

# General Frequently Asked Questions (FAQs)

Revision Date: 10/1/2017

Phone Numbers for Medicaid Enrolled Pharmacies																				
Provider Information	Telephone Number(s)	Information Provided																		
Magellan Medicaid Administration Pharmacy Call Center	<p><b>Phone:</b> 1-800-932-6648</p> <p><b>Fax Line:</b> 1-800-932-6651</p> <p>Available 24 hours a day, 7 days a week</p> <p><b>Web Portal:</b>  <a href="http://www.VirginiaMedicaidPharmacyServices.com">www.VirginiaMedicaidPharmacyServices.com</a></p>	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.																		
MediCall	1-800-884-9730 or 1-800-772-9996	Automated Voice Response System for Verifying Medicaid Eligibility																		
Medicaid Managed Care Organization (MCO) Information	<p>Medallion 3.0 Managed Care Organizations</p> <table border="0"> <tr> <td>Anthem HealthKeepers Plus</td> <td>1-800-901-0020</td> </tr> <tr> <td>Aetna Better Health of Virginia</td> <td>1-800-279-1878</td> </tr> <tr> <td>INTotal Health</td> <td>1-855-323-5588</td> </tr> <tr> <td>Optima Family Care</td> <td>1-800-881-2166</td> </tr> <tr> <td>Kaiser Permanente</td> <td>1-855-249-5025</td> </tr> <tr> <td colspan="2">Virginia Premier Health Plan:</td> </tr> <tr> <td>Richmond/Central/ Western Members</td> <td>1-800-727-7536</td> </tr> <tr> <td>Roanoke/Danville/ Lynchburg Members</td> <td>1-888-338-4579</td> </tr> <tr> <td>Far Southwest</td> <td>1-800-727-7536</td> </tr> </table>	Anthem HealthKeepers Plus	1-800-901-0020	Aetna Better Health of Virginia	1-800-279-1878	INTotal Health	1-855-323-5588	Optima Family Care	1-800-881-2166	Kaiser Permanente	1-855-249-5025	Virginia Premier Health Plan:		Richmond/Central/ Western Members	1-800-727-7536	Roanoke/Danville/ Lynchburg Members	1-888-338-4579	Far Southwest	1-800-727-7536	Questions relating to Medicaid members enrolled in Medicaid Managed Care Plans
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Commonwealth Coordinated Care Plus (CCC Plus)	<p><b>Aetna Better Health of Virginia</b> 1-855-652-8249  <a href="http://www.aetnabetterhealth.com/Virginia">www.aetnabetterhealth.com/Virginia</a></p> <p><b>Anthem HealthKeepers Plus</b> 1-855-323-4687  <a href="http://www.anthem.com/vamedicaid">www.anthem.com/vamedicaid</a></p> <p><b>Magellan Complete Care of Virginia</b> 1-800-424-4524  <a href="http://www.MCCofVA.com">www.MCCofVA.com</a></p> <p><b>Optima Health</b> 1-888-512-3171 or 1-757-552-8360  <a href="http://www.optimahealth.com/communitycare">www.optimahealth.com/communitycare</a></p> <p><b>United Healthcare</b> 1-866-622-7982  <a href="http://www.uhcommunityplan.com">www.uhcommunityplan.com</a></p> <p><b>Virginia Premier Health Plan</b> 1-877-719-7358  <a href="http://www.vapremier.com">www.vapremier.com</a></p>	Questions relating to Medicaid members enrolled in Commonwealth Coordinated Care Plus																		

