



NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



New Hampshire

TO: New Hampshire Medicaid Providers

FROM: New Hampshire Department of Health and Human Services/ Magellan Medicaid Administration

DATE: March 18, 2011

SUBJECT: Enhancements to Coordination of Benefits

Effective April 19, 2011, several additional fields will be required when submitting a NH Medicaid claim with the value of 2, 3 or 7 in the other coverage code field (NCPDP field #308-C8).

The new requirements will include:

OCC2 – Indicate the amount of the recipient’s copayment that is generated after billing the primary insurance in the **“Patient Paid Amount Submitted”** field (NCPDP field #433-DX).

OCC3 – Submit the reject code generated after billing the other insurance in the **“Other Payer Reject Code”** field (NCPDP field #472-6E). This code is used when a primary insurance is active but the medication being billed is not covered by the primary insurance.

OCC7 – Submit the reject code generated after billing the other insurance in the **“Other Payer Reject Code”** field (NCPDP field #472-6E). This code is used when the primary insurance is not in effect on the date of service on which the drug was provided.

These changes do not affect OCC4. OCC4 should continue to be used when a recipient’s primary insurance plan is active but there is no payment collected from the primary insurance because the recipient has not met their primary payer’s deductible obligation. This value should also be used if the total cost of the claim is less than the patient’s primary insurance co-pay requirement and the primary insurance made no payment.

The chart below summarizes the new fields which must be completed when submitting a pharmacy COB claim.

| OCC | Use this value if ... | Additional fields to complete ... | | |
|-----|---|-----------------------------------|---------|---------------------------------|
| | | Field name | NCPDP # | Reason |
| 2 | Primary payer makes payment | Other Payer Amount Paid | 431-DV | Enter payer’s payment amount |
| | | Patient Paid Amount Submitted | 433-DX | Enter recipient’s liability |
| 3 | Primary payer does not cover the drug | Other Payer Reject Code | 472-6E | Enter payer’s reject reason |
| 4 | Primary payer’s total payment is applied to the recipient’s Deductible or Copayment | N/A | N/A | N/A |
| 7 | Primary payer denied the claim as the recipient’s coverage was not effective on the date of service | Other Payer Reject Code | 472-6E | Enter the payer’s reject reason |

For OCC=3 or OCC=7, if a reject code is submitted that is not valid you will receive a denial message stating:
“Reject Code Invalid/Inappropriate for Override”

As a reminder, NH Medicaid is always the payer of last resort. If NH Medicaid recipients have other insurance coverage, pharmacy providers are required to bill all other insurance carriers before billing NH Medicaid. Medicare Part B copayments and deductibles must be submitted on a CMS 1500 form to HP. NH Medicaid does not pay copays or deductibles on Medicare Part D claims.

Please remember, these changes are effective **April 19, 2011**. If you have any questions please contact Magellan Medicaid Administration Clinical Manager, Raquel Holmes, RPh. at (603) 892-2060. In addition, the Magellan Medicaid Administration Call Center is available at (866) 664-4511.

New Hampshire Medicaid Web Portal

The New Hampshire Medicaid web portal is now available. Pharmacies have access to NH Medicaid drug specific data including coverage, prior authorization required, preferred drugs, quantity limits, dose optimization and the pharmacy provider manual. You can access this information at <https://newhampshire.magellanmedicaid.com>

E-mail Notifications

The New Hampshire Medicaid Pharmacy Program can now send you e-mail notifications of changes being made to the program. If you wish to receive e-mail notifications please enter your e-mail address at <http://newhampshire.magellanmedicaid.com> under the documentation tab, notification, email notification section.