MARYLAND MEDICAID PHARMACY PROGRAM

ADVISORY

*In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Department of Health and Mental Hygiene's (DHMH) **Maryland Pharmacy Program** (MPP) has developed the **Maryland Pharmacy Program Advisory**. To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations. It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via DHMH, please contact the MPP representative at 410-767-1455.*

New Medicaid POS Claims Processor

Effective February 4, 2007, ACS State Healthcare Solutions has assumed pharmacy claims processing for Medicaid, Kidney Disease Program (KDP), Breast and Cervical Cancer Diagnosis and Treatment (BCCDT) and AIDS Administration (MADAP). Pharmacy providers must now use the following BIN and Processor Control Numbers (PCNs). Claims submitted with inappropriate PCNs will deny with a reject code of 04 – Missing/Invalid Processor Control Number.

- **Processor Control Numbers (PCNs)**
  DRMDPROD – Medicaid   **DRKDPROD –** Kidney Disease Program (KDP)
  DRAPPROD – AIDS Administration (MADAP)   **DRDTPROD –** Breast and Cervical Cancer Diagnosis and Treatment (BCCDT)

- **Group Numbers**

  MDMEDICAID – Medicaid   **MDKDP** – Kidney Disease Program (KDP)
  MADAP – AIDS Administration (MADAP)   **MDBCCDT –** Breast and Cervical Cancer Diagnosis and Treatment (BCCDT)

- **BIN Number – 610084**
  1. You must use BIN number 610084 for all the above programs including Medicaid HealthChoice MCOs.
  2. All new claims and reversals will go through this BIN number, including reversals of claims previously submitted to FirstHealth Services Corporation.
  3. When appropriate, ACS will route claims to the MCO pharmacy benefit manager (PBM) for adjudication, based upon the recipient's ID and plan number.

The table below shows the 3 fields that must be populated in you claim submission in order for the claim to adjudicate properly. In the past some of these fields were not required. The shaded area shows the new codes. These are all of the BIN/PCN/Group ID numbers that will be accepted by ACS:

Who	BIN	Former Codes PCN from Pharmacy	Former Codes NCPDP Group ID from Pharmacy	BIN	New Codes PCN from Pharmacy	New Codes NCPDP Group ID from Pharmacy
BCCDT	010454	P012010454	MDBCCDT	610084	DRDTPROD	MDBCCDT
KDP	010454	P012010454	MDKDP	610084	DRKDPROD	MDKDP
MADAP	010454	P012010454	MADAP	610084	DRAPPROD	MADAP
OOEP	009753	P010009753	MDMEDICAID	610084	DRMDPROD	MDMEDICAID
Bioscrip	800002	CLAIMNE	P101	610084	CLAIMNE	P101
Bioscrip	800002	CLAIMNE	Q9016	610084	CLAIMNE	Q9016
Caremark	800002	CRK	CVTY	610084	CRK	CVTY
Caremark	800002	CVTY	CVTY	610084	CVTY	CVTY
Caremark	800002	PCS	F810MDSC	610084	PCS	F810MDSC
Caremark	800002	PCS	F810MDSS	610084	PCS	F810MDSS
Caremark	800002	PCS	F810MDTC	610084	PCS	F810MDTC
Caremark	800002	PCS	F810M1AM	610084	PCS	F810M1AM
Caremark	800002	PCS	T2400001	610084	PCS	T2400001
Caremark	800002	PCS	W7573000	610084	PCS	W7573000
Caremark	800002	PCS	W7573001	610084	PCS	W7573001
Caremark	800002	PCS	W7573002	610084	PCS	W7573002
Caremark	800002	PCS	W7573004	610084	PCS	W7573004
Caremark	800002	PCS	W7573008	610084	PCS	W7573008
Caremark	800002	PCS	W7573011	610084	PCS	W7573011
Caremark	800002	PCS	W7573012	610084	PCS	W7573012
Caremark	800002	PCS	W7573018	610084	PCS	W7573018
Caremark	800002	PCS	W7573019	610084	PCS	W7573019

| Who | | Former Codes | | | New Codes | |
	BIN	PCN from Pharmacy	NCPDP Group ID from Pharmacy	BIN	PCN from Pharmacy	NCPDP Group ID from Pharmacy
Caremark	800002	PCS	W7573024	610084	PCS	W7573024
Caremark	800002	PCS	W7579999	610084	PCS	W7579999
ExpressScripts	800002	A4	MDC	610084	A4	MDC
Medco	800002	not applicable	PRODUR1	610084	PRODUR1	PRODUR1

Telephone Numbers for Preauthorizations:

ACS Technical Assistance and Preauthorizations – 1-800-932-3918

For Preauthorizations directed to the State call:

- Medicaid – 1-800-492-5231 (Option three)
- Kidney Disease Program – 1-410-767-5000 or 5002
- Breast & Cervical Cancer Diagnosis and Treatment – 1-410-767-6787
- Maryland AIDS Drug Assistance Program – 1-410-767-6535

Dispense as Written (DAW)

In addition to DAW 0 and 1, which were previously the only DAW codes accepted for NCPDP field 408-D8, the new POS system will accept DAW 5 and 6 as well.

0 – Default, no product selection

1 – Physician request

5 – Brand used as generic (When this is used, the pharmacy will be paid the generic price for brand-name drugs and should limit its use to commonly prescribed generic drugs such as hydroxyzine, cephalexin, verapamil, etc.)

6 – Override (The only claims that will currently pay with this DAW code are for preferred, brand-name, multi-source drugs (i.e., Flonase, Duragesic and Rebitol.)