



Medicaid Pharmacy News

TO: Medicaid Pharmacies

FROM: Department of Health, Division of Healthcare Financing, Pharmacy Services

DATE: December 28, 2011

SUBJECT: Wyoming Medicaid- NCPDP vD.0 Implementation Update

Wyoming Medicaid has released the software upgrade to address the recent clarification by NCPDP regarding Coordination Of Benefits (COB) claims for 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. We request your pharmacy systems be transitioned to NCPDP D.0...

Wyoming Medicaid is eliciting feedback to determine your readiness for NCPDP vD.0 scheduled for 01/01/2012. Wyoming Medicaid intends to accept **only NCPDP vD.0 claims on 01/01/2012**. After 12/31/2011, the ability to submit claims in the current NCPDP v5.1 format will no longer be available. Wyoming is currently accepting both formats until the 01/01/2012 deadline.

Please respond by 5 pm MT on Thursday, December 29th to GHS if you will not be able to accommodate the 01/01/2012 deadline to submit NCPDP vD.0 claims. Unless we can determine a strong necessity to extend the deadline, we will continue as planned to terminate processing of NCPDP v5.1 claims on 12/31/2011.

Our Provider Relations Helpdesk can be reached at: 877-209-1264.

Below is the summary of the recent changes implemented:

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 Wyoming 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.

Updated NCPDP D.0 payer sheet is posted at: http://www.ghsinc.com/payer_sheets