Pharmacy Provider Manual
For
Texas HIV State Pharmacy Assistance Program

Texas HIV State Pharmacy Assistance Program

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Introduction

This pharmacy provider manual has been developed to provide information and direction to pharmacy providers in the processing of claims for the Texas HIV State Pharmacy Assistance Program (SPAP). This program is administered on behalf of the Texas HIV State Pharmacy Assistance Program (SPAP) by Ramsell Public Health Rx, the contracted Pharmacy Benefit Manager.

WHAT IS SPAP?

A State Pharmacy Assistance Program or SPAP is a state funded program that helps specific groups of people such as the elderly and disabled access prescription medications. SPAP program coverage can vary from State to State. The Texas HIV State Pharmacy Assistance Program (SPAP) is designed to help individuals that are now eligible for Medicare Part D who were previously eligible for the Texas ADAP.

The program will help eligible program members with their out-of-pocket expenses associated with the Medicare Part D prescription drug plans. This includes coverage of Medicare Part D premiums, deductibles, copayments, co-insurance, out-of-pocket drug costs during the coverage gap (Part D donut hole) and catastrophic copayments. This SPAP is considered a "wrap-around" benefit designed to fill in the gaps of coverage provided by Medicare Part D.

Expenses paid for these members will count towards the true-out-of-pocket (TrOOP) expenses that move a Medicare Part D beneficiary through the different levels of the Medicare Part D benefit. Assistance will be provided until the member reaches the Texas HIV SPAP maximum allowance. The Texas HIV State Pharmacy Assistance Program (SPAP) is administered by Ramsell Public Health Rx (PHRX) under contract with the State of Texas.

Pharmacy Provider Help Desk Services

Ramsell Public Health Rx places a high priority on customer support services. For pharmacy prescription billing questions and information, contact our help desk during normal business hours at **888-311-7632**. Our help desk representatives can assist with questions regarding coordination of benefits, program limits, program coverage, reimbursement assistance, claim rejections and eligibility that may arise in providing service to Texas HIV State Pharmacy Assistance Program (SPAP) members.

Help Desk Hours of Operation

RAMSELL PUBLIC HEALTH RX'S BUSINESS HOURS SUPPORT			
Resource	**Mon – Fri**	**Sat**	**Sun**
Call Center (Pharmacy and Member Help Desk) 1-888-311-7632	9:00am – 8:00pm CST	10:00am – 6:30pm CST	Closed CST
PHRX Facsimile 1-800-848-4241	24hr x 7d	24h x 7d	24h x 7d
Electronic Eligibility Verification System	24hr x 7d	24h x 7d	24h x 7d

Program Contact Information

TEXAS HIV STATE PHARMACY ASSISTANCE PROGRAM (SPAP)	
SERVICE	**SERVICE PROVIDER CONTACT INFORMATION**
Texas HIV State Pharmacy Assistance Program (SPAP) Information	Texas HIV State Pharmacy Assistance Program (SPAP) Phone Number: 1-800-255-1090 Fax: 512-371-4670 Website: http://www.dshs.state.tx.us/hivstd/meds/spap.shtm
Pharmacy Benefit Manager:	Ramsell Public Health Rx 200 Webster Street, Suite 200 Oakland, CA 94607 Toll Free Number: 888-311-7632 Fax Number: 800-848-4241 Website: www.PHRX.com

Texas HIV SPAP

Program Enrollment and Eligibility

Members must contact the Texas HIV State Pharmacy Assistance Program (SPAP) to complete an enrollment application. Applications can be obtained by calling 800-255-1090. Program information can be obtained from the program website at http://www.dshs.state.tx.us/hivstd/meds/spap.shtm.

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TEXAS HIV STATE PHARMACY ASSISTANCE PROGRAM (SPAP)
PHARMACY PROVIDER MANUAL

Eligibility Verification

Due to changes in eligibility status that can occur within the coverage period, member eligibility should always be verified when pharmacies receive a reject for a covered member. To verify eligibility use the *E*lectronic *E*ligibility *V*erification *S*ystem (EEVS), which is available 24 hours a day, 7 days a week or by calling 1-888-311-7632. This system can also be used to obtain the member ID number and group number. (Instructions are provided below.)

