



**To: Maine GHSRX (ADAP-DHS / Tobacco) Pharmacy Providers**

**Notice: Notification of System Downtime and NCPDP D.0 Implementation Update**

**Notice Date: Tuesday, June 26, 2012**

This notification serves as an update to the Maine GHSRX, ADAP /DHS, MEPOPTB and Tobacco Programs with regards to NCPDP D.0 implementation.

In order to implement NCPDP vD.0 a brief maintenance window is scheduled for **Thursday, June 28 from 8:30pm to 9:30pm EST**. No claims will be processed during the system downtime. The system will resume claims processing at 9:30pm EST.

The following plans are affected:

| OLD BIN | NEW BIN       | PCN     | Plan Name                  | Comments             |
|---------|---------------|---------|----------------------------|----------------------|
| 008316  | 008316        | GHSRX   | ADAP (DHS)                 | Pharmacy Claims Only |
| 008316  | 008316        | GHSRX   | Maine Tobacco Program      | Pharmacy Claims Only |
| 003573  | <b>008316</b> | MEPOPTB | Maine Tuberculosis Program | Pharmacy Claims Only |

NOTE: MEPOPTB will be moved to the new BIN as indicated above. Our intent is to provide as smooth a transition as possible to the new NCPDP D.0 standard.

## Summary of Changes

### ALL Accounts – GHSRX / MEPOPTB

#### 1. Cardholder ID (302-C2) and Patient ID (332-CY)

Patient ID (332-CY) is no longer used. The patient ID will now be captured strictly in the Cardholder ID (302-C2) field.

#### 2. Patient Last/First Name and Cardholder Last/First Name

Patient names should be submitted in the Patient First Name (310-CA) and Patient Last Name (311-CB) fields. The Cardholder First Name (312-CC) and Cardholder Last Name (313-CD) will not be utilized.

#### 3. Termination of v5.1 Claims Acceptance

GHSRX and MEPOPTB will be accepting both NCPDP v5.1 and NCPDP vD.0 as of June 28, 2012 at 9:30pm. Termination of NCPDP v5.1 claims processing will be July 1, 2012. The last day we will accept claims in the NCPDP v5.1 format is **June 30, 2012..**

#### 4. No Online Compound Claims

All GHSRX and MEPOPTB claims will not accept online compound claims. Compound claims will continue with the current process using the paper claim forms.

### MEPOPTB

#### 1. BIN Change

MEPOPTB will use the following new BIN: **008316** as of June 28, 2012 when we begin accepting NCPDP vD.0. Both v5.1 and vD.0 claims should use this BIN as of that date.

#### 2. No COB Claims processing

MEPOPTB does not process COB (TPL) claims. The COB segment has been removed from the payer sheet in NCPDP vD.0.

## Tobacco Program

### 1. No COB Claims processing

Tobacco Voucher Program does not process COB (TPL) claims. The COB segment has been removed from the payer sheet in NCPDP vD.0.

## GHSRX – ADAP (DHS)

### 1. Coordination of Benefits Option 2

The Maine ADAP (DHS) program has opted to choose Coordination of Benefits (COB) Option 2 for their NCPDP D.0 Implementation. The COB claims will process using the Other Payer-Patient Responsibility Amounts submitted (OPPRA) by the providers.

### 2. Other Coverage Code (308-C8)

Claims can no longer be submitted with an Other Coverage Code (308-C8) of "2= Other coverage exists-payment collected" or "4= Other coverage exists-payment not collected" with COB Option 2. The only valid 'Other Coverage Codes' for the NCPDP D.0 implementation with COB Option 2 are as follows:

| Code  | Description  |
|---|--|
| Ø=Not Specified   |  |
| 1=No other coverage   | Code used in coordination of benefits transactions to convey that no other coverage is available   |
| 3=Other coverage Billed-claim not covered                     | Code used in coordination of benefits transactions to convey that other coverage is available, the payer has been billed and payment denied because the service is not covered.  |
| 8= Claim is billing for patient financial responsibility only | Copay is a form of cost sharing that holds the patient responsible for a fixed dollar amount for each product/service received and regardless of the patient's current benefit status, product selection or network selection. |

