

# PACE

## PROVIDER BULLETIN

November 13, 2020

### Valid Claim Data

#### **PACE Providers are responsible for the validity of their claims' data.**

PACE has found claims submitted with incorrect data which could result in incorrect payment of the claim.

**As stated in the PACE and Ancillary Programs NCPDP D.0 Payer Specifications, PACE uses Coordination of Benefits Segment formatting for Government Programs.**

- Claims with an OCC 2 (Other coverage exists- payment collected) require both of the following fields in the Coordination of Benefits/Other Payer Segment to receive a correct payment from PACE:
  - An amount in the Other Payer Amount Paid (field 431-DV)
  - An amount in the Other Payer-Patient Responsibility Amount (field 352-NQ)

**Claims submitted with an OCC 2 (Other coverage exists- payment collected) without an amount in the Other Payer-Patient Responsibility (field 352-NQ), result in incorrect payment of the claim.**

- When a claim is submitted with OCC 2, and the Other Payer-Patient Responsibility (field 352-NQ) left blank,
  - The claim is processed as though the claim was paid in full by the primary payer and no payment remains to be collected.
  - PACE will return the claim as PAID.
  - PACE will make no payment.
  - No copay will be returned to be collected from the cardholder.

**Review claim submissions to assure data including the OCC represented and the Other Payer Amount Paid (field 431-DV) are correct, resulting in the correct Other Payer-Patient Responsibility Amount (field 352-NQ) and correct payment from PACE.**

- If these fields are not being correctly populated, please contact your software vendor to assure these fields are populated.

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