

INFORMATIONAL LETTER

TO: Maine Medicaid Pharmacies

FROM: Department of Human Services, Medicaid

DATE: December 29, 2011

SUBJECT: Maine Medicaid- NCPDP vD.Ø Clarification for Medicaid COB claims

For the NCPDP vD.0 transition, Maine Medicaid has opted to implement COB Option 2, which adjudicates claims based on the 'patient financial responsibility' amounts rather than on 'Other Payer Amounts' as the State's current NCPDP v5.1 standard allows. With the implementation of the new NCPDP vD.Ø Standard, we have encountered situations during our pilot testing where the amount to be collected from Maine Medicaid patients is unclear. Although the NCPDP 'Letter to State Medicaid Directors' (dated October 25, 2011) provided some clarification for Medicaid claims processing, more recent information has just now clarified requirements for State Medicaid programs to adjudicate claims correctly. The recent clarifications necessitate Maine Medicaid to update our payer requirements for the field listed below and develop a software enhancement for our pilot testing site. This may require re-testing of any COB (TPL) claims involving the Other Coverage Code = 8.

We will provide additional information and notification when the enhancement is released to our pilot testing environment. Maine Medicaid is scheduled to implement NCPDP vD.0 in production on **January 17, 2011**

Updated NCPDP D.0 payer sheets and implementation information are 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 rejected. We can only accept the '06' indicator to assure the claim adjudicates properly and only the Medicaid copay is return in the Patient Pay Amount (505-F5) 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 Medicaid provider payment. This field should be used to collect payment from Medicaid 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.

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 copay and to reduce the confusion that has occurred for some NCPDP vD.0 COB claims. We thank you for your understanding.