**General FAQs (continued)**

<p><b>My pharmacist is telling me that my Medicaid coverage has been terminated. What do I need to do?</b></p>	<p>Contact your local Medicaid eligibility caseworker as soon as possible. He/she will be able to assist you with the necessary process. Until your eligibility records have been updated in the VA Medicaid system, you will not be able to get your prescriptions paid for by VA Medicaid.</p> <p>However, if you do pay for medications while your coverage/eligibility is being determined, save your prescription receipts so they may be reprocessed if applicable. Many pharmacists are willing, but not obligated, to file claims to VA Medicaid once eligibility has been determined or reestablished and then reimburse you for the monies paid out-of-pocket, keeping only any applicable co-payment amounts. Before having prescriptions filled, ask your pharmacist if he/she is agreeable to this type of refund process.</p>
<p><b>I have another insurance that pays for my prescriptions and I also have VA Medicaid. How can I ensure my drug claims are filed properly?</b></p>	<p>If you have not done so, please contact your local Medicaid eligibility caseworker with this information so that your records may be updated to indicate other insurance coverage.</p> <p>If you have another insurance carrier that pays for your medications, please present your identification card(s) and inform the pharmacist before having your prescriptions filled. Once the pharmacist has filed the claims to your primary insurance carrier(s), he/she may then file the claim to VA Medicaid for payment of any allowable remaining balance.</p>
<p><b>I have received a bill from my pharmacy. What should I do?</b></p>	<p>Contact the pharmacist and ensure that he/she has your correct Medicaid identification number; it is important to show the pharmacist your Medicaid Identification card each time your prescriptions are filled.</p> <p>In some cases, a long-term care pharmacy serving a nursing home may not be aware that a patient has VA Medicaid coverage. If eligibility issues do not appear to be the cause, ask the pharmacist why you are receiving a bill for a specific drug.</p>
<p><b>Is it possible for me to find out whether a particular drug is covered before I take the prescription to the pharmacy?</b></p>	<p>While most generic drugs are routinely covered, some drugs are not covered under any circumstances and others require service authorization before they may be considered for payment by VA Medicaid.</p> <p>If you have specific questions regarding drug coverage, contact Magellan Medicaid Administration Member Call Center at 1-800-932-3923 (toll-free). Or, you may click on the link below to view a current Prescription Drug list.</p> <p><a href="https://www.virginiamedicaidpharmacyservices.com/">https://www.virginiamedicaidpharmacyservices.com/</a></p>
<p><b>Do I have to get a generic drug or may I get the brand name product?</b></p>	<p>It is important to remember that generic drugs contain the same active ingredients as brand name drugs and work in a similar fashion. Virginia Medicaid requires that prescriptions for multiple source drugs must be filled with generic drug products unless the prescriber certifies “brand medically necessary” on the prescription.</p>

General FAQs (continued)	
<b>What should I do if I suspect that someone is defrauding or abusing the VA Medicaid program?</b>	If you suspect any type of fraud or abuse (either by another Member or a VA Medicaid provider), please contact the Fraud and Abuse department at 1-800-371-0824. Or at <a href="mailto:recipientfraud@dmas.virginia">recipientfraud@dmas.virginia</a>
<b>My pharmacist tells me that my prescription is not covered. Can you tell me why?</b>	<p>There are several reasons why a particular prescription may not be covered through the VA Medicaid Pharmacy Services program. Some drugs are not covered at all by the VA Medicaid Pharmacy Services program or it could be a drug (or quantity) that requires service authorization by your doctor.</p> <p>Your pharmacist should be able to help you with any questions you may have. Or, you may contact Magellan Medicaid Administration Member Call Center at 1-800-932-3923 (toll-free) for assistance</p>
<b>SERVICE AUTHORIZATION FAQ FOR MEMBERS AND PHYSICIANS</b>	
<b>What is service authorization (SA)</b>	If you need a certain medication or dose, your doctor may need to contact Magellan Medicaid Administration's Clinical Call Center to request service authorization for coverage. That means that an authorization for coverage of the prescription must occur before it can be filled by your pharmacist.
<b>How do I get it a SA?</b>	<p>The Physician can arrange for a SA by:</p> <ul style="list-style-type: none"> <li>Calling the Magellan Medicaid Administration Member Call Center at 1-800-932-6648 (toll-free);</li> <li>Faxing a request to 1-800-932-6651; OR</li> <li>Mailing to: Magellan Medicaid Administration / 11013 W. Broad St / Glen Allen, VA 23060 / ATTN: MAP</li> </ul> <p>Only your physician can supply the information required to obtain the SA.</p> <p>If you have questions you can contact the Magellan Medicaid Administration Member Call Center at 1-800-932-6648 (toll-free) for specific questions regarding service authorization.</p>
<b>If, after considering the products on the PDL, I still feel my patient needs a drug requiring service authorization, what do I do?</b>	All service authorization requests should be directed to the service authorization clinical call center at 1-800-932-6648. Prescribers should have their identifying information ready, as well as the Members Medicaid ID number available. Prescribers should also be prepared to respond to questions about the Members medical need for a non-preferred drug. Guidelines on how to obtain service authorization for non-preferred drugs are available. Service authorization request for PDL drugs can also be faxed to the call center at 1-800-932-6651.
<b>What are the hours of the clinical call center?</b>	The clinical call center operates 24 hours per day, 7 days per week.
<b>How long does the service authorization process take?</b>	The average service authorization request takes about 3 minutes. Faxed requests can take up to 24 hours

