Ohio Department of Medicaid

GHS a Change Healthcare company

Frequently Asked Questions (FAQ): Pharmacy Claims Processing

1. **Who will these changes impact?**
   These changes will impact beneficiaries in the Ohio Medicaid Fee-for-Service population (often referred to as "Traditional Medicaid"). These changes will not impact beneficiaries within the Ohio Medicaid Managed Care Plans (MCPs) (e.g. Buckeye Health Plan, CareSource, Molina Healthcare, Paramount Advantage, UnitedHealthcare Community Plan) or MyCare Ohio Plans.

2. **Will beneficiary (member) ID numbers be changing?**
   No, beneficiary ID numbers will not be changing.

3. **Will beneficiaries (members) be receiving new ID cards with new Rx BIN/PCN?**
   No, current Medicaid cards do not include Rx BIN/PCN numbers.

4. **Will this transition of OH Medicaid also include the Ohio Bureau for Children with Medical Handicaps (OHBCMH)?**
   No, the transition does not include OHBCMH.

5. **Is Rx Group a required field?**
   No, there is no Rx Group.

6. **Will there be changes to the coordination of benefits method?**
   Yes, COB1 to COB3 as outlined in the Payer Sheet.

7. **Will reversals need to be submitted through the old or new Rx BIN/PCN combination on or after 6/12/2016?**
   On or after 6/12/2016, the new Rx BIN/PCN can be used to reverse claims previously adjudicated under the old Rx BIN/PCN.

8. **Will Goold be processing claims with dispense dates prior to 6/12/2016?**
   Yes, any claim that would have been submitted to Xerox for an Ohio Medicaid member should be billed to Goold beginning 6/12/16. This includes claims with dates of service prior to 6/12/16, as well as any reversals to claims previously submitted to Xerox. Timely filing rules are not changing. Please see the Provider Manual for details on timely filing.

9. **Are there any changes to the drug formulary? Can we still provide specialty medications?**
   No, there are no changes to drug coverage or to the services that pharmacies can provide.

10. **Will there be changes to how DME claims are processed?**
    No, items currently billed in a professional claim format (837P/CMS-1500) should continue to be billed to the Ohio Department of Medicaid (ODM) through EDI or Ohio MITS web portal. Supplies that are currently billed in NCPDP format (e.g. diabetic testing supplies, insulin syringes, etc.) should continue to be billed in NCPDP format using the new Rx BIN/PCN.

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Frequently Asked Questions (FAQ): Pharmacy Claims Processing (continued)

11. Are there any changes to the Payment Cycle?
There will be changes to the Payment Cycle. Currently, Xerox holds pharmacy claims until there have been no adjustments to the claim for 14 days. GHS will take over claims processing on Sunday, 6/12/16. When GHS takes over, claims will be held until there have been no adjustments to the claim for 7 days.

12. How will the changes to the Payment Cycle be implemented?
Xerox will stop processing claims at 7:00 PM Saturday, 6/11/16. All transactions with a final status of PAID or REVERSED adjudicated between Saturday, 5/28/16, and Saturday, 6/11/16, will be sent to the Ohio Medicaid Information Technology System (MITS) on 6/11/16. The claims will appear on the provider's remittance advice/payment dated Wednesday, 6/22/16. The first claims adjudicated by GHS to a PAID or REVERSED status will appear on the provider's remittance advice/payment dated Wednesday, 6/29/16.

*Please Note***:** Providers should be aware that their payments on 6/22/16 may be higher than usual, and that the payments and remittance advice on 6/29/16 may contain more reversals than usual, resulting in lower payment, if there are reversals to claims originally adjudicated prior to 6/12/16.

13. Will there be any changes to Transaction Fees?
The Medicaid Pharmacy Claims Processor does not determine transaction fees. Transaction fees are determined by the network carrier. Please direct questions regarding transaction fees to your network carrier.

14. Will you make the MAC List available in an Excel Format in addition to the currently available PDF format?
We are looking into ways to provide drug coverage information and pricing information in a downloadable format. Please check back at a later date for updated information on this topic.

15. Will you only accept one-at-a-time submissions using the MAC request form?
Yes, we will only accept one-at-a-time submissions. The processed outlined at http://pharmacy.medicaid.ohio.gov/mac-information will remain the same.

16. Will you notify us when changes are made to the MAC list?
The MAC list is evaluated weekly for changes based upon the 65th percentile of available products. Any changes that occur will be posted to http://pharmacy.medicaid.ohio.gov/mac-information.

Frequently Asked Questions (FAQ): Pharmacy Claims Processing (continued)

17. **Will there be changes to the reimbursement rates to pharmacies? If yes, can you please explain the changes.**
   The ingredient cost calculation will change to pay the least of:
   - Federal Upper Limit (FUL) [When Available]
   - State Maximum Allowable Cost (SMAC) [When Available]
   - 107% of Wholesale Acquisition Cost (WAC + 7)
     - If WAC is not available, 85.6% of Average Wholesale Price will be used (AWP – 14.4)
   - Pharmacy Submitted Pricing

18. **Where can I find more information on the Federal Upper Limit (FUL)?**
   Information can be found on the federal Medicaid website available at:
   https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Pharmacy-Pricing.html.

19. **Will providers be required to have a contract with Goold Health Systems (GHS) to process claims?**
   No, providers are enrolled through ODM. Any questions regarding provider enrollment should be directed to the ODM Provider Relations hotline at 1-800-686-1516.

20. **Will this change have any impact on 340B carve-in billings?**
   No, there are no changes to 340B at this time. Changes to 340B may be implemented in 2017.

21. **Will there be changes to the Technical Phone Number?**
   No, the phone number to the help desk will not change. Goold Health Systems will take over the current phone number of 1-877-518-1545.

22. **How will updates regarding Policies and Procedures be communicated?**
   A new pharmacy billing manual, along with other important updates, will be posted to the new ODM pharmacy website, http://pharmacy.medicaid.ohio.gov/.