_pgs/pharm-home.aspx</a> . We encourage you to review the Payer Specification sheet and contact your software vendor to make any necessary changes to support this transition.
Will the Companion Guide change?	Yes. A new Companion Guide is available and will be effective on October 1, 2017. You can access new Companion Guide at <a href="http://www.dmas.virginia.gov/Content_pgs/pharm-home.aspx">http://www.dmas.virginia.gov/Content_pgs/pharm-home.aspx</a> . We encourage you to review the Companion Guide and contact your software vendor to make any necessary changes to support changes with the new PBM.
Is the Software Vendor Certification ID required?	If previously certified with Magellan Rx Management submit that ID otherwise submit all zeros in field 110-AK.

Question	Answer																																								
<p>Will I need to make other claims submission changes?</p>	<table border="1"> <thead> <tr> <th colspan="5" data-bbox="695 247 1500 296">Transaction Header Segment</th> </tr> <tr> <th colspan="5" data-bbox="695 296 1500 344">Claim Segment</th> </tr> <tr> <th data-bbox="695 344 797 426">Field #</th> <th data-bbox="797 344 979 426">NCPDP Field Name</th> <th data-bbox="979 344 1175 426">Value</th> <th data-bbox="1175 344 1273 426">Payer Usage</th> <th data-bbox="1273 344 1500 426">Payer Situation</th> </tr> </thead> <tbody> <tr> <td data-bbox="695 426 797 508">436-E1</td> <td data-bbox="797 426 979 508">Product/Service ID Qualifier</td> <td data-bbox="979 426 1175 508"></td> <td data-bbox="1175 426 1273 508">M</td> <td data-bbox="1273 426 1500 508"> <ul style="list-style-type: none"> <li>• Ø3- Non-compounds</li> <li>• ØØ-Compounds</li> </ul> </td> </tr> <tr> <td data-bbox="695 508 797 590">407-D7</td> <td data-bbox="797 508 979 590">Product/Service ID</td> <td data-bbox="979 508 1175 590"> <ul style="list-style-type: none"> <li>• NDC</li> </ul> </td> <td data-bbox="1175 508 1273 590">M</td> <td data-bbox="1273 508 1500 590"> <ul style="list-style-type: none"> <li>• Must send a single 'Ø' for Compounds (This is a change)</li> </ul> </td> </tr> <tr> <td data-bbox="695 590 797 699">6ØØ-28</td> <td data-bbox="797 590 979 699">UNIT OF MEASURE</td> <td data-bbox="979 590 1175 699">                     Values:                     <ul style="list-style-type: none"> <li>• EA = Each</li> <li>• GM = Grams</li> <li>• ML = Milliliters</li> </ul> </td> <td data-bbox="1175 590 1273 699">R</td> <td data-bbox="1273 590 1500 699"><b>NEW!</b></td> </tr> <tr> <th colspan="5" data-bbox="695 699 1500 747">Insurance Segment</th> </tr> <tr> <td data-bbox="695 747 797 804">3Ø1-C1</td> <td data-bbox="797 747 979 804">GROUP ID</td> <td data-bbox="979 747 1175 804"><b>VAMEDICAID</b></td> <td data-bbox="1175 747 1273 804">R</td> <td data-bbox="1273 747 1500 804"><b>NEW!</b> Submit for all members</td> </tr> </tbody> </table>	Transaction Header Segment					Claim Segment					Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation	436-E1	Product/Service ID Qualifier		M	<ul style="list-style-type: none"> <li>• Ø3- Non-compounds</li> <li>• ØØ-Compounds</li> </ul>	407-D7	Product/Service ID	<ul style="list-style-type: none"> <li>• NDC</li> </ul>	M	<ul style="list-style-type: none"> <li>• Must send a single 'Ø' for Compounds (This is a change)</li> </ul>	6ØØ-28	UNIT OF MEASURE	Values: <ul style="list-style-type: none"> <li>• EA = Each</li> <li>• GM = Grams</li> <li>• ML = Milliliters</li> </ul>	R	<b>NEW!</b>	Insurance Segment					3Ø1-C1	GROUP ID	<b>VAMEDICAID</b>	R	<b>NEW!</b> Submit for all members
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<p>Will there be a downtime period between the shutoff of the Conduent (formerly known as Xerox) and the start-up of MMA's system?</p>	<p>Yes, the downtime will begin on Saturday, September 30, 2017. Conduent, the previous pharmacy vendor will shut down claims processing at 10:00 p.m. EST. MMA will begin processing claims at 9:00 AM EST on Sunday, October 1, 2017.</p>																																								
<p>How will pharmacies check eligibility during vendor conversion from 9/30/17 9:30 p.m. – 10/1/17 8:59 a.m. ET?</p>	<p>During the vendor conversion, Pharmacies will not be able to use E1 transaction at POS to verify eligibility. No claims will pay as the systems are not in operation. If eligibility must be determined providers can use the Automated Voice Response/Medical: 800-772-9996 (Richmond Area) or 800-884-9730 Outside Richmond Area to verify member eligibility. Providers can also verify member eligibility on-line using the Automated Response System (ARS) at <a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a>.</p>																																								
<p>For claims processed prior to 10/1/17, where should pharmacies route the reversal transaction?</p>	<p>All pharmacy claim transactions should come to MMA starting on 10/1/17.</p>																																								
<p>Will I be able to reverse a claim through MMA that I submitted to Conduent (formerly known as Xerox)?</p>	<p>Yes, with one exception. Claims processed on Saturday, September 30, 2017 will not be available for reversal until October 8, 2017. Please contact the Magellan Help Desk if you need assistance at 800-932-6648.</p>																																								
<p>Will Coordination of Benefits (COB) information be available?</p>	<p>When known by Virginia Medicaid, Magellan will return other health insurance information (COB details) as part of the denied transaction response when the submitted claim does not contain other payer cost avoidance details COB on file.</p>																																								
<p>Will the pharmacy program edits be the same?</p>	<p>All edits including ProDUR edits, SA requirements, quantity limits, etc. will remain the same. Select gender edits will be deployed on 10/1/17.</p>																																								
<p>Who will process service authorizations for fee-for-service members?</p>	<p>MMA will continue to process all service authorizations (SAs). Providers can fax SAs to 1-800-932-6651 or submit SAs via phone at 800-932-6648. Call Center representatives are available 24 hours a day, 7 days a week.</p>																																								
<p>Will the payment schedule change?</p>	<p>The Check Write schedule will not change. The state's fiscal agent, Conduent, will continue to process payments. Please contact the Provider Helpline 800-552-8627 regarding EFT and checks. Questions regarding payment for specific pharmacy claims should be directed to 800-932-6648.</p>																																								

