



****Final Pharmacy Notice****

The State of Connecticut

Department of Public Health

Connecticut AIDS Drug Assistance Program (CADAP)

Effective November 1, 2018



New Pharmacy Benefits Manager

Effective, **November 1, 2018**, Magellan Rx Management (Magellan) will be the Pharmacy Benefits Manager (PBM) for the State of Connecticut Department of Public Health, AIDS Drug Assistance Program (CADAP).

Claim Submission Changes

Beginning November 1, 2018, all pharmacy claims with Dates of Service on or after November 1, 2018 must include Magellan's

RxBIN-018786:
RxPCN-CT or CTTROOP:
RxGRP - RX282327

Member ID is required and the legacy CADAP ID can be used until 2/1/19 and then their Magellan ID will be required.






Support and Contact Information- Member Eligibility/Claim rejections

Beginning November 1, 2018, participating pharmacies can contact Magellan's Call Center at 1-800-424-3310 for medication dispensing, member eligibility and general pharmacy claims support. If you have any contract related questions, please contact Magellan Rx Management via e-mail at RxNetworksDept@magellanhealth.com. For any other questions you can send an email to CTDPHMRXENROLL@Magellanhealth.com.

Payer Sheets

The Payer Sheet can be located at the following link <https://ctdph.magellanrx.com/provider/>. The payer sheet includes the claim submission fields and requirements to assist in claim filing. To ensure a smooth transition, we encourage you to contact your software vendor now to make them aware of the upcoming transition. All claims must be submitted under the NCPDP Telecommunication Standard Version/Release

D.0, and include the following fields and information. The mandatory and required fields are below.

Transaction Header Segment				
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
101-A1	 Rx BIN Number	018786	M	
104-A4	 ADAP Processor Control Number (PCN)	CT	M	This is for clients who do NOT have Medicare.
	 ADAP Medicare PCN	CTTROOP		This is for clients who DO have Medicare.
Insurance Segment				
301-C1	Group ID	RX282327	R	Submit this for ALL clients.
Claim Segment				
600-28	 Unit of Measure	EA = Each GM = Grams ML = Milliliters	R	
420-DK	 Submission Clarification code	20 = 340B		Required for 340B claims

Please note in the Payer Usage column: M = Mandatory and R = Required