



PO Box 1090, Augusta, Maine 04332-1090

(207)622-7153 or (800)832-9672

To: MaineCare Pharmacy Providers

From: Marcia Pykare Operations Manager

Date: February 7, 2014

Re: Maine Medicaid Pilot Testing Notification

During the month of February we will be conducting Pilot Testing for changes in the State of Maine Medicaid Pharmacy System to accommodate-NCPDP vD.0 Clarification for Medicaid COB claims. The change will be deployed in March 2014. Please use BIN: 015847 PCN: METEST

Pilot testing will begin the middle of February 2014. Registration information will be sent next week.

Below are the changes identified with the Pharmacy Point of Sale for Coordination of Benefits Option 3. Prior to accepting COB 3 we will be accepting COB 2. Guidance for the POS upgrade is included within the payer sheets as well as in the informational letter.

The payer sheet including instructions can be found on www.ghsinc/payer-sheets and http://www.mainearepdl.org/payer_sheets_system_info website on the Provider information page.

Explanation of change: Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)

SEGMENT AFFECTED	FIELD #	FIELD NAME
Coordination of Benefits/Other Payments Segment	341-HB	OTHER PAYER AMOUNT PAID COUNT
Coordination of Benefits/Other Payments Segment	342-HC	OTHER PAYER AMOUNT PAID QUALIFIER
Coordination of Benefits/Other Payments Segment	431-DV	OTHER PAYER AMOUNT PAID
Coordination of Benefits/Other Payments Segment	353-NR	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT
Coordination of Benefits/Other Payments Segment	351-NP	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER
Coordination of Benefits/Other Payments Segment	352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT

If you have any questions please contact the Pharmacy Help Desk at 1-888-420-9711