Question	Answer
Will there be new functionality in the program?	Yes. MMA will deploy their Auto PA solution for FFS members. Auto PA is an automated adjudication where if the needed clinical information is found in the member’s electronic history such as diagnosis, age, past drug use etc. the claim will adjudicate without denying for a SA.
Pharmacy claims > \$4999.99	Pharmacy claims > \$4999.99 will deny with NCPDP error code 75 – PA required. <b>Pharmacists can call the Help Desk (800-932-6648) to request the service authorization (SA). The prescriber does not need to submit the SA request.</b>
Pended Pharmacy Claims > \$9999.99	Pharmacy claims > \$9999.99 will no longer “pend” for review by DMAS. Claims >\$4999.99 will require a SA.
Submission of Compounded Drug Claims	Pharmacists will submit the claim level NDC with a single zero per NCPDP standards. This is a change. Previously, Virginia Medicaid required providers to submit eleven zeros in this field.
Compounded Drug Claims >\$499.99	All compounded drug claims >\$499.99 will deny with NCPDP error 76 – plan limitations exceeded and require a service authorization. Prescribers will need to submit a SA to MMA.
Will DME claims be handled by MMA?	No, these claims will continue to be submitted to Conduent, DMAS’ fiscal agent, through the current process.
Will Medicaid members’ ID numbers change?	No.
How often will member eligibility be updated?	Eligibility will be updated <b>daily</b> (government work days). <b>This is a change from the real-time eligibility updates received prior to October 1, 2017.</b>
Who should pharmacies contact with policy and procedure questions?	Providers should use the <a href="#">Contact Us link</a> on the <a href="#">Pharmacy Services Web Portal</a> . and the appropriate team will respond to the inquiry.
Will there be training for pharmacy providers on the new Pharmacy Benefit Manager?	<p>An Introduction to MMA will be offered to the pharmacy provider community. The training will include a review of claim submission differences and service authorizations and will provide contact information for assistance with pharmacy claims and service authorizations.</p> <p><b><u>To register to attend one of the Webinars</u></b> listed below, please e-mail the MMA Training and Development department at <b><a href="mailto:MRxTraining@MagellanHealth.com">MRxTraining@MagellanHealth.com</a></b> and include the following information in your e-mail:</p> <ul style="list-style-type: none"> <li>• Name</li> <li>• Facility name</li> <li>• NPI</li> <li>• Phone Number</li> <li>• E-mail</li> </ul> <p><b>Date and time of webinar training is as follows:</b></p> <ul style="list-style-type: none"> <li>• Tuesday, September 19, 10:00 a.m. – 11:00 a.m.</li> <li>• Thursday, September 21, 1:00 p.m. – 2:00 pm</li> <li>• Wednesday, September 27, 10:00 a.m. – 11:00 a.m.</li> </ul> <p>The last <b>webinar will be recorded and available for viewing at</b> <a href="https://www.viriniamedicaidpharmacyservices.com/asp/authorizations.asp">https://www.viriniamedicaidpharmacyservices.com/asp/authorizations.asp</a></p>



