



# ***Magellan Complete Care of Virginia (MCC of VA) Provider Training***

July 2017

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# *A Managed Long Term Services and Supports Program*

**On August 1, 2017, Magellan Complete Care of Virginia (MCC of VA) – part of the Magellan Rx Management division of Magellan Health, Inc. – will begin processing the Virginia Commonwealth Coordinated Care (CCC) Plus pharmacy claims.**

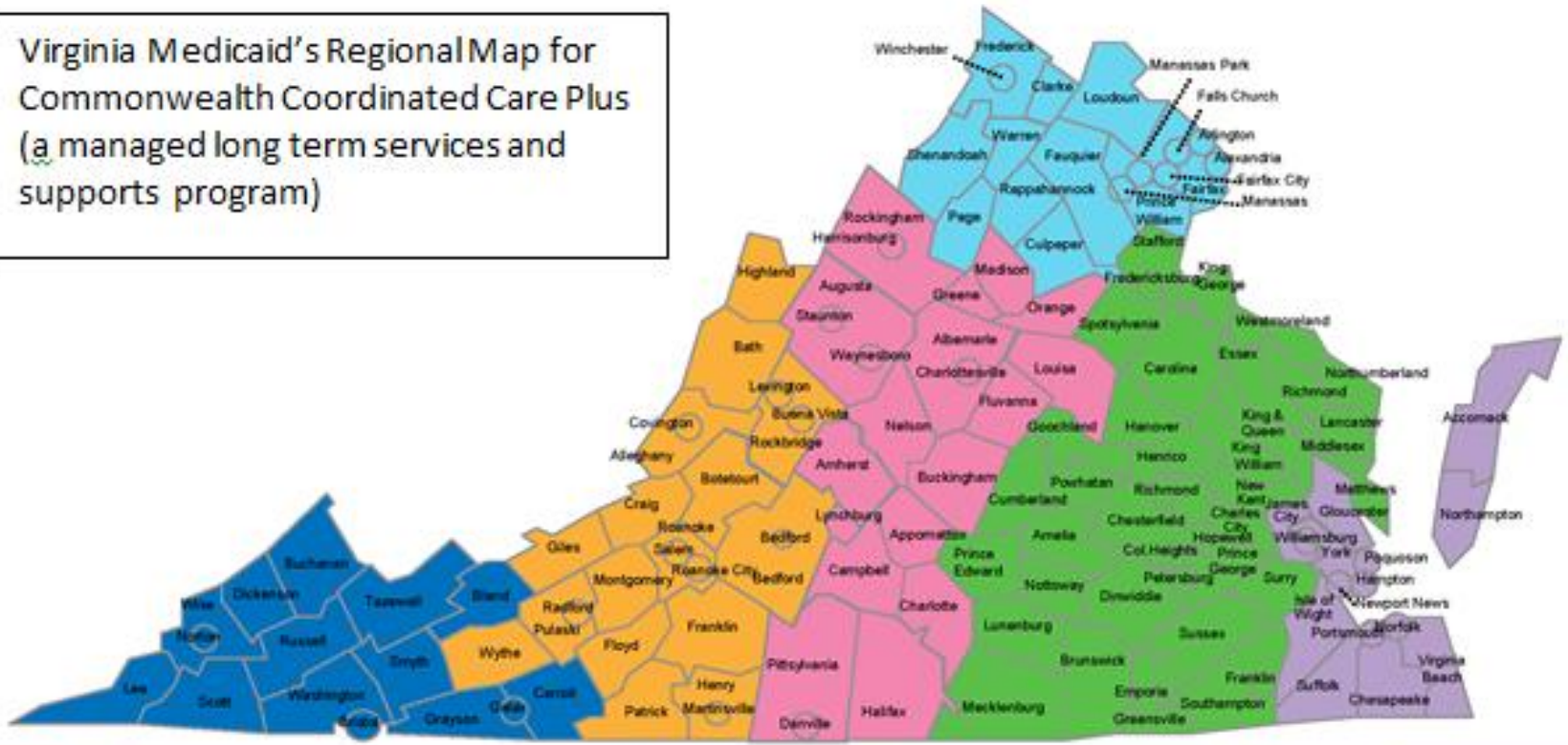
## **MCC of VA will perform the following:**

