

New Hampshire AIDS Drug Assistance Program (ADAP) Provider Frequently Asked Questions (FAQs)

September 19, 2013

Listed below are frequently asked questions and answers (FAQs) regarding the New Hampshire ADAP Program.

Question	Answer
What is Pharmacy Benefit Management (PBM)?	PBM stands for Pharmacy Benefit Management system. PBM companies are third-party administrators (TPAs) of prescription drug programs. They are primarily responsible for processing and paying prescription drug claims; however, they can provide additional services, as well.
When will the new PBM be implemented?	The new PBM will be implemented on October 1, 2013.
What National Council on Prescription Drug Programs (NCPDP) format or version needs to be utilized to process claims?	Send NCPDP Version D.0 only; any lower version will be denied.
Who will administer the PBM for the New Hampshire ADAP Program?	Magellan Medicaid Administration has contracted with New Hampshire ADAP to provide the PBM system. Magellan Medicaid Administration will provide Point-of-Sale (POS) claims processing for pharmacies. Highlights of the new system include a direct pharmacy provider call center.
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) = 009513 PCN (NCPDP Field # 104-A4) = P079009513 Group ID (NCPDP Field # 301-C1) = ADAP
Will there be a downtime period between the shut-off of the current pharmacy vendor and the start-up of the Magellan Medicaid Administration system?	Yes. On October 1, 2013, all potential claims from 12:00 a.m. to 7:59 a.m. should be retained until 8:00 a.m. for submission. ALL future claims transactions should be sent to Magellan Medicaid Administration after 8:00 a.m., and no longer sent as a paper claim submission.
What should I do if I need to submit a claim during this downtime window?	Providers should hold all claims until this window of time. Providers will be able to submit these claims immediately following system start-up at 8:00 a.m. October 1, 2013.
What identification number (ID) will I use for the provider or prescriber?	Provider ID = National Provider Identifier (NPI) Prescriber ID = National Provider Identifier
Will ADAP recipients receive new ID cards and what ID will I use for recipients?	No. The recipients will not receive new ID cards. Claims can only be submitted using the Soundex Number/Code, which is 4 to 5 characters (the first character is an alpha).
Can I submit Coordination of Benefits (COB)/Third-Party Liability (TPL) claims through Magellan Medicaid Administration's POS?	Yes.

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Do I have to submit claims via POS?	POS submission is preferred for timely response; however, paper claims submitted on the Universal Claim Form (UCF) will be accepted.
Will I be able to reverse a claim through Magellan Medicaid Administration that was paid before October 1, 2013?	No.
What will happen to existing prior authorizations (PAs)?	PAs will not be converted. New PAs must be submitted.
Can the current PA request forms still be used?	Yes, the current PA request forms will be utilized.
Will the Prescription Origin Code be required when submitting a claim?	<p>Yes. The Prescription Origin Code is NCPDP Field # 419-DJ.</p> <p>Values</p> <ul style="list-style-type: none"> ▪ 0 = Not Known ▪ 1 = Written ▪ 2 = Telephone ▪ 3 = Electronic ▪ 4 = Facsimile ▪ 5 = Pharmacy
Should the Prescription Origin Code be sent only on new prescriptions (Rx[s]) or also on refills?	The Prescription Origin Code is to be sent on all claims, both new and refills.
Who can the recipient contact with questions regarding their pharmacy claims or eligibility?	They can contact Magellan Medicaid Administration at 1-800-424-7901, 24 hours a day, 7 days a week.