

PACE/CRDP/SPBP

PROVIDER BULLETIN

January 31, 2014

PROGRAM UPDATES

NCPDP ERROR 41 “SUBMIT BILL TO OTHER PROCESSOR / PAYER”

Listings of the Part D plan chosen for cardholders and a Provider Bulletin have been distributed to the pharmacy the cardholder uses most often. Web R/A pharmacies were sent lists; FTP R/A providers had their list posted on the FTP site. The Provider Bulletin stressed the need to **“update the Other Payer ID (the BIN) in the Coordination of Benefits (COB) segment, Field 340-7C”** when updating the primary payer information. *Claims without the new PART D BIN were processed during January, to permit pharmacies to update their primary payer information.*

Beginning Monday February 3, 2014, claims received without the updated PART D BIN in the Coordination of Benefits (COB) segment, Field 340-7C will deny with NCPDP Error 41 “Submit Bill to Other Processor / Payer”. *NOTE: The Program recognizes that a cardholder can have up to nine (9) different payers with their respective BIN listed in Field 340-7C, but the Part D plan chosen by the Program must be included as one of the BINs to avoid a denial.*

PRIMARY PAYER LOGIC

Claims for cardholders having multiple payers must be submitted identifying all the other payers in the Coordination of Benefits (COB) segment.

Example: Cardholder has XYZ Insurance, CRDP and PACE. The claim is only billed to XYZ and PACE. Since CRDP is not included in the COB Segment, It will deny with NCPDP Error 41 “Submit Bill to Other Processor / Payer”. Claim must show XYZ Insurance billed 1st, CRDP 2nd and PACE 3rd even if the provider knows the claim will be denied by one of the payers or that the copay will be the same.

SHORT CYCLE DISPENSING

Beginning Sunday February 2, 2014 claims submitted with a Patient Resident Code of “3” (Nursing Facility) and a day’s supply of 14 days or less will be processed as a “Short Cycle” claim. This processing allows one (1) copay to be collected within thirty (30) days either through a full copay on the first submission or by the accumulation of partial copays.

NOTE: PACE will be identifying those cardholders who were charged more than one (1) monthly copay and refunding to them the overpayment.

Questions may be directed to Provider Services at 1-800-835-4080.