



Medicaid Pharmacy News

Dear Pharmacy Providers:

July 27, 2017

COORDINATION OF BENEFITS (COB) UPDATES

Wyoming Medicaid has moved from Coordination of Benefits (COB) *Option 2 (OPPRA/Copay Only Billing)* to *Option 3 (Government)*.

Please refer to the payer sheet available at <http://www.wymedicaid.org/sheets-info>.

- When submitting COB information on the claim, the Other Payer ID (340-7C) can ***NOT*** be the same as WY Medicaid’s BIN.
 - If the BIN submitted on the claim is the same as WY Medicaid, the claim will reject for “7C – M/I Other Payer ID BIN not allowed to be same as WY Medicaid”.

- Invalid Other Coverage Code (OCC) *NCPDP Field 308-C8*
 - OCC = 8 NO LONGER ACCEPTED
 - Claims that were previously submitted with OCC = 8 should be billed to either OCC =2 or OCC = 4 depending on whether primary insurance paid on claim.
 - OCC = 2 Primary Insurance Accepted Claim, Primary Paid on Claim
 - OCC = 4 Primary Insurance Accepted Claim, Primary did ***NOT*** pay on Claim

- Valid Other Coverage Codes (OCC) *NCPDP Field 308-C8 outlined* in the table below:

OCC (308-C8)	Description	Comments
0	Not Specified by Patient <i>(No Insurance)</i>	
1	No Other Coverage <i>(Insurance on File, Verified with Client they do not have insurance.)</i>	Only use this OCC if verified with client they do NOT have other insurance. <i>Default OCC = 1 Not Allowed</i> If patient does not have insurance on file and OCC ‘1’ is submitted, claim will reject for “13 – M/I Other Coverage Code”.

OCC (308-C8)	Description	Comments
2	Other Coverage Exists – Payment Collected	<p>Other Payer Amount Paid (431-DV) REQUIRED</p> <p><i>Must Provide OPAP Qualifier (342-HC) = 07 (Drug Benefit)</i></p> <p>Other Payer Patient Responsibility Amount (352-NQ) REQUIRED</p> <p><i>Must Provide OPPRA Qualifier (351-NP) = 06 (Patient Pay)</i></p> <p><i>Note: If claim rejected for “DV - Amount under minimum allowed”, contact HelpDesk.</i></p>
3	Other Coverage Billed – Claim Not Covered	<p>Must submit reject codes received from primary insurance after exhausting all rejections from primary insurance.</p> <p><i>Note: If claim rejected for “6E – M/I Other Payer Reject Code”, contact HelpDesk.</i></p>
4	Other Coverage Exists – Payment <u>NOT</u> Collected	<p>Other Payer Patient Responsibility Amount REQUIRED</p> <p><i>Must Provide OPPRA Qualifier (351-NP) = 06 (Patient Pay)</i></p>