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 https://www.virginiamedicaidpharmacyservices.com
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 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.
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 http://www.dmas.virginia.gov/Content_pgs/pharm-home.aspx. 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
Will I need to make other claims submission changes?	*(see table below)*

Transaction Header Segment

Claim Segment

Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
436-E1	Product/Service ID Qualifier		M	• Ø3- Non-compounds • ØØ-Compounds
407-D7	Product/Service ID	• NDC	M	• Must send a single 'Ø' for Compounds (This is a change)
6ØØ-28	UNIT OF MEASURE	Values: • EA = Each • GM = Grams • ML = Milliliters	R	**NEW!**

Insurance Segment

3Ø1-C1	GROUP ID	**VAMEDICAID**	R	**NEW!** Submit for all members

Question	Answer
Will there be a downtime period between the shutoff of the Conduent (formerly known as Xerox) and the start-up of MMA's system?	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.
How will pharmacies check eligibility during vendor conversion from 9/30/17 9:30 p.m. – 10/1/17 8:59 a.m. ET?	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/Medicall: 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 www.virginiamedicaid.dmas.virginia.gov.
For claims processed prior to 10/1/17, where should pharmacies route the reversal transaction?	All pharmacy claim transactions should come to MMA starting on 10/1/17.
Will I be able to reverse a claim through MMA that I submitted to Conduent (formerly known as Xerox)?	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.
Will Coordination of Benefits (COB) information be available?	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.
Will the pharmacy program edits be the same?	All edits including ProDUR edits, SA requirements, quantity limits, etc. will remain the same. Select gender edits will be deployed on 10/1/17.
Who will process service authorizations for fee-for-service members?	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.
Will the payment schedule change?	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.

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. **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.**
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 **daily** (government work days). **This is a change from the real-time eligibility updates received prior to October 1, 2017**.
Who should pharmacies contact with policy and procedure questions?	Providers should use the Contact Us link on the Pharmacy Services Web Portal. and the appropriate team will respond to the inquiry.
Will there be training for pharmacy providers on the new Pharmacy Benefit Manager?	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. **To register to attend one of the Webinars** listed below, please e-mail the MMA 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 training is as follows:** • 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. The last **webinar will be recorded and available for viewing at** https://www.virginiamedicaidpharmacyservices.com/asp/authorizations.asp

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: www.virginiamedicaidpharmacyservices.com 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 www.virginiamedicaid.dmas.virginia.gov.
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

Pharmacy Service	Old Vendor	New Vendor	New Vendor Contact Information
Pharmacy Claims Processing	Conduent	Magellan Medicaid Administration	800-932-6648 www.virginiamedicaidpharmacyservices.com
Drug Service Authorizations	Provider Synergies	Magellan Medicaid Administration	P: 800-932-6648 F: 800-932-6651 www.virginiamedicaidpharmacyservices.com
Preferred Drug List (PDL)	Provider Synergies	Magellan Medicaid Administration	P: 800-932-6648 www.virginiamedicaidpharmacyservices.com
Drug Utilization Review Program including ProDUR and RetroDUR	Conduent	Magellan Medicaid Administration	P: 800-932-6648 www.virginiamedicaidpharmacyservices.com
Electronic Fund Transfers, Checks, Remittance Advice	Conduent	Conduent	800-552-8627 www.virginiamedicaid.dmas.virginia.gov