TEAM KENTUCKY

April 29, 2022

Subject: Kentucky Medicaid Claims for Members with Other Primary Coverage

Dear <<PHARMACY_NAME>>,

Per federal law 42 USC 1396a (a)(25)(A), Medicaid is the payer of last resort for services covered under the Medicaid program. The Kentucky Department for Medicaid Services (DMS) has identified claims submitted by your pharmacy to Medicaid as the primary payer that should have been submitted to the member's other health insurance (OHI) first. This is an official notice from DMS to request the identified claims be reversed and resubmitted through member's OHI by **July 31, 2022**. Any claims remaining unresolved will be reversed by DMS via MedImpact. While MedImpact will reverse the claims, they have no ability to resubmit the claims. Therefore, it is in the providers best interest to do this ahead of the July 31 deadline.

For members who are Medicare eligible: Federal law also prohibits payment for **Medicare Part D** covered drugs under Medicaid, including member share of cost. If a drug is an over the counter (OTC) product or covered under Part B, you may submit Coordination of Benefits (COB) claims billing Medicare as the primary payer, and then Medicaid as secondary.

For members who are **NOT Medicare eligible**: Please submit the claim as COB and bill all OHI coverage(s) first, and then Medicaid as the final, secondary payer.

Enclosed are the reprocessing instructions and the list of claims that your pharmacy is required to reprocess for appropriate insurance assignment. For your convenience, all known primary billing information is included. Should you or the member have concerns or updates regarding the OHI information provided, please contact the appropriate Kentucky Medicaid Managed Care Plan in which the member is enrolled. For any other concerns, please contact DMS at DMSPharmacy@ky.gov.

Kentucky Medicaid Managed Care Plans	Contact Phone Number
Aetna Better Health of Kentucky	(855) 300-5528
Anthem Blue Cross Blue Shield	(855) 690-7784
Humana Healthy Horizons in Kentucky	(800) 444-9137
Passport Health Plan by Molina Health Care	(844) 778-2700
United HealthCare Community Plan	(866) 293-1796
WellCare of Kentucky	(877) 389-9457

Sincerely,

Kentucky Department for Medicaid Services

Reprocessing Instructions:

1. Reverse the identified claim through MedImpact (using a NCPDP B2 transaction).

2. Add the supplied other payer billing information to your system for reprocessing. Note: for dually eligible members, you may need to contact the member for the primary payer billing information.

3. Use standard Coordination of Benefits (COB) processing to submit the claim to the primary insurance first, and then submit a secondary claim to MedImpact (if applicable).
    -   When there are multiple other payers identified for a member, all must be billed before a secondary claim may be approved by MedImpact.
    -   Do not bill MedImpact for Medicare Part D covered medications.
    -   For detailed information on COB processing refer to the Kentucky Medicaid Provider Billing Manual, which can be found on the Provider Portal at: https://kyportal.medimpact.com/provider-documents/documents.

4. In most cases, if the primary insurance pays greater than $0.00 on the claim, you will process the secondary claim with an Other Coverage Code (OCC) of 2 in NCPDP field 308-C8. When this OCC code is used, you will also need to submit an Other Payer Amount Paid (OPAP) amount greater than $0.00 in field 431-DV.

5. In most cases, if the primary insurance rejects the claim, you will submit the secondary claim with an OCC code of 3 in NCPDP field 308-08. When this OCC code is used, you will also need to submit the Other Payer Reject Code in field 472-6E. Certain reject codes may allow MedImpact to override Coordination of Benefits "Bill to Primary Payer" denials.

6. In most cases, if the primary insurance accepts the claim, but does not pay anything on the claim, you will process the secondary claim with an OCC code of 4 in NCPDP field 308-C8. When this OCC code is used, a $0.00 OPAP amount will be expected in field 431.DV.

7. No other OCC codes will be accepted when processing to MedImpact as secondary.

NCPDP	Member ID	Member Name	Rx Number	Drug Name	Date of Service	OHI Plan Name	OHI Plan ID	OHI BIN (If available)	OHI PCN (If available)
<<NABP_NO>>	<<MEMBER_ID>>	<<MEMBER_NAME>>	<<RX_NO>>	<<LABEL_NAME>>	<<FILL_DATE>>	<<OHI_INSURER_NAME>>	<<OHI_MEMBER_NUMBER>>	<<OHI_BIN>>	<<OHI_PCN>>