

State of Arkansas Provider Frequently Asked Questions (FAQs) Document

March 13, 2015

Magellan Medicaid Administration collected questions during our Web-based training sessions facilitated in February and March 2015. We are providing the questions and answers in this document as a reference tool. We have organized the questions by the course in which it was collected.

Introduction to Magellan Medicaid Administration

Question	Answer
For claims processed prior to 3/14/15, where should pharmacies route the reversal transaction?	All pharmacy claim transactions should come to Magellan Medicaid Administration starting on 3/14/15.
Will the program edits be the same?	Yes, the program is not changing. Magellan Medicaid Administration will be the new pharmacy claims processor but the PA requirements, quantity limits, etc. will remain the same.
Can the BIN be used as the Other Payer ID Qualifier?	Yes, '03' BIN is an acceptable value for the Other Payer ID Qualifier.
Will DME claims be handled by Magellan Medicaid Administration?	No, these claims will remain with Hewlett-Packard (HP).
How will the pharmacies check eligibility during the downtime from 3/14/15 12:00 a.m. – 5:59 a.m. CT?	All Help Desks are closed on weekends with the present set-up. This should not interrupt anything the pharmacies currently do today. Please hold all claims and submit starting at 6:00 a.m. CT on 3/14/15.
Will the member IDs remain the same?	Yes
Who should pharmacies contact with policy and procedure questions?	Providers should use the Contact Us link on the Web portal and the appropriate team will respond to the inquiry.
What is Magellan Medicaid Administration doing to educate the prescriber community?	Magellan Medicaid Administration is offering prescriber and pharmacy provider Webinars. The State of Arkansas has posted messages on the current HP Website about this change. Beginning March 1, HP has agreed to start having an alert message playing on all inbound calls to the Help Desk. Alerts have been placed on the RA messages sent weekly to all provider types and a 60- and 30-day notice letter will be mailed to all pharmacy providers. Magellan Medicaid Administration has reached out to the Arkansas Pharmacist Association and Arkansas Medical Society to coordinate a blast fax about the change also.

Question	Answer
Will each person have their own ID for the portal or will one be shared at the office/facility?	One person should be designated to go into the UAC to register for the pharmacy with the NPI or for the prescriber with the Medicaid ID or NPI. A PIN letter will be generated and sent to that provider/prescriber advising that this designated person (requester) registered to work on their behalf on the AR Web portal. If the provider/prescriber is okay with this, they will give the PIN letter to the requester so that they can complete the UAC registration process. Once that is completed, the requester becomes known as the UAC Delegated Administrator. The UAC Delegated Administrator will then access UAC and create IDs and Passwords for any designated staff members who will access the AR Provider Portal secure tools and applications. Once the staff member logs in for the first time, they will be asked to create a new password; this ensures that no one will know anyone else's password.
Will the payment cycle or RA cycle change?	No, they will remain the same.
Are paper claims allowed?	No, all claims should be submitted as Point-of-Sale (POS) or Web Claims Submission (WCS) transactions (similar to DDE used with HP today).
What are the specific requirements for an emergency fill?	In an emergency, for those drugs for which a five-day supply can be dispensed, a pharmacy may dispense up to a five-day supply of a drug that requires clinical criteria or is non-preferred. The Emergency Supply Policy does not apply to drugs that are not covered by the State of Arkansas. This provision applies only in an emergency situation and when the Magellan Medicaid Administration Prescription Drug Help Desk is unavailable, Evidence Based Prescription Drug Program Help Desk is unavailable, or the pharmacist is not able to contact the prescribing physician. To file a claim using this emergency provision, the pharmacy provider will submit a "03" in the Level of Service (418-DI) field. Frequency of the emergency override is limited to once per year per drug class for non-LTC beneficiaries and once per 60 days per drug class for LTC beneficiaries.
Which DAW codes will AR accept?	AR will accept values '0' and '1' only.
When would the Patient Residence field be used?	The Patient Residence field could be used to show that someone is in LTC or Hospice.
When would the Special Package Indicator of 'DT' be used?	The Special Package Indicator field is used to clarify if the product is a unit dose. Valid values are '1' Not Unit Dose, '2' Manufacturer Unit Dose, or '3' Pharmacy Unit Dose.