### 3. Other Payer Patient Responsibility Amount Qualifier (351-NP)

ADAP will use the following indicator to determine Medicaid coverage: Ø6=Patient Pay Amount. All other indicators submitted will be rejected.

| Other Payer-Patient Responsibility Amount Qualifiers in COB Submission |   |
|--|---|
| Ø6   | Patient Pay Amount (5Ø5-F5) as reported by previous payer |

### 4. Benefit Stage Qualifiers (393-MV)

ADAP D.0 Implementation will implement the benefit stage qualifiers for the DHSMD and DHSMU member populations. GHSRX-ADAP does not accept Benefit Stages 70 and 80—these claims will reject. The following benefit stages are available:

| Benefit Stage Qualifier  | Description  |
|--|--|
| Ø 1=Deductible   | The amount of covered expenses that must be incurred and paid by the insured before benefits become payable by the insurer.  |
| Ø2=Initial Benefit   | The first monthly benefit or the first monthly benefit following any break in participation.   |
| Ø3 Coverage Gap (Donut Hole)   | Commonly referred to as the "donut hole." Amount paid for Medicare prescription drug coverage, with a PDP or an MA-PD, <b>after</b> the initial coverage limit and <b>until</b> the total out of your pocket paid for covered prescription drugs reaches a certain amount. |
| Ø4= Catastrophic Coverage  | Once a total maximum is reached, the insured pays a small amount for a drug claim until the end of the calendar year.  |
| 5Ø = Not paid under Part D, paid under Part C benefit (for MA-PD plan) | <ul style="list-style-type: none"><li>This qualifier applies to MA-PD plans where the claim is submitted under the Part D BIN/PCN</li><li>The claim is NOT paid by the Part D plan benefit</li></ul>   |

|   |   |
|---|---|
|   | <ul style="list-style-type: none"> <li>• The claim IS paid for by Part C benefit (MA portion of the MA-PD)</li> <li>• When the qualifier value of 50 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used.</li> <li>• The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim</li> </ul>   |
| 60= Not paid under Part D, paid as or under a supplemental benefit only | <ul style="list-style-type: none"> <li>• This qualifier applies to co-administered plans, where the claim is submitted under the part D BIN/PCN and where one pharmacy response is provided.</li> <li>• This qualifier also applies to Primary claims submitted under the Part D BIN/PCN when a supplemental benefit is provided (drugs covered outside of the allowable Part D benefit)</li> <li>• The claim is NOT paid by the Part D plan benefit but is paid under the supplemental benefit.</li> <li>• When the qualifier value of 60 is used, the Benefit Stage Count is 1 and no other benefit stage qualifier should be used.</li> <li>• The field 394-MV Benefit Stage Amount should be populated with the total amount (total of 505-F5 Patient Pay Amount, 509-F9 Total Amount Paid, and 566-J5 Other Payer Amount Recognized) of the claim</li> </ul> |

**5. Pharmacy Response Transaction when Medicaid is a Secondary Payer - Patient Pay Amount (505-F5)**

With the software upgrade the Patient Pay Amount will now reflect the true ADAP copay amount calculated after ADAP provider payment. This field should be used to collect payment from ADAP patients. If you were previously instructed to collect payment based on the Amount of Copay (518-FI) field, the new software update will negate the necessity to utilize this field.

**6. COB Segment – Other Payer ID field (340-7C)**

The field Other Payer ID (340-7C) in the COB segment should contain the Primary insurance’s payer ID and not our Medicaid BIN number. Typically, the Other Payer ID is the primary insurance BIN number.

To download a copy of the NCPDP D.0 Payer Sheets, please visit [http://www.ghsinc.com/payer\\_sheets](http://www.ghsinc.com/payer_sheets) under the NCPDP D.0 Information section. For further assistance, contact our Pharmacy Help Desk at 888-420-9711 or GHS POS technical support at 877-553-8455.

Thank you for your cooperation.

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