Instructions for Using the *E*lectronic *E*ligibility *V*erification *S*ystem

When calling Ramsell Public Health Rx (PHRX), our telephone system will automatically answer your call and present you with the options for our Main Menu**.**
"If you know your menu option, you may key ahead at any time."

Main Menu:

Press 1	to access PHRX *Electronic Eligibility Verification System*
Press 2	if you are a program member
Press 3	listing of our employee directory
Press 7	if you are a pharmacy provider or physician
Press 8	if you are an enrollment worker or program sponsor
Press 9	for web based application support
Press "*"	to repeat the menu options
Press 0	to speak to a live person

*E*lectronic *E*ligibility *V*erification *S*ystem (EEVS) Menu Options*:*

Press 1	if you are a Pharmacy Provider
Press 2	if you are an Enrollment Worker
Press 0	to speak with a live person
Press "*"	to repeat options

Pharmacy Provider Menu:

Press 1	to verify member eligibility status
	Enter the social security number or the 11-digit member identification number of the member whose eligibility you wish to verify.

(You may check on up to 5 members per call.)

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Press 3	to verify the member's identification number.
	Enter the member's social security number.
Press "*"	to return to the main menu of EEVS.
	Select from the main menu options.

 **Note: Verification of formulary medication is not an available option for the Texas HIV State Pharmacy Assistance Program (SPAP) because each program member must adhere to the formulary assigned by the Medicare Part D Plan in which they have enrolled.

Levels of Coverage

The Texas HIV State Pharmacy Assistance Program (SPAP) will cover various out-of-pocket Part D expenses for eligible members as they move through the different levels of the Medicare Part D Prescription Plan until members reach the Texas HIV SPAP maximum allowed amount. The Texas HIV SPAP program requires the pharmacy to bill the Medicare Part D plan first; then providers can bill the deductible, copayments or co-insurance and catastrophic amounts to Ramsell Public Health Rx. These out of pocket expenses are payable through coordination of benefits processing by Ramsell Public Health Rx.

Texas HIV SPAP coverage is as follows:

TEXAS HIV STATE PHARMACY ASSISTANCE PROGRAM (SPAP)	
Medicare Part D Coverage levels	**Bridging the Gap coverage through Ramsell Public Health Rx**
Premiums	Payment of premiums is the responsibility of the program member.
Deductible	Deductibles are covered. (Deductibles are typically applied or attached to the copayment or co-insurance, when applied as such deductibles are covered.)
Cost Sharing Coverage	Copayments or co-insurance are covered.*
Coverage Gap (Donut Hole)	Co-insurance payments are covered.*
Catastrophic Coverage	Catastrophic copayments or coinsurance are covered. *

Members are covered for the aforementioned levels of coverage up to the amount allowed as determined by the Texas HIV SPAP Program Administrators.

Handling Transitions to Part D Coverage Gap

If you are billing prescriptions when the member has entered into the coverage gap and are receiving a NCPDP '70- NDC Not Covered' rejection and message 'SPAP PAYS

FOR COPAY WITH OCC 8. CALL 8883117632 IF IN GAP.', contact Ramsell Public Health Rx at 1-888-311-7632 and inform a help desk representative that the client has moved to the coverage gap (donut hole) level of benefit. The member's profile will be flagged and prescriptions will be covered. **The pharmacy provider is responsible for making this call to facilitate the change of the patients' coverage.**

Member Identification Card

All Texas HIV State Pharmacy Assistance Program (SPAP) members are provided a membership card. The member should present both their Medicare Part D Prescription Drug Plan Card and the Ramsell Public Health Rx member ID card.

If a program member presents to the pharmacy without the Medicare Part D Prescription Drug Plan Card, the pharmacy provider must determine Part D plan information by using the Eligibility Facilitator Service also known as the Enhanced E1 transaction. Pharmacy providers may contact their software vendor for instructions on performing this transaction. General information on the E1 transaction is also available on the CMS website at http://www.cms.hhs.gov.

Refer to the sample Ramsell Public Health Rx member ID card:

Ramsell Public Health Rx Prescription Benefit Services	Ramsell Public Health Rx Provider Support Services Telephone: 1-888-311-7632 Fax: 1-800-848-4241
Name Identification Number Group Number RxBin 013469 RxPCN	NOTE: This is a secondary payer, State Pharmacy Assistance Program (SPAP). The member's Medicare Part D plan must be billed prior to billing this program**.** Call for questions regarding manual claims or prior authorization processing.

