Nebraska Provider FAQs

Listed below are Frequently Asked Questions and Answers. Magellan Medicaid Administration will add to this list as we receive more questions in regards to the Nebraska Medicaid program.

Question	Answer
What National Council on Prescription Drug Programs (NCPDP) format or version will I need to utilize?	Send NCPDP version 5.1 only. Any lower version will be denied.
What routing information will my software vendor need to change so that claims can be submitted to Magellan Medicaid Administration?	- BIN # (NCPDP Field # 101-A1) = 013766 **NEW** - PCN (NCPDP Field # 104-A4) = P063013766 **NEW** - Group ID = NEBMEDICAID **NEW**
Have switch vendors been notified of the program changes?	The switch vendors have been notified of the program changes.
What ID will I use for the client, provider, or prescriber?	- Client ID = Member's Medicaid ID Number - Provider ID = National Provider Identifier (NPI) - Prescriber ID = State License Number
Can the name of the physician assistant be placed before the physician in the Prescriber Name field?	No, the physician last name must be first, a slash, and the PA last name.
Do physician assistants have their own license number?	No
Is the National Provider Identifier (NPI) required for prescribers?	No, the State License Number will be used as is the current process.
For the prescriber's last name, how many characters are allowed and if needed, should the physician or the physician assistant names be abbreviated?	Fifteen characters; if needed use at least the first four letters of the physician's last name (if appropriate); a slash, and the last name of the physician assistant
For the prescriber's last name, are spaces before/after the slash?	No
Is the prescriber's last name physician assistant process required for nurse practitioners?	No, they have their own number.
For the physician assistant, use the full name or last name?	Last name and the initials may be used if desired after the last name.
For prescribers, is the entire State License Number needed?	Yes
For prescribers, why is the State License Number used instead of the Drug Enforcement Agency (DEA) number?	DEA number is only used to designate those able to write for controlled substances. Not all prescribers have a DEA number.
Should the NPI for the physician or the physician assistant be used on a claim?	Use the State License Number of the physician.

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Question	Answer
Can all three letters be used to enter temporary prescriber (TEP) IDs in claim submission?	Yes, in fact all three are required.
Do I have to submit via Point-of-Purchase (POP)?	POP submission is preferred for timely response; however, paper claims will be accepted; additionally, Magellan Medicaid Administration offers Web-Claims Submission.
What address can I mail paper claims to?	Format: UCF Version DAH-2PT for Standard Version 5.1 Address: Magellan Medicaid Administration Nebraska Paper Claims Processing Unit P.O. Box 85042 Richmond, VA 23261-5042
How does the process work for paper claims already submitted to ACS after 6/11/08?	ACS will process paper claims until 06/03/08, at which time they will overnight the paper claims to Magellan Medicaid Administration for processing; Magellan Medicaid Administration will begin processing those claims on 06/11/08. Paper claims received by ACS after 06/25/08 will be returned to the sender.
What is the turnaround time on paper claims?	Ten business days
What are the timely filing limits?	▪ For all original claims = 366 days from Date of Service (DOS) ▪ For all reversals – unlimited ▪ For all re-bills – 366 days from DOS
For Long-Term Care (LTC) there is currently a backlog in submitting the claims, should the claims be submitted to ACS or Magellan Medicaid Administration?	Submit to ACS until the 6/11 Go-Live, then Magellan Medicaid Administration.
Is the same paper claim form going to be used?	Yes, use the *Universal Claim Form* (UCF).
Can a Medicare/Medicaid crossover claim be submitted as a prescription claim?	No, the claims need to be submitted in the current manner using a HCFA 1500 form.
Can I submit COB/TPL claims through Magellan Medicaid Administration Point-of-Purchase (POP)?	Yes
Will Medicare co-pay only claims be processed the same way?	Yes, use Other Coverage Code = 8

Question	Answer
If the third-party insurance is on file but claims billed to it result in denials due to termination of coverage, how should this claim be handled.	If the provider feels that the client is credible and indeed does not have insurance, the claim can be overridden using the proper Coordination of Benefits (COB) codes. The provider should require the client to have their case worker update the records as soon as possible so that the provider would not have to over utilize the override process and possibly cause further scrutiny.
Will the direct deposit process change?	No, it will remain as the same.
Will the payment schedule change?	No, the Fiscal Agent will continue to reimburse providers as they do today.
What if the Prescription Origin Code field is not present?	The field should be present as it is a valid NCPDP field. Valid values are: ▪ 1 = written prescription ▪ 2 = telephone ▪ 3 = electronic ▪ 4 = facsimile
Which Prescription Origin Code should be used for chart orders?	If faxed, use the facsimile designation.
Is the Prescription Origin Code only to be sent on new RXs or refills also?	The Prescription Origin Code is to be sent on all claims, new and refill.
Will I be able to reverse a claim through Magellan Medicaid Administration that I submitted originally to the current pharmacy vendor?	Yes, three years of historical claims will be converted and you will be able to submit reversals.
If a prescriber adds refills to a prescription after the original DOS, can those refills be added to the prescription (to comply with the mandatory use of the Number of Refills Authorized field) or does a new prescription need to be generated?	Refills may be added to the original prescription.
Can a compound have only one ingredient?	No, it must have more than one.
What are the required fields for claim submission of a compound?	On the Claim Segment: ▪ Compound Code (NCPDP Field # 406-D6) = 2 ▪ Product Code/NDC (NCPDP Field # 407-D7) = 00000000000 ▪ Quantity Dispensed (NCPDP Field # 442-E7) = quantity of entire product ▪ Gross Amount Due (NCPDP Field # 430-DU) = amount for entire product ▪ Submission Clarification Code = 8. Only need this if willing to accept payment for covered ingredients