- Claims Processing
- Operations Support for the Pharmacy Program
- Pharmacy Contact Center Operations for Providers and Members
- Clinical Consultation Services
- Education and Outreach for Providers

# CCC Plus Regions



Virginia Medicaid's Regional Map for Commonwealth Coordinated Care Plus (a managed long term services and supports program)



Southwest

Roanoke/Alleghany

Western/Charlottesville

Northern/Winchester

Central

Tidewater

A list of CCC Plus regions by locality is available at: [http://www.dmas.virginia.gov/Content\\_pgs/mltss-proinfo.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx)

# CCC Plus Enrollment by Region and Launch Date

Date	Regions	Regional Launch
August 1, 2017	Tidewater	19,904
September 1, 2017	Central	22,833
October 1, 2017	Charlottesville/Western	16,933
November 1, 2017	Roanoke/Alleghany	10,721
November 1, 2017	Southwest	12,661
December 1, 2017	Northern/Winchester	25,995
January 2018	CCC Demonstration (Transition plan determined with CMS)	29,139
January 2018	Persons who are Aged, Blind, Disabled (ABD) (Transitioning from Medallion 3.0)	76,188
Total	All Regions	214,374

Source: VAMMIS Data; totals are based on CCC Plus target population data as of Dec 31, 2016

# Availability

## MCC of VA will provide system availability for submitting claims:

- Daily; 24 hours availability
  - Exception:
    - o Saturday at 11:00 p.m., ET through Sunday at 6:00 a.m., ET
    - o Downtime will only occur if a need exists for maintenance. If not, the system will remain available for claims processing.
    - o When regularly scheduled downtime does occur, only the amount of time needed for the upgrades or maintenance is utilized and then FirstRx<sup>SM</sup> is made available to continue claims processing.
    - o If the regularly scheduled downtime needs to incorporate a major change to the system, such as a quarterly release enhancement that will take longer than an hour, MCC of VA Account Management will notify providers in advance of the implementation.



# *Readiness Documents and Resources*

- Preferred Drug List
- Provider Handbook
- Important Forms
- Clinical Practice Guidelines

All documents and resources will be available on the following website:

<https://mccofva.com/>

To obtain more information about the CCC Plus program visit:

[http://www.dmas.virginia.gov/Content\\_pgs/mltss-home.aspx](http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx)

# *Modes of Claims Submission*

- **Point-of-Sale (POS) claims submission**
- **Provider Paper claims submission on a Universal Claim Form (UCF)**

# *POS Technical Readiness*

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# Technical POS Submission Readiness

## Ensure software vendors are certified to send National Council for Prescription Drug Programs (NCPDP) D.0

- For questions regarding submitting test claims prior to the implementation date, contact:
  - Girija Karri at 1-804-548-0428; ([Gkarri@magellanhealth.com](mailto:Gkarri@magellanhealth.com))

## Ensure that the routing information is changed:

- Banking Identification Number (BIN)
- Processor Control Number (PCN)
- GROUP ID

# *Necessary Data Elements for Initial Setup*

## **Transaction Header Segment**

- All transactions require the following segments:
  - BIN Number: 016523
  - Version/Release #: D.0
  - Processor Control #: 62282
  - Group ID:
    - VAMLTSS

# *Additional Necessary Data Elements for Initial Set-Up*

## **Unit of Measure (Field 600-28)**

- Values:
  - EA = Each
  - GM = Grams
  - ML = Milliliters

# *POS Operational Readiness*

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# *Claims Submission Timely Filing Limits*

## **Reminder:**

- Date Rx Written should be the original date written
- Date of Service (DOS) should be the actual DOS
- The “Date Rx Written” is used as a factor in refill editing logic

## ***Claims Submission Timely Filing Limits, cont.***

**POS claims are generally submitted at the time of dispensing.**

**If a claim is submitted after a drug is dispensed due to mitigating circumstances, the following guidelines apply:**

- For all original claims, the timely filing limit from the DOS is 365 days.
- For all reversals, the timely filing limit from the DOS is 365 days.
- For all re-bill claims, the timely filing limit from the DOS is 365 days.
- Claims that exceed the timely filing limit will deny with NCPDP Error 81, “Timely Filing Exceeded.”

