



Update
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Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Wisconsin Chronic Disease Program

To: Blood Banks, Dispensing Physicians, Family Planning Clinics, Federally Qualified Health Centers, Narcotic Treatment Services, Pharmacies, HMOs and Other Managed Care Programs

Pharmacy Coordination of Benefits Changes

This *ForwardHealth Update* includes information about the enforcement of requirements for the coordination of benefits segment of National Council for Prescription Drug Programs for pharmacy claims effective for claims processed on and after March 1, 2010.

For claims processed on and after March 1, 2010, ForwardHealth will implement changes to the coordination of benefits (COB) segment of the National Council for Prescription Drug Programs (NCPDP) for pharmacy claims. Changes will be implemented to ensure coordination of benefits information is indicated correctly on claims (including claims submitted using the Provider Electronic Solutions software) in accordance with NCPDP standards and to ensure that ForwardHealth programs are payers of last resort.

Other Payer Date

For claims processed on and after March 1, 2010, ForwardHealth will enforce the submission of another payer date in NCPDP field 443-E8 (Other Payer Date) when the COB segment is present. A valid date **not greater than the submission date** must be indicated in this field. The field cannot be left blank. Letters are not accepted in the field.

On claims where an invalid date is indicated in the Other Payer Date field, providers will receive Explanation of Benefits (EOB) code 1644, which states "Valid Other Payer Date required," or EOB code 1645, which states "Other Payer Date can not be after the date the claim was

submitted," and reject code E8, which states "M/I Other Payer Date."

Other Coverage Codes and Reject Codes

When submitting claims to ForwardHealth, providers are required to indicate specific COB information based on the results of the claim submission to other insurance sources. Two fields used **for COB** are the other coverage code and reject code. Providers are required to use these indicators and reject codes as applicable on claims submitted for members with other health insurance, including Medicare.

Other Payer Reject Code

For claims processed on and after March 1, 2010, ForwardHealth will enforce the use of valid NCPDP reject codes in the Other Payer Reject Code field (472-6E). Claims will be denied if a valid other payer reject code(s) is not indicated in this field. Pharmacy providers are encouraged to work closely with their software vendors to ensure their software is compliant with NCPDP standards.

On claims where an invalid other payer reject code(s) is indicated in the Other Payer Reject Code field, providers will receive EOB code 1646, which states "Valid NCPDP Other Payer Reject Code required," and reject code 6E, which states "M/I Other Payer Reject Code."

Reject Codes

Effective for DOS on and after March 1, 2010, claims will be denied if reject codes indicated are invalid or not

reasonable for the service provided (e.g., provider errors in billing the member's primary insurance).

Truthful Claim Submission

Providers are required to prepare and maintain truthful, accurate, complete, legible, and concise documentation of efforts to bill other health insurance sources to substantiate other insurance indicators used on any claim, according to DHS 106.02(9)(a), Wis. Admin. Code.

The intentional misuse of fields to obtain inappropriate reimbursement constitutes fraud.

Payer of Last Resort

Except for a few instances, Wisconsin Medicaid, BadgerCare Plus, and SeniorCare are the payers of last resort for any covered services. Therefore, the provider is required to make a reasonable effort to exhaust all existing other health insurance sources before submitting claims to ForwardHealth or to a state-contracted managed care organization (MCO).

Wisconsin Chronic Disease Program (WCDP) is payer of last resort of any WCDP-covered services. When coverage exists, a provider is required to submit a claim to commercial health insurance sources, Medicare, Health Insurance Risk Sharing Program (HIRSP), Wisconsin Medicaid, BadgerCare Plus, and SeniorCare before submitting it to WCDP.

For More Information

Providers may refer to the NCPDP V5.1 companion document on the Trading Partners page of the ForwardHealth Portal at www.forwardhealth.wi.gov/ for NCPDP companion documents, which include information about NCPDP fields and field segments.

Providers may call Provider Services at (800) 947-9627 with questions.

Information Regarding Managed Care Organizations

This *ForwardHealth Update* contains fee-for-service policy for members enrolled in Medicaid and BadgerCare Plus who receive pharmacy services on a fee-for-service basis only. Pharmacy services for Medicaid members enrolled in the Program of All-Inclusive Care for the Elderly (PACE) and the Family Care Partnership are provided by the member's MCO. Medicaid and BadgerCare Plus HMOs must provide at least the same benefits as those provided under fee-for-service.

Members who are enrolled in the WCDP only are not enrolled in MCOs.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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