TO: All Medicaid Providers and Managed Care Organizations Participating in the Virginia Medical Assistance Program

FROM: Karen Kimsey, Director
Department of Medical Assistance Services (DMAS)

DATE: 1/5/2021

SUBJECT: Pharmacy Procedure For COVID-19 Vaccine


Pharmacies must bill the Point of Sale (POS) National Council for Prescription Drug Programs (NCPDP) codes. Pharmacies will NOT be paid dispensing fees for vaccines but will be reimbursed for vaccine administration fees according to Medicare established rates.

NOTE: Immunizations for Dual Medicare and Medicaid members (DUALS) must be billed to Medicare.

Reminders: Pharmacy providers administering COVID-19 vaccinations should communicate the following to Medicaid members receiving the Pfizer or Moderna COVID-19 vaccines (both of which require two doses to complete the series):

- It is preferred that the person receive their second dose of vaccine at the location they received their first dose.
- Administration of the second dose may occur within a 4-day grace period (between days 17-21 for the Pfizer vaccine or days 24-28 for the Moderna vaccine). If vaccine administration occurs after these recommended time periods, please immunize at the earliest opportunity.
Pharmacists are also encouraged to remind their patients that Medicaid covers transportation to medical services under most benefit programs. Members (or providers on behalf of members) who require transportation assistance for their vaccinations, can schedule transportation by calling the appropriate number on this contact list: https://www.dmas.virginia.gov/files/links/432/DMAS%20-%20All%20Programs%20- %20Transportation%20Contact%20List%2007-22-2020.pdf

**Notice of Medicaid MCO Coverage of COVID-19 Vaccine Administration**

All DMAS Managed Care Organizations (MCOs) will cover the COVID-19 vaccine at no charge to their members. Please check with each MCO for claim submission specifications.

**CONTACT NUMBERS**

**AETNA BETTER HEALTH of VIRGINA**
Member services
CCC Plus: 1-855-652-8249
Medallion/FAMIS: 1-800-279-1878
Pharmacy Help Desk
CCC Plus: 1-866-386-7882
Medallion/FAMIS: 1-855-270-2365

**ANTHEM**
Medallion 4
Anthem Member Services - 800-901-0020
Anthem Provider Services - 800-901-0020
Ingenio Rx for Pharmacists - 833-253-4452
Ingenio Rx for Members - 833-207-3120

**CCC Plus**
Anthem Member Services - 855-323-4687
Anthem Provider Services - 855-323-4687
Ingenio Rx for Pharmacists - 833-253-4452
Ingenio Rx for Members - 833-207-3120

**MAGELLAN COMPLETE CARE**
CCC Plus Member Services and PBM - 1-800-424-4524
Medallion 4 Member Services and PBM - 1-800-424-4518

**OPTIMA**
CCC+ and Medallion Member services: 844-724-5576
CCC+ and Medallion PBM’s help desk: 888-946-1167

**UNITED HEALTH CARE**
United CCC Plus
Member Services 866-622-7982
Notice of Medicaid FFS Coverage of COVID-19 Vaccine Administration

The purpose of this notice is to inform providers that DMAS fee-for-service will cover the two (2) new COVID-19 vaccines administered in pharmacies.

Effective December 28, 2020, claims can be submitted to Virginia Medicaid FFS for coverage of COVID-19 vaccine administration using NCPDP EMERGENCY PREPAREDNESS GUIDANCE – COVID-19 VACCINES. Please refer to the link below and review the Claim Billing/Claim Re-bill Payer Sheet for specific VA FFS requirements.


Summary of changes for COVID-19 Vaccines the following applies:

<table>
<thead>
<tr>
<th>Field #</th>
<th>NCPDP Field Name</th>
<th>Value</th>
<th>Payer Usage</th>
<th>Payer Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>42Ø-DK</td>
<td>SUBMISSION CLARIFICATION CODE</td>
<td>Qualified Requirement (RW)</td>
<td></td>
<td><strong>NEW:</strong> An Incentive Fee will be paid where Submission Clarification Code = 2 (initial dose) is submitted on the claim. A Flat Incentive Fee will be paid where Submission Clarification Code = 6 (subsequent dose) is submitted on the claim.</td>
</tr>
<tr>
<td>438-E3</td>
<td>INCENTIVE AMOUNT SUBMITTED</td>
<td>RW</td>
<td></td>
<td><strong>NEW:</strong> An Incentive Fee will be paid where Submission Clarification Code = 2 (initial dose) is submitted on the claim. A Flat Incentive Fee will be paid where Submission Clarification Code = 6 (subsequent dose) is submitted on the claim.</td>
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</tbody>
</table>
Changes to the DMAS pharmacy claim-processing system allow COVID-19 vaccination pharmacy claims ordered by pharmacists using their Collaborative Practice Agreements prescriber’s NPI and pharmacy’s National Provider Identifier (NPI) as the provider. If the pharmacist uses their NPI as the prescriber, a service authorization is required from the Magellan Call Center.

If a pharmacy claim is submitted for a member’s second vaccination dose with a National Drug Code (NDC) for a vaccine from a different manufacturer than the manufacturer used with the first dose, the claim will be denied.

**PHARMACY “Call Center”**
The Magellan pharmacy call center supports all pharmacy claims processing and is available to answer pharmacy questions 7 days a week 24 hours per day at 800-932-6648

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**PROVIDER CONTACT INFORMATION & RESOURCES**

<table>
<thead>
<tr>
<th>Virginia Medicaid Web Portal</th>
<th>Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</th>
<th><a href="http://www.virginiamedicaid.dmas.virginia.gov">www.virginiamedicaid.dmas.virginia.gov</a></th>
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<tbody>
<tr>
<td><strong>Automated Response System (ARS)</strong></td>
<td>Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</td>
<td>1-800-884-9730 or 1-800-772-9996</td>
</tr>
<tr>
<td><strong>Medcall (Audio Response System)</strong></td>
<td>Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.</td>
<td><a href="https://dmas.kepro.com/">https://dmas.kepro.com/</a></td>
</tr>
<tr>
<td><strong>KEPRO</strong></td>
<td>Service authorization information for fee-for-service members.</td>
<td></td>
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<tr>
<td><strong>Managed Care Programs</strong></td>
<td>Medallion 4.0, 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 may utilize different guidelines than those described for Medicaid fee-for-service individuals.</td>
<td></td>
</tr>
<tr>
<td><strong>Medallion 4.0</strong></td>
<td><a href="http://www.dmas.virginia.gov/#/med4">http://www.dmas.virginia.gov/#/med4</a></td>
<td></td>
</tr>
<tr>
<td><strong>PACE</strong></td>
<td><a href="http://www.dmas.virginia.gov/#/longtermprograms">http://www.dmas.virginia.gov/#/longtermprograms</a></td>
<td></td>
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<tr>
<td><strong>Magellan Behavioral Health</strong></td>
<td><a href="http://www.MagellanHealth.com/Provider">www.MagellanHealth.com/Provider</a></td>
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<tr>
<td>Behavioral Health Services</td>
<td>For credentialing and behavioral health service information, visit:</td>
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<tr>
<td>Administrator, check eligibility, claim</td>
<td><a href="http://www.machannelofvirginia.com">www.machannelofvirginia.com</a>, email:</td>
<td></td>
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<tr>
<td>status, service limits, and service</td>
<td><a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a>, or</td>
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<tr>
<td>authorizations for fee-for-service</td>
<td>call: 1-800-424-4046</td>
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<td>members.</td>
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**Provider HELPLINE**

| Monday–Friday 8:00 a.m.–5:00 p.m. | 1-804-786-6273 |
| For provider use only, have Medicaid Provider ID Number available. | 1-800-552-8627 |

Aetna Better Health of Virginia

aetnabetterhealth.com/virginia

1-800-279-1878

Anthem HealthKeepers Plus

www.anthem.com/vamedicaid

1-800-901-0020

Magellan Complete Care of Virginia

www.MCCofVA.com

1-800-424-4518 (TTY 711) or 1-800-643-2273

Optima Family Care

1-800-881-2166

United Healthcare

Uhccommunityplan.com/VA and myuhc.com/communityplan

1-844-752-9434, TTY 711

Virginia Premier

1-800-727-7536 (TTY: 711)