# NCPDP D.0

**The following transactions will be processed on August 1, 2017:**

- Claim Type
  - B1: Original Claims
  - B2: Reversals
  - B3: Re-bills



## ***NCPDP D.0, cont.***

**HIPAA Compliance:** There are requirements for privacy regulations regarding the use of claim data elements.

**Data element conditions are detailed in the Payer Specification Sheet including:**

- Mandatory (NCPDP designation – required at all times) or
- Required
- Qualified Requirement
  - “Required when”

**All submitted fields will be edited for valid format.**

**All submitted fields will be edited for valid values.**

**If you send optional data, the values must be valid and any supporting/associated fields must be sent.**



# Coordination of Benefits

- MCC of VA is always the payer of last resort. Providers must bill all other payers first and then bill MCC of VA.
- Providers must comply with all policies of a client's insurance coverage, including, but not limited to prior authorization (PA), quantity, and days' supply limits.
- Reimbursement will be calculated to pay the lesser of the Medicaid allowed amount or the Other Payer Patient Responsibility as reported by the primary carrier, less than the third-party payment.

## *In Summary*

- Timely Filing is one year from Date of Service on all claims
- BIN Number: 016523
- Version/Release #: D.0
- Processor Control #: 62282
- Group ID: VAMLTSS
- Unit of Measure is Mandatory
- All submitted fields will be edited for valid format and values
- MCC of VA is the payer of last resort

# *POS Claims Processing*

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## *Continuity of Care*

**Members will be allowed to continue on all treatment of medications prescribed or authorized by DMAS or another Contractor (or provider of service) for at least ninety (90) calendar days or through the expiration date of the active service authorization including service authorizations approved by DMAS' Drug Utilization Review (DUR) Board.**

# *Emergency Protocol*

**If needed, a 72-hour emergency supply of a prescribed covered pharmacy service shall be dispensed if the prescriber cannot readily provide authorization and the pharmacist, in his/her professional judgement consistent with the current standards of practice, feel that the Member's health would be compromised without the benefit of the drug.**

**The pharmacy can submit the claim as follows:**

- Prior Authorization Type Code (Field 461-EU) of "1"
- Prior Authorization Number (Field 462-EV) of "72"

# *Prospective Drug Utilization (ProDUR)*

**Claims will deny for an Early Refill with NCPDP Error Code 88 DUR Reject if the following scenario is met:**

- Non-Controlled medications – If the current fill is within 80 percent of the previous fill's day supply
- Controlled medications – If the current fill is within 90 percent of the previous fill's day supply

**Pharmacy providers are allowed to override Therapeutic Duplication, High Dose, and Drug to Gender denials.**

# *Expanded OTC Benefits*

**A prescription will be required for covered OTC items.**

## **Additional information:**

- \$25 per member per month for approved OTC drugs
- Balance is set to \$25 at the beginning of the month
- It does not roll over from month-to-month
- No overrides allowed
- Claims must be submitted at POS
- The member is responsible for paying any amount over the \$25 limit if prescription takes them over the \$25 monthly maximum



# *Addiction and Recovery Treatment Services (ARTS) Program*

**New program that will provide benefits to those members who have an addiction or are in recovery from a controlled substance.**



# Contact Information

## MCC of VA Pharmacy Support Center

- Phone: 1-800-424-4524
- Fax: 1-800-922-3986
- 24 hours a day, 7 days a week

## MCC of VA Provider Operations

- E-mail: [RxNetworksDept@magellanhealth.com](mailto:RxNetworksDept@magellanhealth.com)



# *Questions and Answers*

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