



Department of Health and Human Services
MaineCare Services
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INFORMATIONAL LETTER

TO: Maine Medicaid Pharmacies
FROM: Office of MaineCare Services
DATE: March 21, 2014
SUBJECT: Maine Medicaid- NCPDP vD.0 Changes for Medicaid COB claims

MaineCare is changing its current processing of vD.0 claims from COB Option 2, which adjudicates claims based on the "patient financial responsibility" amounts to COB Option 3, which also requires 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 will continue to use COB Option 2 when being processed.

The system will be taken off line for maintenance on March 26, 2014 from 10 p.m. to 10:30 p.m. to make this update. This change will be live on March 27, 2014.

Updated NCPDP D.0 payer sheets and implementation information will be posted at:
<http://www.ghsinc.com/payer-sheets> and http://www.mainearepdl.org/payer_sheets_system_info

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 (01-05, 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 returned in the Patient Pay Amount (505-F5) field.

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

Only the indicator "07 = Drug Benefit" will be accepted as an Other Payer-Amount Paid Qualifier. Claims submitted with any other indicator (01-06, 08-11) 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 returned 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 (431-DV)

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.

3. Ingredient Cost Contracted/Reimbursable Amount (148-U8)

With the software upgrade, the Ingredient Cost field will send the lower of calculated unit price in the response field.

4. Dispensing Fee Contracted/Reimbursable Amount (149-U9)

With the software upgrade, the calculated dispensing fee field will send what is applicable per the account in the response field.

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 intent of these changes is to ensure that our Maine Medicaid population is appropriately charged only their Medicaid co-pay, and the Department will have all necessary data to accurately report the Third Party Liability cost avoidance to CMS. We also hope this reduces any confusion that may have 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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