Claims Processing Policies

Point Of Service (POS) Processing Information

All electronic claims require that the following mandatory information be submitted with the claim (also see the Payer Sheet for all detailed requirements):

      PHRX SPAP BIN = 013469

Data Transmission standard = Version 5.1
Cardholder ID: See member card or call 888-311-7632
Cardholder Group: 28001

Electronic Claims Submission

The Ramsell Public Health Rx claims adjudication system requires submission of claims electronically by pharmacy providers using the NCPDP 5.1 billing standard.   The Ramsell Public Health Rx electronic billing system is available to process claims in real time 24 hours a day, 365 days a year, excluding routine scheduled maintenance.

Pharmacies are responsible for the timely submission of claims. Ramsell Public Health Rx will accept submission of claims up to 180 days from the original date of service. Electronic claims or Point of Sale (POS) claims will be accepted from the original date of service through the 90th day from the original date of service. Pharmacies can reverse claims through (POS) billing within 60 days from the original date of service. Claims that fall on the $(91^{st} – 180^{th})$ day from the service date must be submitted on a Universal Claim form.   This process is referred to as an exceptional or manual claim. See Exceptional Billing Process for more information. All claims submitted for payment, adjustment or corrections will be accepted within 180 days from the date of service. Any adjustments or corrections which fall outside of the claim filing limit, 180 days from the original date of service, will *not* be accepted.

The following table is a quick reference of claims billing limits:

RAMSELL PUBLIC HEALTH RX BILLING LIMITS	
IF CLAIM FALLS WITHIN:	**THEN:**
1 – 90 days from the date of service	Point of Sale (POS) claims for copayments *are accepted*.
91 – 180 days from the date of service	Exceptional billing is required.
On or after 181st day from the date of service	Pharmacies can contact Public Health Service Help Desk for case by case review of claims. Help Desk Telephone: 888-311-7632
1 – 60 days from the date of service	Claims can be reversed through Point of Sale.

If the pharmacy is unable to submit or reverse a claim electronically, within the allowed period, the pharmacy may contact our Provider Help Desk at 888-311-7632.

Dispense As Written Codes (DAW)

Pharmacy claim submissions must adhere to the policies of the primary Medicare Part D Prescription Drug Plan related to use of dispense as written (DAW) codes.

Signature Logs

Pharmacy providers shall maintain a signature log to document receipt of prescriptions dispensed and billed to Ramsell Public Health Rx for Pharmacy Services provided to Texas HIV State Pharmacy Assistance Program (SPAP) members. This log will contain the date of dispense, prescription number, and signature of the individual who receives the prescription. These records shall be retained by the provider for a period of three years, and upon written request, can be audited by representatives of Ramsell Public Health Rx, or a third party monitor, inspector or auditor under contract with Ramsell Public Health Rx and of any appropriate state or federal agency during normal business hours.

Exceptional Billing Processes (Manual Claims)

Occasionally, pharmacy providers may find pharmacy billing errors (i.e. incorrect quantities, incorrect drug NDC) in prescription processing that are outside of the 90 day point of sale (POS) claim filing limit. Ramsell Public Health Rx will typically process corrections for transactions that cannot be reversed and resubmitted but, are within the prior 180 days as exceptional prescription processing or manual billing. An exception claim may be required when a claim is over 90 days old but within 180 days from the date of service.

To request an exceptional prescription or manual billing, pharmacy providers must complete and submit the claim(s) on a universal claim form. The Universal Claim Form should be faxed to Ramsell Public Health Rx at **800-848-4241** for processing. All submitted claims must provide complete and accurate information to include:

1) Member Information: Identification number, member name

2) Pharmacy Information: NPI, name, address and phone number

3) Prescription Information: Rx number, dispense date, Usual & Customary Charge, NDC, quantity, day supply

4) Medicare Part D Information: Medicare Plan name, Payer date, amount paid by Medicare Plan, copay or coinsurance amount and other coverage code

Pharmacies are required to verify your explanation of benefits (EOB) for claim payment prior to requesting a claim review. Claim status verification will be processed for claim dates within 180 days from the original POS. Claims over 180 days old will not be researched or reviewed for payment.

