

To: MaineCare Providers
From: Jill Kingsbury – Director of Pharmacy
Date: June 1, 2017
Re: COB Information

Attn: MaineCare Providers

In field 338-5C Change Healthcare should be receiving the payor number we are getting information from. If it is the first payer on the claim we should receive a 1, if it is the second payer on the claim we should receive a 2 as long as we also get the information from line 1.

MEPOP Payer Sheet:

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Billing/Claim Rebill
				Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount, and Benefit Stage Repetitions Present (Government Programs)
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	

Here is an example of what we should receive:

#	Other Payer Coverage Type	Other Payer ID Qualifier	Other Payer ID	Other Pay Date
1	01	03	600428	04/30/2017

MEPARTD payer sheet:

	Coordination of Benefits/Other Payments Segment Segment Identification (111-AM) = "05"			Claim Billing/Claim Rebill
				Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	Maximum count of 9.	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER			Imp Guide: Required if Other Payer ID (340-7C) is used.

If you have any questions, please contact Change Healthcare at 1-888-420-9711.

Here is an example of what we should receive:

#	Other Payer Coverage Type	Other Payer ID Qualifier	Other Payer ID	Other Pay Date
1	01	03	004336	05/08/2017

If there is more than 1 payer for a claim it should look like this:

#	Other Payer Coverage Type	Other Payer ID Qualifier	Other Payer ID	Other Pay Date
1	01	03	004336	05/01/2017
2	02	03	003858	05/01/2017

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