Question	Answer
	only.
	On the Compound Segment:
	▪ Compound Dosage Form Description Code (NCPDP Field # 450-EF)
	▪ Compound Dispensing Unit Form Indicator (NCPCP Field # 451-EG)
	▪ Compound Route of Administration (NCPCP Field # 452-EH)
	▪ Compound Ingredient Component Count (NCPCP Field # 447-EC) = Maximum of 25
	For each Line Item:
	▪ Compound Product ID Qualifier (NCPDP Field # 488-RE) = 3
	▪ Compound Product ID (NCDPD Field # 489-TE)
	– Product ID = NDC
	– 99999999999 = scheduled compound (CII – CV)
	– 99999999996 = miscellaneous compound (use for non-scheduled)
	– Note: Each of the 9999 numbers may only be used once in a compound.
	– Compound Ingredient Quantity (NCPDP Field # 448-ED)
	▪ Compound Ingredient Cost (NCPDP Field # 449-EE)
Is tablet splitting process still the same?	Yes
For LTC, post bill before the Date of Death (DOD) will get the ER message, so which code should be used?	Medically Necessary
What will happen to Prior Authorizations (PA) that were submitted through the current pharmacy vendor?	Magellan Medicaid Administration will convert two years (based on PA termination date) of existing prior authorization records to the system. That is, PA records from the current pharmacy vendor system with a PA End Date within two years of 06/11/08 will be converted. All lifetime PA records will also be converted.

Question	Answer
The fax number for prior authorization is the same, is the phone number?	No, the current vendor phone lines are shared among other programs and cannot be assumed by Magellan Medicaid Administration. The new phone number is 1-800-241-8335.
Can a *MC-6 Form* be sent in via the Web PA process or must they be sent as they are currently?	No, these forms require a prescriber's signature.
Is the MC-6 process still the same?	Yes
Can pharmacy providers submit a PA request?	Only if you have the information written on the prescription from the prescriber.
Is a list of alternate products sent back on POP claims?	No
Can Early Refill for lost or stolen be overridden or must a call be made?	For non-controls, these may be overridden at the pharmacy level based on the professional judgment of the pharmacist. For controlled substances, Nebraska Medicaid does not replace lost or stolen controlled substances (CII-V). Requests for special consideration should be directed to Department of Health and Human Services (DHHS).
What are the Early Refill tolerance periods?	For non-controlled substances its 25 percent tolerance. For controlled substances, Tramadol, and Carisoprodol its 10 percent tolerance.
What codes are required to override an ER denial at the pharmacy?	- Professional Service Code - Result of Service Code - Submission Clarification Code 03 = Vacation Supply 04 = Lost Prescription 05 = Therapy Change 07 = Medically Necessary
What are some of the instances when the ER edit for controlled substances would be overridden by the Magellan Medicaid Administration Clinical Support Center?	Dosage Increase
Will Magellan Medicaid Administration process all PAs or will DHHS process PA's as well?	Both parties will process PAs.
What is the process for Growth Hormone PAs in mid-process?	The ones in process will be completed by DHHS and the new ones will go to Magellan Medicaid Administration.
If a specialty pharmacy has access to the data required for a Growth Hormone PA, can the Registered Pharmacist (RPh) submit?	Yes, as long as the physician has signed the DHHS request form.