Coordination of Benefits (COB)

Ramsell Public Health Rx supports online coordination of benefits (COB) copayment only billing as defined in the NCPDP 5.1 copayment only recommended billing procedures (NCPDP Version 5 Editorial Document). COB is the processing of claims with multiple payer sources, including Medicare. Texas HIV SPAP members have Medicare Part D as their primary prescription benefit coverage and the Texas HIV SPAP program as their secondary benefit.

Pharmacy providers utilizing the POS system for claims submission should receive immediate confirmation from the Ramsell Public Health Rx online billing system of acceptance, denial or rejections of the Medicare Part D plan copayments or coinsurance. The payer sheet provides all required fields for COB processing. The payer sheet can be found at the end of this manual.

The calculated reimbursement amount allowed thru the Texas HIV SPAP program is equal to the member's out-of-pocket expenses as determined by the Medicare Part D Plan. These expenses include the client's deductible, copayment or co-insurance amount, and costs incurred while in the coverage gap. Any claims rejected by the Medicare Part D plan will not be covered by the Texas HIV SPAP program.

In order to process using the copayment only COB billing, you must follow the payer sheet specifications included in this manual. If you require assistance in COB claims processing or receive rejections, please contact a member of the Ramsell Public Health Rx help desk at 1-888-311-7632.

Dispensing Policies

The Texas HIV State Pharmacy Assistance Program (SPAP) adheres to the dispensing policies of the Medicare Part D Prescription Drug Plan for each program member. Lost medication fills and vacation supplies are covered when these situations are covered by the Part D Prescription Drug Program.

Provider Pharmacy Communication

Ramsell Public Health Rx communicates with network pharmacy providers in a variety of ways as listed below:

1. Fax Broadcast System
2. Customized Telephony System
3. Ramsell Public Health Rx Website
4. Pharmacy Provider Manual
5. US Mail or Federal Express

Fax Broadcast System – This system is used to distribute program information to network pharmacies. It is used for program updates, including recent formulary additions/deletions; pharmacy procedural changes; as well as any other relevant information for our pharmacy providers. Using this system, information is faxed overnight to the entire pharmacy network.

Ramsell Public Health Rx's Telephony System – The Electronic Eligibility Verification System (EEVS), Ramsell Public Health Rx's Computer Telephony Integration (CTI) program, provides authorized pharmacy providers with member eligibility when applicable through an interactive voice response solution accessible through our toll-free phone system. Authorized users can verify member identification numbers and member eligibility.

Ramsell Public Health Rx Website (www.publichealthrx.com) – This website offers pharmacy providers access to updated program information. It includes general program contact information, and program eligibility requirements.

Pharmacy Provider Manual - This reference manual gives pharmacy providers the policies and procedures for providing service to program clients, which includes general program information, procedures, necessary forms, administrative contact information and grievance procedures.

US Postal Services or Federal Express – Ramsell Public Health Rx can also communicate by mailing informational documents to our networking pharmacy providers via US Postal Services or Federal Express.

Pharmacy Payment

Ramsell Public Health Rx processes payments every two weeks to pharmacy providers. Pharmacy providers have the option of receiving payments electronically or in a paper check. Providers must also designate the format to receive the remittance advice, either electronically or in a paper format. There are three different options for the electronic remittance advice and providers must complete the Payment and Remittance Form to indicate your choice. This form is also used to notify Ramsell Public Health Rx of any changes to your original request. The form may be accessed from the website or by calling the Provider Help Desk.

Pharmacy Credentialing

Ramsell Public Health Rx requires network providers to undergo an annual credentialing process. This process ensures that the program maintains current information on licensing status, insurance, demographic information, pharmacy hours of operation, and pharmacy services provided.

Pharmacy Audits

Inspection of Premises Provider shall upon prior reasonable written request, permit, during normal business hours representatives of Ramsell Public Health Rx, or any third party monitor, inspector, or auditor under contract with Ramsell Public Health Rx and of any appropriate state or federal agency to inspect the premises, equipment and inventory of the Provider and to study all phases of the Pharmacy Services provided to Program Members hereunder, and to investigate the quality, appropriateness and accessibility of the Pharmacy Services provided or to be provided.