Question	Answer
What is the Magellan Medicaid Administration address in Little Rock?	1 Allied Drive Building 1, Little Rock, AR 72202
Is the Software Vendor Certification ID required?	Yes
Is the provider manual going to be on the Magellan Medicaid Administration Provider Web Portal?	The Provider Manual will still be maintained by HP. A link will be provided on the Magellan Medicaid Administration Provider Web Portal to the HP site where the provider manual is housed.
It was noted that on HP's Website the providers were able to look up a member by Last Name and DOB. Why is this not allowed on Magellan Medicaid Administration's Web portal?	There are 4 main reasons why this was changed. 1) Only a pharmacy and a provider with prescriptive authority will be able to access this member eligibility on the Magellan Medicaid Administration Web Portal. 2) Only members with prescription benefits will pull back a potential result on this Web portal. 3) This service is free of charge although it does not guarantee payment or obligation to pay on any part by the State of Arkansas, Magellan Medicaid Administration, HP or any other vendor of the State of Arkansas. 4) Since this eligibility check only pulls back data related to members with potential prescription benefits, the system needs more specific information than what can be used on the HP portal which contains ALL members that may have several different types Medicaid coverage and includes details outside of prescription benefits that only Magellan Medicaid Administration will be processing.
Can you elaborate on pharmacy lock-ins?	A member can be locked into filling medications at a particular pharmacy (up to 5 total) for any given class of drugs, list of drugs, or all drugs. The State of Arkansas will forward the members to be locked-in to Magellan Medicaid Administration for entry into the system. The lock-ins that exist today will be transferred over into our system from HP and will still apply.
Can the pharmacy submit a PA if they are LTC and have the information needed for the form?	Only the prescriber of the medication requiring a PA can submit a PA request for that drug. Stated in Section 2 of the Pharmacy Provider Manual, part 240.000 titled 'Prior Authorization', "The prescriber must initiate the prior authorization (PA) for prescription drugs that require a PA. The PA request form will be completed by the prescriber. The form must remain in the patient's chart and will be subject to audit by the Division of Medical Services or its authorized representatives."
Where can we obtain a copy of this Webinar?	Use this link to view a recording of the session: http://magellanhealth.adobeconnect.com/p65xwhrrv21/ .

Question	Answer
Can you see claims from other pharmacies on the Magellan Medicaid Administration Provider Portal?	If you are logged in as a pharmacy and use the View My Claims Lookup tool, you will only be able to view claims submitted by your pharmacy; prescribers will not have this feature. If you are a prescriber or a pharmacy and look up a Beneficiary via the Lookup tool, you can see their eligibility dates as well as Claims information for that specific member which includes Label Name and Date of Service. It will not display the Rx number, prescriber, or pharmacy information on those claims.
Will Coordination of Benefits (COB) information be available via the Beneficiary Lookup tool?	No, you will need to contact the Magellan Medicaid Administration Support Center with any questions related to COB information. The phone # will be 800-424-7895 and will be available starting on March 14, 2015 from 6 a.m. – 5 p.m. CT Monday – Friday, excluding State of Arkansas Holidays. The Magellan Medicaid Administration Support Center will be available the weekend of March 14 – 15, 2015 for extra support with the implementation.

User Administration Console (UAC)

Question	Answer
Do the passwords for UAC expire?	You will be prompted to change your password approximately every 41 days.
How do you sign up a new provider?	HP still handles provider enrollment.
When will they be able to register for a PIN?	The User Administration Console will be available to request a PIN on 3/14/15.
Should the Medicaid ID number used to request a PIN be the clinic's ID or the individual provider's ID?	It is recommended that one person be the designated Delegated Administrator and take ownership of the registration process. This person would request PINs for each individual Medicaid ID number/provider. If there are multiple locations/clinics, the Delegated Administrator could then set-up Local Administrators after the registration process is completed. The Local Administrators could assist with the creation of user accounts for the staff in each location/clinic and grant access to work on behalf of the applicable Medicaid provider(s).
What is the URL for the Website?	The Website will be available on 3/14/15 and can be found at https://arkansas.magellanrx.com/provider/ .