Question	Answer
Is the Pharmacy Provider Manual going to be on the Magellan Medicaid Administration Provider Web Portal?	The Pharmacy Provider Manual will remain on the Virginia Medicaid Web Portal. MMA will provide a link to the Pharmacy Manual on the Virginia Medicaid Pharmacy Web Portal.
How do I sign up to be a pharmacy provider?	Contact Provider Enrollment Services at 804-270-5105 or 888-829-5373
What is the Contact Information for MMA?	Provider Help Desk: 800-932-6648 Service Authorizations Fax Line: 800-932-6651 Web Portal: <a href="http://www.viriniamedicaidpharmacyservices.com">www.viriniamedicaidpharmacyservices.com</a> Address: 11013 West Broad Street, Suite 500, Glen Allen, VA 23060
Will providers still be able to access the Virginia Medicaid Web Portal?	Yes. The Virginia Medicaid Web Portal will continue to be available to all providers at <a href="http://www.viriniamedicaid.dmas.virginia.gov">www.viriniamedicaid.dmas.virginia.gov</a> .
Are DME claims still processed the same?	Yes. DME claims will continue to be processed by Conduent, DMAS' fiscal agent, using the existing process.
If a facility has pending claims from with dates of service prior to 10/1/17 due to pending paperwork, which BIN, PCN, and group should I use to submit these claims?	Beginning 10/1/17, all pharmacy claims regardless of date of service (DOS) must be submitted to MMA using the following claim routing information. BIN # (NCPDP #101-A1) = 010900 PCN (NCPDP #104-A4) = 8263342243 (New) Group ID (NCPDP #301-C1) = VAMEDICAID (New)
Who do I call with questions about Pharmacy Support Center	MMA will address all pharmacy related questions including Preferred Drug List (PDL), service authorization, pharmacy claims processing, ProDUR and RetroDUR questions. MMA will also answer questions from Medicaid members about drug coverage and service authorizations.  Phone: 1-800-932-6648 Fax Line: 1-800-932-6651  Available 24 hours a day, 7 days a week
Who do I call with questions about Electronic Funds Transfer (EFT), Check Write or Remittance Advice (RA)	DMAS Provider Helpline at 1-800-552-8627
Can pharmacy providers submit paper claims?	No. Effective 10/1/17, DMAS will no longer accept pharmacy claims submitted on paper.
Can a member submit a paper claim and receive reimbursement for out-of-pocket expenditures?	No. DMAS does not accept paper claims submitted by members.
Batch File Transfer Protocol (FTP)	No. DMAS does not accept batch claims from pharmacy providers.

**Contact Information for Pharmacy Services**

<b>Pharmacy Service</b>	<b>Old Vendor</b>	<b>New Vendor</b>	<b>New Vendor Contact Information</b>
Pharmacy Claims Processing	Conduent	Magellan Medicaid Administration	800-932-6648 www.viriniamedicaidpharmacyservices.com
Drug Service Authorizations	Provider Synergies	Magellan Medicaid Administration	P: 800-932-6648 F: 800-932-6651 www.viriniamedicaidpharmacyservices.com
Preferred Drug List (PDL)	Provider Synergies	Magellan Medicaid Administration	P: 800-932-6648 www.viriniamedicaidpharmacyservices.com
Drug Utilization Review Program including ProDUR and RetroDUR	Conduent	Magellan Medicaid Administration	P: 800-932-6648 www.viriniamedicaidpharmacyservices.com
Electronic Fund Transfers, Checks, Remittance Advice	Conduent	Conduent	800-774-8481 www.viriniamedicaid.dmas.virginia.gov