

November 29th, 2014

*****IMPORTANT NOTICE*****

VERMONT MEDICAID PHARMACY PILOT TESTING NOTIFICATION

Effective January 1st, 2015, the DVHA is transitioning to a new PBM, Goold Health Systems (GHS). During the month of December, GHS will be conducting Pilot Testing for the new POS Pharmacy System. **Pilot testing will begin on December 8th, 2014 and end December 19th, 2014.**

Changes to the payer sheet for data submission will be effective for all Vermont Medicaid enrolled pharmacies on January 1st, 2015.

Below are the changes identified with the new Pharmacy Point of Sale (POS) deployment. Guidance for all of the POS changes are included within the payer sheets as well as in this Informational Letter.

The payer sheet can be found on the www.ghsinc.com/payer-sheets website.

FIELD #	FIELD NAME	EXPLANATION OF CHANGE
423-DN	Basis of Cost Determination	GHS utilizes the NCPDP standard and will require 2 digits on the claim (example: '00'), claims with other than 2 digits will reject.
2Ø1-B1 4Ø1-D1 4Ø2-D2	Service Provider ID Date of Service Prescription/Service Reference Number	GHS does not allow duplicate prescription number and will validate a duplicate transaction by the combination of 201-B1, 401-D1 and 402-D2
335-2C	Pregnancy Indicator	GHS will allow pharmacies the option of sending the claim with the pregnancy indicator of 2 in the 335-2C payment segment. This can be used if the member is newly pregnant and their eligibility does not reflect this.

FIELD #	FIELD NAME	EXPLANATION OF CHANGE
42Ø-DK	Submission Clarification Code	Pharmacies will be able to send in Submission Clarification Code = 02 on Ebox claims for Long-Term Care members which will override the Reject 79 – Refill Too Soon error message. The Submission Clarification Code of 02 will not override 75 PA required message. The pharmacy will have to call for a special PA.
461-EU 462-EV	PA Type Code PA Number	GHS will allow pharmacies to send in 461-E = 2 and 462-EV = 72 on the claim for an on-line override when it is necessary to allow an emergency 72 hour supply of a medication. This function is only allowed off hours when the call center is not available.
522-FM	Basis of Reimbursement Determination	Pricing logic considers submitted U&C, Gross Amount Due, Ingredient Cost Submitted and the State calculated rates including State MAC, and FUL. The processor will pay the lesser of logic for all prices considered. The maximum provider payment is set at \$99,999.99. Any claim exceeding this amount will reject. Contact the POS Helpdesk for a special PA if the claim amount is higher.
341-HB 342-HC 431-DV 353-NR 351-NP 352-NQ	OTHER PAYER AMOUNT PAID COUNT OTHER PAYER AMOUNT PAID QUALIFIER OTHER PAYER AMOUNT PAID OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	VT POP (previously VTM) uses COB Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount
353-NR 351-NP 352-NQ	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT COUNT OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT	VT Part D (previously VTD) uses COB Scenario 2 - Other Payer-Patient Responsibility Amount Repetitions and Benefit Stage Repetitions Only

GENERAL INFORMATION AND GUIDANCE

Transmissions

Refer to the NCPDP Telecommunication Standard Implementation Guide Version D. Ø for the structure and syntax of the transaction(s) within the transmission.

Segments

Each segment is listed as mandatory, situational, or optional for a given transaction in the NCPDP *Telecommunication Standard Implementation Guide*. If the segment is mandatory for a given transaction, that segment must be sent. If the segment is situational, the situations outlined in the guide must be followed for use.

GHS encourages providers to go to the website at www.ghsinc.com/payer-sheets to view all recent changes to the payer sheet. We also encourage you to participate in testing before the December 19th deadline. If you have questions and/or want to participate in testing, please email POSTechSupport@ghsinc.com or call 877-553-8455.