Question	Answer
If a prescriber works at multiple locations, will all the locations be listed in UAC or just one?	The address submitted at the time of enrollment with HP for a prescriber will display in UAC. If the PIN letter should be mailed to another address, please follow the procedure in UAC for an Alternate Address. If the address on file with HP needs to be updated, please contact HP Provider Enrollment to get this fixed. Magellan will not be able to correct/update any provider demographic information.
Is this replacing the existing site the providers currently log into for Arkansas Medicaid?	No, both the existing Website hosted by HP and the Magellan Medicaid Administration Web portal will be in place starting March 14, 2015. Please keep in mind that the Magellan Medicaid Administration Web portal will only contain pharmacy drug benefit related information.
Are DME claims still processed online?	DME claims will continue to be processed by HP using the existing process.
Can I register for access to the portal by using the Provider ID of the physician group/clinic/hospital?	No. Registration and access to PHI related information on the Magellan Medicaid Administration Web portal is locked to pharmacies and individual providers with prescriptive authority enrolled in the State of Arkansas Medicaid program only.
What happens if my eligibility ends and is then reinstated?	If access to the Magellan Medicaid Administration Web portal has been granted and then your eligibility ends, you will have to contact HP Provider Enrollment to get reactivated in the State of Arkansas Medicaid program and then go through the Magellan Medicaid Administration Web portal UAC PIN request process again from scratch. Magellan Medicaid Administration will only be giving a 30 day grace period from when that provider is closed in the HP system before access to the Magellan Medicaid Administration Web Portal is denied. No old accounts are kept with Magellan Medicaid Administration that can be reactivated.

Question	Answer
<p>Rose Anne Cato, UAMS, expressed concern about requesting PINs for a thousand providers that are at UAMS on a limited basis in addition to a primary office.</p>	<p>In the case of large numbers of providers, the Magellan Medicaid Administration Web Support Center should be contacted for assistance in registration. Magellan has best practices set up for these situations, with multiple scenarios that meet different organizational needs. For this scenario, it is recommended to follow the first option on the attached document.</p> <div style="text-align: center;">  <p>UAC-AdministratorOr ganizationalScenarios</p> </div>

Web Claims Submission

Question	Answer
<p>Will WCS save the patient information in the system like PES or will the patient have to be entered every time?</p>	<p>If you are entering multiple claims for the same patient, rather than clicking New Claim, click back on the Claim Entry tab and just change out the drug, quantity, DOS, Date Written, Rx Number, etc. so you don't have to key in the patient information all over again. If you click New Claim, it will erase everything you previously submitted and it will be a blank template to start from. Since PES is a software program offered by HP, it will no longer be able to submit outpatient pharmacy drug claims. You can still utilize the HP PES software to submit all other claim types.</p>
<p>Will the claim show as accepted or denied?</p>	<p>Yes, you will have a tab called Claim Results which will show if it is rejected, paid, duplicate, etc. along with all NCDPD reject codes. It will also provide pricing information on this screen as well.</p>
<p>Where do we get the software?</p>	<p>To access Web Claims Submission, you must register via the User Administration Console as a recognized State of Arkansas Medicaid enrolled pharmacy provider. You will then create an ID and Password to the Magellan Medicaid Administration Provider Portal. Once logged in to the secure area of the Magellan Medicaid Administration Provider Portal, you will click on Web Claims Submission to launch this application. There is no software download needed and this Web Claims Submission process will only be made available to pharmacy providers.</p>
<p>When can we register via UAC?</p>	<p>You can begin to use the UAC and Web Portal features on March 14, 2015.</p>

Question	Answer
Will this Webinar be available to view?	Yes. You can watch today's session by clicking on the following URL: http://magellanhealth.adobeconnect.com/p552rkb8ncr/
If a facility has some pending claims from the beginning of the month due to pending paperwork, which BIN, PCN, and group will be used if submitted around the 15 th or 16 th of the month?	All pharmacy drug claims submitted beginning 3/14/15 will require the new BIN, PCN, and group.
For Medicaid pending clients that are retroactively approved back to January and earlier, which BIN will be used?	The new BIN, PCN, and group will be used for all pharmacy drug claims submitted beginning on 3/14/15 regardless of the date of service being billed for.