Question	Answer
What is the definition of a Medical Emergency?	Emergency care is defined as medically necessary services provided to an individual who requires immediate medical attention to sustain life or prevent any condition, which would cause permanent disability to body functions. Only Registered Pharmacists and Licensed Prescribers may certify that a situation is a Medical Emergency. A prior authorization would be entered for Date of Service only with a supply to last until the next business day of DHHS (1–4 days depending on the day and time of call and holidays).
Are there any scheduled down times for Point-of-Purchase (POP) claims processing?	Magellan Medicaid Administration provides claim processing 24 hours a day 7 days a week except for scheduled maintenance times, which would occur from Saturday 10:00 p.m. (CT) – Sunday 5:00 a.m. (CT).
What is the advantage using Web Claims Submission?	It is of most use to those submitting paper claims.
Can Web Claim Submission be used for supplies in place of *HCFA 1500 Form*?	No
Can a Delegated Administrator be replaced?	Yes, this can be done using the UAC application.
How does a Delegated Administrator add a user?	Click on User tab, new user. Then enter the user name, ID and password, email address, phone, fax, then click Save. From the Organization tab check the proper organization and click Save. Click on the Roles tab, choose application from the drop-down box. Click the Get Roles button and check the boxes of the appropriate roles, then click Save. This process is outlined in the *UAC User Guide* on the application.
When will the UAC PIN letters be sent?	The PIN letter will be sent in 7–10 business days following provider registration.
Can I search POP claims via the Web?	No, only claims submitted via the Web by your pharmacy.

Question	Answer
In Web Claims Submission, does the Search feature look up claims for other providers?	No, just the ones your store has entered.
How long does it take to get a PA via the Web?	If approved, it is instantaneous; if pended, it would be a 24–hour turnaround.
Will the provider see PA requests made by physicians?	No
For Web Claims Submission of a claim identical to previously sent one, can the old claim be resubmitted by only changing the DOS instead of reentering all of the other data?	Yes
Can all Web claims for a client be searched by not entering the DOS?	No, the date must be entered.
Can a pharmacy enter a PA for an out of state physician instead of a physician call (for complicated PA situations)?	The physician must still call for these types of PAs.
Do you need a separate email address for UAC purposes?	No, but you may not be able to view e-mail at the workplace.
For Web PA on a phoned prescription, can the pharmacist get the data needed to request a PA from the MD and write on the Rx?	Yes
Would RPh be able to use Web PA or is it only for physicians?	Yes, if the necessary information is documented in writing on the prescription.
Will prescribers be notified about the availability of Web PA?	Notices are not sent to prescribers as they are instructed to view notices on line.
How long can the Web Claim Submission (WCS) screen remain open before timing out?	Sixty minutes
Will using Web Claim Submission cause any difference in how claims are paid to the provider?	The payment process will be the same.
Will there be a downtime period between the shutoff of the current pharmacy vendor and the start-up of the Magellan Medicaid Administration system?	Yes, the planned downtime is currently scheduled for 7:00 p.m. (CT) (6:00 PM, [MT]), 06/10/08 through 8:00 a.m. (CT), 06/11/08. This window of time, which was recently increased by 2 hours, is necessary to complete the exchange of information between the current and the new claims processors. We apologize for any inconvenience that this additional 2-hour interruption period may cause.
What should I do if I need to submit a claim during this downtown window?	Providers should hold all claims for this window of time. Providers will be able to submit these claims immediately following system start-up at 8:00 a.m. (CT), 06/11/08.

Question	Answer
What should I do if I need to reverse a claim during this downtime window?	Please hold the reversal and submit after the system start-up at 8:00 a.m. (CT), 06/11/08.
What claim rejection message will ACS begin sending on 06/11?	Claims will reject with NCPDP reject code 04 – missing/invalid BIN or Processor Control Number.
What claims rejection message will Magellan Medicaid Administration send during the maintenance window?	Host Unavailable
Will compound claims processed by ACS be refilled through the Magellan Medicaid Administration system?	Yes, providing the data submitted to Magellan Medicaid Administration is valid format and values. If ACS allowed incorrect data to adjudicate, it will need to be corrected.
Can a claim originally billed through ACS be re-billed through Magellan Medicaid Administration?	Yes, if it falls within the timely filing guidelines.
Can client eligibility be checked via Web Claims Submission?	Yes
Is the Eligibility Lookup on the Web done from the main page in Web Claims Submission?	Yes
Can eligibility be checked via the Web if the POS system is down during the maintenance?	No, the phone line must be used, (NMES line is 471-9580 in Lincoln or 1-800-642-6092 outside of Lincoln).
Does the Eligibility Search via the Web show the co-pay?	No
Can a client ID number be researched via WCS?	No
Can you call to validate a client ID number?	Yes, via NMES line (471-9580 in Lincoln or 1-800-642-6092 outside of Lincoln).
Will DHHS continue to send out fax and email notices to pharmacies?	Yes
Do physician assistants receive Medicaid notices?	All Nebraska Medicaid providers can subscribe to receive notice of changes or updates.
What are the dates test claims can be sent by providers?	Testing can begin on 05/19/08 and occur through 06/06/08. Pharmacies wishing to test should contact Magellan Medicaid Administration at 804-217-7900.
Can Remittance Advices (RAs) be sent to providers electronically?	Yes, you can contact DHHS.
Will the Medicaid clients be notified of the program changes?	No, the changes should be seamless for the clients.