



****PROVIDER NOTICE****

Virginia Department of Medical Assistance Services

Effective October 1, 2017

New Pharmacy Benefits Manager Contractor

Effective **October 1, 2017**, the Commonwealth of Virginia Department of Medical Assistance Services will begin utilizing the pharmacy benefits manager, **Magellan Medicaid Administration**. All pharmacy claims for Medicaid fee-for-service members must be submitted to Magellan Medicaid Administration.

**** Alert ** Claim Submission Differences**

Beginning **October 1, 2017**, all pharmacy claims must be processed using Magellan Medicaid Administration's RxBIN and RxPCN assigned numbers which are included in the table below.

Magellan Medicaid Administration's Pharmacy Call Center can be contacted for assistance with medication dispensing and access issues at **1-800-932-6648** on or after **October 1, 2017**.

New Benefit Changes Effective **October 1, 2017**

- All compound claims > \$499.99 will require a service authorization.
- 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 remains at 75%.
- Pharmacy claims > \$9999.99 will no longer "pend" for review by DMAS.
- Pharmacy claims > \$4999.99 will deny with NCPDP error code 78 – Cost Exceeds Max. Pharmacists can call the Help Desk to request a service authorization (SA). The prescriber does not need to submit the SA request.
- Pharmacy Partial Fill claims will have pro-rated member co-pays and provider dispensing fees
- DMAS will no longer accept paper claims for drugs and services covered under the pharmacy benefit.

The following claim submission fields and requirements are being 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)	8263342243	M	NEW!
Claim Segment				
436-E1	Product/Service ID Qualifier		M	<ul style="list-style-type: none"> Ø3- Non-compounds ØØ-Compounds
407-D7	Product/Service ID	<ul style="list-style-type: none"> NDC 	M	<ul style="list-style-type: none"> Must send a single 'Ø' for Compounds (This is a change)
6ØØ-28	UNIT OF MEASURE	Values: <ul style="list-style-type: none"> EA = Each GM = Grams ML = Milliliters 	R	NEW!
Insurance Segment				
3Ø1-C1	GROUP ID	VAMEDICAID	R	Submit for clients

Please note, in the Payer Usage column: M = Mandatory and R = Required

Payer Sheets

In preparation for this transition, a new Payer Specification sheet is available. You can access the payer specification sheet at http://www.dmas.virginia.gov/Content_pgs/pharm-home.aspx. We encourage you to review the Payer Specification sheet and contact your software vendor to make any necessary changes to support this transition.

Pharmacy Testing

Magellan Medicaid Administration encourages pharmacies to submit test claims prior to October 1, 2017. Magellan Medicaid Administration is offering a testing window from **September 5, 2017, through September 19, 2017**. If you would like to submit test claims, please e-mail gkarri@magellanhealth.com with your contact name, phone number, pharmacy National Provider Identifier (NPI), and Switch information. If you are unable to e-mail, please call Girija Karri at 1-804-548-0428 to schedule a time for testing and receive a package of test claim information for submission.

Important Training Available for Pharmacy Providers

The Introduction to Magellan Medicaid Administration course will be offered to the pharmacy provider community. The course will include a review of claim submission differences and prior authorizations and will provide contact information for assistance with claims and prior authorizations.

To register to attend **one** of the Webinars listed below, please e-mail the Magellan Medicaid Administration Training and Development department at MRxTraining@MagellanHealth.com and include the following information in your e-mail:

- Name

- Facility name
- NPI
- Phone Number
- E-mail
- Date and time of webinar

The training schedule is as follows:

Course Name	Date and Time
Introduction to Magellan Medicaid Administration	Tuesday, September 19, 10:00 a.m. – 11:00 a.m.
	Thursday, September 21, 1:00 p.m. – 2:00 pm
	Wednesday, September 27, 10:00 a.m. – 11:00 a.m.

Contact Information

Services	Source	Effective Date	Contact Information
POS Claims Processing – For technical or other POS and Prior Authorization assistance	Magellan Medicaid Administration	October 1, 2017	1-800-932-6648
Prior Authorizations – Fax number to submit Prior Authorizations	Magellan Medicaid Administration	October 1, 2017	1-800-932-6651
Provider Training – E-mail address to register and attend training sessions	Magellan Medicaid Administration	In Effect Now	MRxTraining@MagellanHealth.com
Provider Network – E-mail address for Provider Network and contracts	Magellan Medicaid Administration	In Effect Now	RxNetworksDept@magellanhealth.com