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INFORMATIONAL LETTER

TO: Maine Medicaid Pharmacies
FROM: Office of MaineCare Services, OMS
DATE: February 4th, 2014
SUBJECT: Maine Medicaid- NCPDP vD.0 Changes for Medicaid COB claims

MaineCare has opted to change its current processing of vD.0 claims from COB Option 2, which adjudicates claims based on just the 'patient financial responsibility' amounts to COB Option 3 which will also require the 'Other Payer Amounts' to be submitted as the standard allows. This will **only** affect claims billed under the **PCN of MEPOP**, claims billed for Maine Part D claims will continue to use COB Option 2 when processing claims. The recent changes necessitate Maine Medicaid to update our payer requirements for the fields listed below and develop a software enhancement for our pilot testing site. This will require testing COB (TPL) claims involving the Other Coverage Codes = 2, 3, and 4.

We will provide additional information and notifications when the enhancement of the COB segments is released to our pilot testing environment. MaineCare is scheduled to implement these changes to NCPDP vD.0 for production in **March 2014**.

Updated NCPDP D.0 payer sheets and implementation information will be posted at:
http://www.ghsinc.com/payer_sheets

Pharmacy Request Transaction when submitted to Medicaid as a Secondary Payer

1. Other Coverage Code (308-C8)

All claims with an Other Coverage Code = 3 must contain at least one valid primary payer reject code in the Other Payer Reject Code (472-6E) field in the COB segment otherwise the claim will reject. Claims with an Other Coverage Code = 3 should not submit any Patient Responsibility Amounts in the COB segment or the claim will reject.

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

Only the indicator '06 = Patient Pay Amount' will be accepted as an Other Payer-Patient Responsibility Amount Qualifier. Claims submitted with any other indicator (01—5, 07-13) solely or in combination with the '06' indicator will be ignored. We can only accept the '06' indicator to assure the claim adjudicates properly and the Medicaid copay is return in the Patient Pay Amount (505-F5) field.

3. Other Payer Amount Paid Qualifier (342-HC)

Only the indicator '07 = Amount of Coinsurance' will be accepted as an Other Payer-Amount Paid Qualifier. Claims submitted with any other indicator (01-06, 08-13) solely or in combination with the '07' indicator will be ignored.

We can only accept the '07' indicator to assure the claim adjudicates properly and the Payer amount is return in the Other Payer Amount Paid (431-DV) field.

Pharmacy Response Transaction when Medicaid is a Secondary Payer

1. Patient Pay Amount (505-F5)

With the software upgrade the Patient Pay Amount will now reflect the true Medicaid copay amount calculated after the Medicaid provider payment. This field should be used to collect payment from Medicaid patients.

2. Other Payer Amount Paid (565-J4)

With the software upgrade the Other Payer Amount paid will show the amount paid by the Primary. This field should be used to calculate the amount due by the Medicaid patient.

In addition to the above outlined changes, we would like to provide clarification on the Other Payer ID (340-7C) in the COB segment. The field 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.

The purpose of the changes is to ensure that our Maine Medicaid population is appropriately charged only their Medicaid co-pay, for the Department to accurately report to CMS the Third Party Liability cost avoidance and to reduce the confusion that has occurred for some NCPDP vD.0 COB claims.

If you have any questions, please contact Goold Health Systems at helpdesk@ghsinc.com or 1-888-420-9711.

Thank you for your cooperation.

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