



March 26, 2020

**RE: COVID-19 Preparedness – Alaska Medicaid Pharmacy Update 3/26/2020**

Dear Providers,

Various efforts are underway within the Alaska Medicaid Pharmacy program to help our communities and health care providers navigate through the challenges related to the novel coronavirus and COVID-19.

Alaska Medicaid Pharmacy is working on systems-based solutions to address the following:

<b>Refills</b>	Early refill tolerance and accumulation rules were relaxed on 3/11/2020. Refer to the communication dated 3/6/2020 for specifics. Alaska Medicaid will reimburse for any emergency refill prescriptions consistent with 12 AAC 52.985(c) & (d). <b>Deployed 3/11/2020.</b>
<b>Days Supply</b>	<b>Alaska Medicaid will be allowing 68-day fills on medications that would otherwise be limited to a 34-day supply.</b> With the allowed accumulation, this permits a patient to be able to have approximately 10 weeks of medication on-hand. <b>Deployed 3/26/2020.</b>  If a specific patient condition warrants, individual exceptions for a day’s supply beyond 68-days can be requested by the Pharmacist by calling the Magellan Clinical Call Center.
<b>Prior Authorization</b>	Alaska Medicaid will be deploying an edit in the system that will grandfather prior authorizations for existing patients to continue to receive their medications without interruption. This continuity of care edit will apply to patients with existing prior authorizations. At this time, prior authorizations for new therapies not received by the patient in the immediately preceding 4 months will still be required.  The following provisions will be suspended during the emergency declaration period and for a transition period beyond: <ul style="list-style-type: none"> <li>• Edits requiring diagnosis codes for antiviral medications</li> <li>• Requirement for prescribers of buprenorphine-based products to submit standard of practice attestations</li> </ul> <b>Deployed 3/26/2020.</b>
<b>Shipping/Postage</b>	Alaska Medicaid currently reimburses for shipping costs of medications. Please refer to the Pharmacy Billing Manual for specifics on how to bill the claim. <a href="http://manuals.medicidalaska.com/">http://manuals.medicidalaska.com/</a>

<b>Reimbursement</b>	Alaska Medicaid is working on obtaining approval to adjust reimbursement rates for pharmacy services to address the additional costs associated with delivery, off-contract purchasing and drop-shipping due to potential product shortages.		
<b>Generic/Brand Availability</b>	Alaska Medicaid will continue to monitor drug supply chain issues. If access issues occur, Alaska Medicaid will take additional steps to ensure access to brand name medications, when necessary, and to provide for reimbursement.		
<b>Third Party Liability</b> --- <b>Coordination of Benefits (COB)</b>	Pharmacies, as much as possible, should continue to attempt to bill primary insurance when available. However, given rapid changes in an individual's employment status during this time, we will be bypassing TPL edit rules so as to minimize potential access issues. <b>Deployed 3/26/2020.</b>  If a claim has been billed to a primary payer before split-billing to Medicaid and payment has been received, please make sure to populate the COB segment with the correct information:  [339-6C] Other Payer ID Qualifier = 99 (Other) [340-7C] Other Payer ID = 2-digit pharmacy carrier code ( <u>not</u> BIN)  Payer specification information is available at: <a href="http://manuals.medicaidalaska.com/docs/dnld/AK_D0_Payer_Specs_07282014_B1-B2_Only.pdf">http://manuals.medicaidalaska.com/docs/dnld/AK_D0_Payer_Specs_07282014_B1-B2_Only.pdf</a>  Pharmacy Carrier information to convert from Bank Information Number (BIN) to the 2-digit carrier code is available at: <a href="http://manuals.medicaidalaska.com/docs/carrierinfo.html">http://manuals.medicaidalaska.com/docs/carrierinfo.html</a>  <i>Example:</i> <table border="1" data-bbox="537 1104 1242 1142"> <tr> <td data-bbox="537 1104 886 1142">BIN = 003858</td> <td data-bbox="886 1104 1242 1142">2-Digit Carrier = GN</td> </tr> </table> <b>RIGHT</b> (for this example): <ul style="list-style-type: none"> <li>• [339-6C] Other Payer ID Qualifier = 99</li> <li>• [340-7C] Other Payer ID = GN</li> </ul> <b>WRONG:</b> <ul style="list-style-type: none"> <li>• [339-6C] Other Payer ID Qualifier = 03</li> <li>• [340-7C] Other Payer ID = 003858</li> </ul> <b>If no payment is collected from a primary insurance, do not send a COB segment.</b>	BIN = 003858	2-Digit Carrier = GN
BIN = 003858	2-Digit Carrier = GN		
<b>Copays</b>	Alaska Medicaid is actively pursuing opportunities for financial relief related to copays. More information will be forthcoming.		
<b>Patient Signature/ Documentation of Receipt</b>	Pharmacies should implement alternate means, in lieu of direct patient signature, to capture the delivery of a prescription or other service to a member. Prescribers should maintain a record of who the individual was that received a specific prescription during the emergency declaration period, but pharmacies are not required to obtain a direct signature from the individual. <b>Effective for duration of emergency declaration.</b>		

<b>Care Management Program</b>	Individuals restricted to a specific pharmacy under the Care Management Program will be able to obtain medications from an alternate pharmacy in situations where the registered pharmacy is unable to serve the individual. Pharmacies may call the Magellan Clinical Call Center for patient-level assistance. <b>Effective for duration of emergency declaration.</b>
<b>Medical Supply: Compounded Hand Sanitizer</b>	Alaska Medicaid will be providing additional information on coverage and reimbursement for compounded hand sanitizer consistent with FDA policy on temporary compounding.
<b>Investigational Drug Coverage</b>	Alaska Medicaid is pursuing coverage opportunities for investigational drugs related to COVID-19 consistent with federal law and regulation. Under current federal law, Medicaid Pharmacy programs are authorized to reimburse for FDA-approved products when the manufacturer participates in the National Medicaid Drug Rebate Program (MDRP). [42 USC 1396r-8]
<b>Provider Capacity</b>	Alaska Medicaid is pursuing reimbursement opportunities to aid pharmacists in practicing at the top of their license.

**The system changes deployed on 3/26/2020 are emergency changes to address immediate needs. If you identify any anomalies in claims processing inconsistent with the described changes, please contact Pharmacy program staff listed below immediately. The Magellan Clinical Call Center is also available 24/7 to address critical needs.**

As the situation around COVID-19 is evolving, the Alaska Medicaid Pharmacy program will continue to evaluate for additional steps and modifications that may be necessary

Pharmacies should contact the **Magellan Clinical Call Center** at **800.331.4475** in the event you are assisting a Medicaid member who requires individual, patient-specific consideration. Pharmacists are authorized to request such exceptions on behalf of the prescriber and member. The Magellan Clinical Call Center is prepared to receive phone calls from Pharmacy Providers to assist members during these evolving conditions.

Thank you for serving our members during this time. Please do not hesitate to reach out to the Magellan Clinical Call Center or our staff if you have questions.

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Medicaid Fraud Control Unit: 907.269.6279; <http://www.law.alaska.gov/department/criminal/mfcu.html>  
Consumer Protection: [http://www.law.alaska.gov/department/civil/consumer/cp\\_complaint.html](http://www.law.alaska.gov/department/civil/consumer/cp_complaint.html)