Grievance Procedures

Ramsell Public Health Rx wants to insure prompt, courteous and considerate prescription service to all persons enrolled in the Texas HIV State Pharmacy Assistance Program (SPAP). To facilitate this, Ramsell Public Health Rx has an established public grievance process to address the needs of members and pharmacy providers. The grievance procedure is designed to efficiently identify and resolve grievances promptly with proper documentation.

The grievance procedure is as follows:

- Disagreement or disputes should be resolved with the staff person concerned whenever possible.

    If the disagreement or dispute is not resolvable at the staff level, the pharmacy staff or program member will be referred to an immediate supervisor. If still unresolved at the first level supervisor position, the member or pharmacy is provided a grievance form which to document the grievance and forward it by fax or mail to Ramsell Public Health Rx's administrative team. If the pharmacy elects to fax or mail a grievance statement to Ramsell Public Health Rx, a form is included in this manual. Documents to support the grievance should be included.

    Fax grievance to # 800-848-4241 or
    Mail documents to: Ramsell Public Health Rx Provider Services
    200 Webster Street, Suite 200
    Oakland, CA 94607
    ATTN: EXECUTIVE STAFF

- The situation will be investigated and all parties involved will be interviewed. It is important and very helpful to include any documentation with as much information as possible to support the grievance claimed. Your grievance will be reviewed objectively and fairly considering information provided by all sides. A response will be conveyed to the involved parties within 72 hours.

- If the grievance is not resolvable by Ramsell Public Health Rx, members or pharmacies can forward the grievance directly to the Texas HIV State Pharmacy Assistance Program staff. Other issues identified by the Texas HIV State Pharmacy Assistance Program staff should be raised directly with management for appropriate resolution.

> Texas HIV State Pharmacy Assistance Program (SPAP)
> Phone Number: 1-800-255-1090
> Website: http://www.dshs.state.tx.us/hivstd/meds/spap.shtm
> Fax: 512-371-4670

Please note that written **grievances forwarded to the** Texas HIV State Pharmacy Assistance Program (SPAP) **require supporting documentation.** Ramsell Public Health Rx will notify the Texas HIV SPAP administrators of any prior actions taken to resolve the grievance.

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PHARMACY PROVIDER GRIEVANCE FORM
TEXAS HIV STATE PHARMACY ASSISTANCE PROGRAM (SPAP)

Please mail this form to: PHRX Member Services   or   Fax to: 800-848-4241
200 Webster Street, Suite 200
Oakland, CA 94607
Attn: VP, Operations

Grievance reported by: _____

Pharmacy Name: _____   NPI#: _____

Phone: _____   Fax: _____

PROVIDER SECTION

Date of Occurrence: _____   Time: _____

NATURE OF GRIEVANCE: _____

_____

_____

_____

_____

_____

_____

Attach additional pages if needed.

Supporting documents attached: _____ yes   _____ no

PHRX Use Only

ACTION TAKEN: _____

_____

_____

_____

_____

_____

_____

Date Resolved: _____   Signature: _____

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NCPDP VERSION 5 PAYER SHEET

GENERAL INFORMATION

Payer Name: Ramsell Public Health Rx	Date: October 2007
Plan Name/Group Name: SPAP Programs	
Processor: HealthTrans	Switch: ALL
Effective as of: October 2007	Version/Release #: 51
Contact/Information Source: Angel Banks, 1-888-311-7632, extension 2611, angel@PHRX.com	
Provider Relations Help Desk Info: 1-888-311-7632, www.publichealthrx.com	

BILLING TRANSACTION:

SEGMENTS

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version 5.1. The Transaction Header Segment is mandatory. The Segment Summaries included below list the mandatory data fields. Fields designed as "Mandatory" (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as "Required" (R) will always be sent. Fields designated as "Required When" (RW) will be sent under circumstances that should be explained in the Comment column.

