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# Medicaid Alert

MA-2018-03

June 2018

**TO:** Providers of Pharmaceutical Services – **For Action**  
Medicaid Managed Care Plans – **For Information Only**

**SUBJECT:** **Reporting a Facility Identification Number and Facility Name on Nursing Facility Pharmacy Claims**

**EFFECTIVE:** Immediately

**PURPOSE:** The purpose of this Alert is to notify providers of pharmaceutical services of the requirement that pharmacies report both a Facility Identification Number and Facility Name on nursing facility claims.

**BACKGROUND:** The current NJ NCPDP D.0/1.2 Payer Sheet for pharmacy services identifies the reporting of Facility ID in Field 336-8C in the Facility Segment (AM15) as an optional requirement. The Payer Sheet also identifies the reporting of a Facility Name in Field 385-3Q in the same Segment, as required when the Facility ID is reported in Field 336-8C.

Changes in pharmacy reimbursement described in the Medicaid Newsletter Volume 27, No.03 replaced the payment of pharmacy capitation for pharmacy services provided in nursing facilities with a \$10.92 dispensing fee. This change has resulted in the termination of the "Notification of Pharmaceutical Services in Nursing Facility" form which was previously used by DMAHS to identify pharmacy/nursing facility relationships.

In order to determine the pharmacy providing services to a nursing facility, DMAHS is changing from "optional" to "mandatory" the requirement in the Payer Sheet that pharmacies report a Facility ID and Facility Name on nursing facility pharmacy claims.

**ACTION:** **Claims with service dates on or after August 1, 2018** not appropriately reporting a Facility ID and Facility Name in Fields 336-8C and 385-3Q, respectively, shall be denied payment by Error Code 2247 or Error Code 2248. These Error Codes currently post as informational edits.

**Error Code 2247** shall post when a Facility ID is absent or inappropriately reported.

**Error Code 2248** validates the Facility ID reported on the claim.

If you have any questions concerning this Medicaid Alert, please contact Molina Medicaid Solutions Provider Services at 1-800-776-6334.

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