DATE: January 4, 2024

TO: Commonwealth of Kentucky Medicaid Pharmacy Network

FROM: MedImpact Healthcare Systems

Subject: Kentucky Fee-For-Service COB Claims Other Payer Amount Paid Notification

BIN-026309 PCN-KYPROD1

Status: The purpose of this communication is to remind providers of the Other Payer Amount Paid (OPAP) COB claim submission requirement.

Please note: The Coordination of Benefits/Other Payments Segment (111-AM) will utilize NCPDP D.0 Scenario 1 – Other Payer Amount Paid Repetitions Only, effective January 1, 2024.   Therefore, no Other Payer-Patient Responsibility Amount (OPPRA) Repetitions should be sent on Kentucky Medicaid Fee-For-Service claims after 1/1/24. This includes fields:

- 351-NP (Other Payer Patient Responsibility Qualifier)
- 352-NQ (Other Payer Patient Responsibility Amount)
- 353-NR (Other Payer Patient Responsibility Amount Count)

Please refer to the [MedImpact Payer Sheet](#) for further information on submission for the COB Segment 111-AM (inset below)

Coordination of Benefits/Other Payments Segment (OPAP) (111-AM = "Ø5")				
Field #	**NCPDP Field Name**	**Value**	**Payer Usage**	**Payer Situation**
337-4C	COORDINATION OF BENEFITS / OTHER PAYMENTS COUNT	Maximum count of 9	M	
338-5C	OTHER PAYER COVERAGE TYPE		M	
339-6C	OTHER PAYER ID QUALIFIER	03 = BIN Number	R	
34Ø-7C	OTHER PAYER ID		R	If no BIN exists due to billing of a non-online payer, please use value 999999 as the BIN of the Other Payer.
443-E8	OTHER PAYER DATE		R	
341-HB	OTHER PAYER AMOUNT PAID COUNT	Maximum count of 9	RW	Required when OCC = 2 or 4.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER		RW	Required when OCC = 2 or 4.
431-DV	OTHER PAYER AMOUNT PAID	Required even if the value is zero.	RW	Required when OCC = 2 or 4. Negative values ARE accepted with OCC 4 and treated as zero.
471-5E	OTHER PAYER REJECT COUNT	Maximum count of 5	RW	Required when OCC = 3.
472-6E	OTHER PAYER REJECT CODE	NCPDP Reject Codes	RW	Required when OCC = 3.

PBM Contact Information: If you have any questions, please contact the MedImpact team using the contact information below:

Team	Question Type	Contact Info
KY Account Team	Program questions	KYMFFS@medimpact.com