> M=Mandatory
>
> O=Optional
>
> R =Required
>
> RW = Required When

Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	013469	M	
1Ø2-A2	Version/Release Number	51	M	
1Ø3-A3	Transaction Code	B1,B2	M	
1Ø4-A4	Processor Control Number		M	
1Ø9-A9	Transaction Count	4	M	
2Ø2-B2	Service Provider ID Qualifier		M	NPI
2Ø1-B1	Service Provider ID		M	
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID		M	

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	
301-C1	Group ID		M	
303-C3	Person Code		O	
306-C6	Patient Relationship	1=subscriber	M	

Patient Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
304-C4	Date of Birth		M	
305-C5	Patient Gender Code	1=male, 2=female	M	
310-CA	Patient First Name		O	
311-CB	Patient Last Name		M	

322-CM	Patient Street Address		M	
322-CN	Patient City Address		M	
324-CO	Patient State		M	

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1=billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	03=NDC	M	
4Ø7-D7	Product/Service ID		M	11-digit NDC
343-HD	Dispensing Status		R	
403-D3	Fill Number		M	
405-D5	Days Supply		M	
406-D6	Compound Code	1=not a compound 2=compound	O	
408-D8	Dispense as Written (DAW)		O	0-9
415-DF	# of Fills Authorized		M	
442-E7	Quantity Dispensed		M	

Pharmacy Provider Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø2	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	1=NPI	M	
444-E9	Provider ID		M	

Prescriber Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	01=NPI	O	Will continue to accept 12=DEA after 5/23/07
411-DB	Prescriber ID		O	

COB/Other Payments Segment: Optional

Does payer/processor support COB? Yes
COB billing method: Bill Copay Only

See *ADDITIONAL INFORMATION FOR COB BILLING SUBMISSIONS* below

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M (Repeating)	

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		M	
412-DC	Dispensing Fee Submitted		M	
426-DQ	Usual and Customary		M	

430-DU	Gross Amount Due		O	
433-DX	Patient Paid Amount		O	
481-HA	Flat Sales Tax Amount		O	
423-DN	Basis of Cost Determination		M	
409-D9	Ingredient Cost Submitted		M	
412-DC	Dispensing Fee Submitted		O	

** ADDITIONAL INFORMATION FOR COB BILLING SUBMISSIONS **

Scenario 2- Secondary claim being submitted by pharmacy when the Primary has paid and this is copay only with the COB Segment when Other Payer ID and Date Information is required.

Claim Segment:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
3Ø8-C8	Other Coverage Code	8	M	If copay only this field is required and the value must be 8.

Pricing Segment:

Note: None of the other Pricing fields, Ingredient Cost or Dispensing Fee, are expected but could be submitted as zero.

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
478-H7	Other Amount Claimed Submitted Count	Ø1	M	
479-H8	Other Amount Claimed Submitted Qualifier	99=other for copay only billing	M	
48Ø-H9	Other Amount Claimed Submitted		M	Previous payer patient pay amount value
43Ø-DU	Gross Amount Due		M	Should equal to the amount shown in Other Amount Claimed Submitted (48Ø-H9)

COB/Other Payments Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	1	M	
338-5C	Other Payer Coverage Type	Ø1	M (Repeating)	Primary
339-6C	Other Payer ID Qualifier			Required
34Ø-7C	Other Payer ID			Required
443-E8	Other Payer ID Date			Required

Scenario 4- When the Primary rejected the claim and the claim is being submitted with a COB Segment to a Secondary Payer

Claim Segment:

Field #	NCPDP Field Name	Value	M/R/RW	Comment

111-AM	Segment Identification	Ø7	M	Claim Segment
3Ø8-C8	Other Coverage Code	All values but Ø, 1, 2, 4, and 8	M	The OCC values that are acceptable should be noted. The COB segment is not sent when OCC 1 is used.

COB/Other Payments Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	1	M	
338-5C	Other Payer Coverage Type	Ø1	M (Repeating)	Primary
339-6C	Other Payer ID Qualifier			Should indicate what values are supported
34Ø-7C	Other Payer ID			Should indicate what values are supported
443-E8	Other Payer ID Date			Should indicate if required
471-5E	Other Payer Reject Count		M	
472-6E	Other Payer Reject Code		M	

** OTHER TRANSACTION INFORMATION **

Reversals

Maximum Number of Transactions Supported per transmission	4
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	*60 days*

** TEST DATA **

Contact Ramsell Public Health Rx at 1-888-311-7632 for test claim data.