



First Health Services Corporation®

A Coventry Health Care Company

Nevada Medicaid and Nevada Check Up
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Co-Payment Functionality is Now Available

MEMORANDUM

TO: All Pharmacies
FROM: First Health Services
DATE: Feb. 21, 2006

RE: Co-Payment Claims for Medicare Part D/Medicaid Recipients

The co-payment functionality is now available making it possible for pharmacies to submit co-pay claims to Nevada Medicaid for dual-eligible recipients (recipients eligible for both Medicaid and Medicare Part D). This change may require alterations to your point-of-sale (POS) system software. Please contact your software vendor to ensure that you will be able to submit your claims without interruption. Co-pays not previously collected from recipients may be billed going back to Jan. 1, 2006. If co-payments have been collected, you are being asked to now bill Medicaid for these amounts and provide refunds to the recipients.

Nevada Medicaid Pharmacy Co-Pay Billing Instructions For Medicare Part D/Medicaid Dual-Eligible Recipients

All co-pay claims for dual-eligible recipients should be submitted to Medicaid via the First Health Services point-of-sale system using standard Third Party Liability (TPL) processing. Nevada Medicaid will reimburse co-pays at \$1.00 for generic drugs and \$3.00 for brand drugs. Nevada Medicaid will not reimburse Part D co-pays for recipients in long-term care facilities as these co-pays are waived per federal Medicare regulations.

All co-pay claims for dual-eligible recipients should be submitted to the Processor Control Number and BIN Number used for billing Medicare-excluded drugs. When submitting co-pay claims use standard TPL processing and include all required COB processing fields. Below are the specifications for fields used in COB processing specific to Part D co-pays.

- Enter standard claim information including but not limited to CARDHOLDER ID (NCPDP field 302-C2), PRESCRIPTION/SERVICE REFERENCE NUMBER (NCPDP field 402-D2), USUAL AND CUSTOMARY CHARGE (NCPDP field 426-DQ) and GROSS AMOUNT DUE (NCPDP field 430-DU)
- Enter BIN NUMBER (NCPDP field 102-A2) = 009646
- Enter PROCESSOR CONTROL NUMBER (NCPDP field 104-A4) = P031009646
- Enter OTHER COVERAGE CODE (NCPDP field #308-C8) = 8
- Enter OTHER PAYER COVERAGE TYPE (NCPDP field 338-5C)
- Enter OTHER PAYER ID QUALIFIER (NCPDP field 339-6C)
- Enter OTHER PAYER ID (NCPDP field 340-7C) = 07450
- Enter OTHER PAYER DATE (NCPDP field 443-E8)
- Enter OTHER PAYER AMOUNT PAID COUNT (NCPDP field 341-HB)
- Enter OTHER PAYER AMOUNT PAID QUALIFIER (NCPDP field 342-HC) = 99
- Enter OTHER PAYER AMOUNT PAID (NCPDP field 431-DV)
- Enter INGREDIENT COST (NCPDP field 409-D9) = \$0.00 or null.
- Enter OTHER AMOUNT CLAIMED SUBMITTED COUNT (NCPDP field 478-H7)
- Enter OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER (NCPDP field 479-H8)
- Enter OTHER AMOUNT CLAIMED SUBMITTED (NCPDP field 480-H9)

Note that GROSS AMOUNT DUE (NCPDP field 430-DU) should be equal to the OTHER AMOUNT CLAIMED SUBMITTED (NCPDP field 478-H9).

Please direct questions regarding this process to First Health Services' Technical Call Center at 1-800-884-3238.