General FAQs (continued)	
<b>Who can request a service authorization?</b>	Only the prescriber or their authorized agent can request a service authorization. Medicaid Members who call the clinical call center will be instructed to contact their prescriber to initiate service authorization.
<b>What are the possible outcomes when I call and ask for a service authorization?</b>	If all criteria are met a Service Authorization will be granted. It is effective as soon as it is approved. An alternative preferred product may be offered if the criteria are not met. If the criteria are not met and the alternative is not acceptable then the request may be denied.
<b>PDL PROGRAM FAQ</b>	
<b>What is the Medicaid Preferred Drug List (PDL)?</b>	<p>The Medicaid Preferred Drug List (PDL) promotes the prescribing of less expensive, equally effective prescription drugs when medically appropriate. Drugs identified as “preferred” on the PDL can be obtained without service authorization, unless otherwise indicated on the PDL.</p> <p><b>How is the PDL established?</b></p> <p>The Medicaid Pharmacy and Therapeutics (P&amp;T) Committee shall receive and review clinical and pricing data related to the drug classes. The Committee’s medical and pharmacy experts shall make recommendations to DMAS regarding various aspects of the pharmacy program.</p> <p>For the preferred drug list program, the Committee shall select those drugs to be deemed preferred that are safe, clinically effective, as supported by available clinical data, and meet pricing standards. Cost-effectiveness or any pricing standard shall be considered only after a drug is determined to be safe and clinically effective. They also recommend clinical criteria used to determine when it is appropriate to service authorize a non-preferred drug. Some drugs on the PDL have additional clinical criteria.</p> <p>Some drugs require additional clinical criteria to also be met. Providers should be prepared to provide additional information when requesting service authorization for drug classes requiring clinical criteria. The complete PDL criteria can be viewed on this website: <a href="https://www.virginiamedicaidpharmacyservices.com/">https://www.virginiamedicaidpharmacyservices.com/</a></p>
<b>Are all drugs that VA Medicaid covers subject to the PDL</b>	Not all classes of drugs are subject to the PDL. However, drugs in classes not included in the PDL may still be subject to other Medicaid requirements; for example, the Mandatory Generic Drug Program.
<b>If the Service Authorization is denied – What are the prescriber’s options?</b>	The Physician can request a peer to peer review with a Magellan Medicaid Administration Physician. Within 24 hours of the request by the prescribing physician, a physician will contact the prescribing physician by telephone.

General FAQs (continued)	
<b>If a decision to uphold the denial is maintained by the Magellan Medicaid Physician and the prescriber still disagrees. The prescriber can escalate his/her appeal to DMAS for a final disposition.</b>	Once the final denial is determined both the Physician and recipient will receive a letter concerning the denial and the right to appeal.
<b>How is an appeal requested?</b>	<p>An appeal request can be instituted by either the Physician or recipient by contacting:</p> <p style="padding-left: 40px;">Appeals Division Department of Medical Assistance Services 600 E. Broad Street Richmond, Virginia 23219</p> <p>Or they may be faxed to (804) 452-5454</p> <p>Please be sure to sign the request and to provide as much information as possible when submitting it. A copy of the letter you received is very helpful.</p>
<b>I have not received information from the DMAS Appeals Division and I sent a request 15 days ago.</b>	<p>Please contact Magellan to inquire:</p> <ul style="list-style-type: none"> <li>• Member contact the call center at 1- 800-932-6648 (toll-free)</li> <li>• If you are a physician or physician’s office contact the clinical call center <ul style="list-style-type: none"> <li>– Call: 1- 800-932-6648; or</li> <li>– Fax: 1-800-932-6651</li> </ul> </li> </ul>
<b>P&amp;T PROGRAM FAQ</b>	
<b>How often does the P&amp;T Committee meet?</b>	<p>The General Assembly Conference Committee Report requires that the Pharmacy and Therapeutics (P&amp;T) Committee schedule meetings at least biannually to review any drug in a class subject to the Preferred Drug List (PDL) that is newly approved by the Food and Drug Administration (FDA), provided there is at least thirty (30) days notice of approval prior to the quarterly meeting.</p> <p><b>How often does the P&amp;T Committee review their previous recommendations?</b></p> <p>The P&amp;T Committee reviews any new clinical or financial information for each therapeutic class subject to the PDL annually.</p>