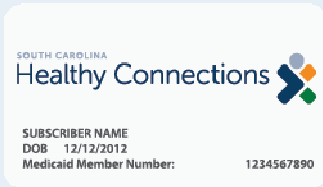


QUICK NOTES

If a South Carolina Beneficiary has Medicare Part B as their primary insurance carrier, enter carrier code 90798 when submitting the claim to SC Medicaid for secondary payment.

Please ensure the correct Medicaid ID Number is used when submitting claims.



HOW TO REQUEST A MAC REVIEW

If you disagree with the Maximum Allowable Cost (MAC), you may appeal by completing the form at this link: <http://southcarolina.fhsc.com>. Then, choose the "Pharmacy" tab and "Documents."

RESOURCES

To obtain information from the SC Department of Health and Human Services, visit their website at www.scdhhs.gov

To receive Medicaid bulletins by e-mail, send your e-mail address and contact information to bulletin@scdhhs.gov.

FFS PHONE NUMBERS

Magellan Medicaid Administration
Clinical Call Center (PA requests)
866-247-1181

Magellan Medicaid Administration
Technical Call Center (Claims issues)
866-254-1669

Magellan Medicaid Administration
Beneficiary Help Desk
800-834-2680

SCDHHS Beneficiary Call Center
(Eligibility questions)
888-549-0820

MANAGED CARE ORGANIZATIONAL CHANGES

Effective January 1, 2014, all current Medical Home Network (MHNs) plans operating within the state will become Managed Care Organizations (MCOs) through acquisition or conversion.

- South Carolina Solutions has been acquired by Molina Healthcare, Inc. On January 1, 2014 SC Solutions will no longer operate as an MHN with the exception of its participation in the SC Medically Complex Children's Waiver through June 30, 2014.
- Palmetto Physician Connections has been acquired by Advicare Corp. and will no longer operate as an MHN effective January 1, 2014.
- Carolina Medical Home has been acquired by WellCare of SC and will no longer operate as an MHN effective January 1, 2014.

Providers who currently participate with these MHNs will be contacted by the plans and advised of the steps necessary to continue providing uninterrupted services to their Medicaid patients. All Medicaid beneficiaries enrolled in MHNs will be notified and given the opportunity to choose a different plan between January 1 and April 1, 2014. The new MCOs will issue their members a new health plan benefits card. Providers are strongly urged to confirm Healthy Connections eligibility and health plan enrollment prior to rendering services. Providers may go to <https://portal.scmecicaid.com> to confirm enrollment.

Prior Authorizations for pharmacy and DME issued by the MHNs prior to January 1, 2014 will be honored by the acquiring MCO. The five (5) day Emergency Pharmacy supply rule applies to all Members transferring into a new MCO. The table below will aid pharmacies billing for Medicaid recipients enrolled in these new MCOs. If a claim is mistakenly submitted to Magellan Medicaid Administration, the pharmacy will receive the rejection message "AF – Enrolled in an MCO" and will receive a supplemental message containing the Member's MCO information.

MCO Name	Pharmacy Help Desk #	PBM	BIN #	PCN	Group
Advicare	800-364-6331	CVS Caremark	004336	ADV	RX4266
WellCare of SC	888-588-9842	Catamaran	603286	01410000	Leave Blank
Molina	800-364-6331	CVS Caremark	004336	ADV	RX0860
First Choice	866-610-2773 Opt 3	PerformRX	600428	02180000	Leave Blank
Absolute Total Care	800-460-8988 Opt 1, 6	US Script	008019	Leave Blank	Leave Blank
Blue Choice	800-470-0933 Opt 3	Wellpoint Next RX	610575	00890000	Leave Blank



EXCEPTIONS TO PRESCRIPTION LIMIT

In an effort to encourage adherence to high-value medications, SCDHHS will exempt the following classes of medications from the monthly prescription limit effective January 1, 2014.

- Diabetic Therapies (Insulin, metformin, sulfonylureas, thiazolidinediones, DPP-4 inhibitors, GLP-1 receptor antagonists)
- Cardiovascular Medications (statins and other lipid lowering agents, antihypertensives, diuretics, antiarrhythmics, anticoagulants)
- Behavioral Health Medications (antipsychotics, antidepressants)
- Anticonvulsants
- Systemic Antibiotics and Antivirals

Claims submitted for the medication classes listed above, after January 2, 2014, will not accumulate to the base prescription limit of four (4) claims or the override limit of three (3) claims. Pharmacies will no longer need to submit the "05" in the Prior Authorization Type Code field for these claims to pay. However, an override is still required for all other drugs currently eligible for overrides including, but not limited to, drugs to treat acute sickle cell disease, cancer, end stage lung or renal disease, or HIV/AIDS.

A complete list of the specific medications exempt from prescription limits will be available at <http://southcarolina.fhsc.com>.

UPDATE TO SYNAGIS® (PALIVIZUMAB) REIMBURSEMENT

SCDHHS has updated the reimbursement rate for Synagis® (palivizumab) for the 2013 – 2014 respiratory syncytial virus (RSV) season to Average Wholesale Price (AWP) minus 16%. The new rate for the 100mg vial will be \$2,488.43 and the rate for the 50mg vial will be \$1,317.82. This rate will be applied to all claims submitted for dates of service on or after October 15, 2013. SCDHHS will continue to cover Synagis® only in accordance with the most recent edition of the American Academy of Pediatrics (AAP) guidelines for dates of service October 15 through March 31 each year.

Future changes to the Synagis® reimbursement rate will be communicated via the standard fee schedule update process and posted at www.scdhhs.gov.

PREFERRED BRAND MEDICATIONS

Effective with dates of service on or after January 1, 2014, SCDHHS will no longer require the brand medication be dispensed when a generic is available for the following medications.

Avapro & Avalide	Phoslo
Diovan HCT	Prograf
Kadian	Tricor
Lescol	Valtrex

TETANUS, DIPHTHERIA AND PERTUSSIS (TDAP) VACCINE

Effective for dates of service on or after January 1, 2014, the SC Department of Health and Human Services will begin covering the Tdap vaccination for adult beneficiaries, as recommended in the current version of the Center for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) Immunization Recommendations. Tdap vaccines will be covered in both the physician's office and pharmacy. To be covered through the pharmacy benefit, the Medicaid recipient must present a prescription and pharmacy providers should submit claims through the Point-of-Sale (POS) system. Coverage for children up to 18 years old will be provided through the Vaccine for Children (VFC) program.

CONTACT PROVIDER RELATIONS

To supplement those services provided by the Technical Call Center, the Provider Relations staff has established an email box to address your inquiries during normal business hours. Should you have a claim processing concern, contact us at SCprovidersupport@magellanhealth.com.