



Magellan Complete Care of Arizona (MCC of AZ) AHCCCS Complete Care Provider Training

September 2018

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AHCCCS Complete Care: The Future of Integrated Healthcare

AHCCCS Complete Care (ACC) begins on October 1, 2018. This new integrated system will combine physical and behavioral health services together to treat all aspects of the members' health care needs under a selected health plan. AHCCCS Complete Care encourages more coordination between providers within the same network allowing for a better member experience.

On October 1, 2018, Magellan Rx Management will start serving members enrolled in AHCCCS Complete Care in the Maricopa, Gila, and Pinal Counties.

MCC of AZ 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

Benefits and Services include:

- **Primary care provider (PCP) and specialist visits**
- **Prescriptions**
- **Hospital services**
- **Emergency care**
- **Pregnancy care**
- **Behavioral health services**

Availability



MCC of AZ 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 FirstRxSM 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 AZ 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://mccofaz.com/>

To obtain more information about the AZ Complete Care program visit:

<http://www.azahcccs.gov/>

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)

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 #: 6222979
 - Group ID:
 - AHCCSRX

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 183 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 183 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 October 1, 2018:

- 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 AZ is always the payer of last resort. Providers must bill all other payers first and then bill MCC of AZ.
- 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, less than the third-party payment.
- Medicaid co-payments will also be deducted for participants subject to Medicaid co-pay. In some cases, this may result in the claim billed to Medicaid being paid at \$0.00.

In Summary



- Timely Filing is 183 days from Date of Service on original and rebilled claims, 365 days for reversed claims
- BIN Number: 016523
- Version/Release #: D.0
- Processor Control #: 6222979
- Group ID: AHCCCSRX
- Unit of Measure is Mandatory
- All submitted fields will be edited for valid format and values
- MCC of AZ is the payer of last resort

POS Claims Processing

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Copay Structure



Standard co-pay is \$2.30*

Exceptions:

- Qualified Medicare Beneficiary
- Children Rehabilitative Services
- Alaskan Native/American Indian
- Patient Age < 19

***Co-pay is only applicable to Transitional Medical Assistance members**

Emergency Protocol



If needed, a 96-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 "04"

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
- Period of review is 180 days

Pharmacy providers are allowed to override Early Refill, Therapeutic Duplication, and High Dose denials.

Member Lock-ins

A member can be locked in to a:

- Pharmacy
- Prescriber



Sample Member ID Card



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AHCCCS
Arizona Health Care Cost Containment System

Arizona Health Care Cost Containment System

Member Name: [Member First and Last Name]
AHCCCS Member ID #: [Member ID]
MCC of AZ Member ID #: [MCC of AZ ID Number]
Plan Name: Magellan Complete Care of Arizona
RXBIN: 016523 RXPCN: 6222979
RXGRP: AHCCCSRX
Member Services: 800-424-5891 (TTY 711)
Behavioral Health Services: 800-424-5891 (TTY 711)

In case of emergency, go to the nearest emergency room or call 911. Notify MCC of AZ as soon as possible within 48 hours of being admitted.

24/7 CareLine (Nurse Triage Line): 800-424-5891 (TTY 711)
Transportation: 800-424-5891 (TTY 711)
Claims/Billing/Authorization/Eligibility]: 800-424-5891 (TTY 711)
Pharmacy: 800-424-5891 (TTY 711)
Website: www.MCCofAZ.com

Mail claims to:
MCC of AZ, P.O. Box 956
Elk Grove Village, IL 60009

Payer ID #:
xxxxxx

Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services. To verify benefits visit www.MCCofAZ.com.

Contact Information



MCC of AZ Pharmacy Support Center

- Phone: 1-800-424-5891, Option 3, then Option 0
- Fax: 1-800-424-7636
- 24 hours a day, 7 days a week

MCC of AZ Provider Operations

- E-mail: RxNetworksDept@magellanhealth.com



Questions and Answers

