Ohio Department of Medicaid

GHS a Change Healthcare company

April 26th, 2016

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

OHIO MEDICAID PHARMACY PILOT TESTING NOTIFICATION

Effective June 12th, 2016, the Ohio Department of Medicaid (ODM) is transitioning to a new PBM, Goold Health Systems (GHS).

GHS will be conducting Pilot Testing for the new POS Pharmacy System **beginning May 19th, 2016 and testing will be completed by June 3rd, 2016**. Pharmacy registration will be sent the week of May 2nd.

Changes to the payer sheet for data submission will be effective for all Ohio Department of Medicaid enrolled pharmacies on June 12th, 2016.

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
427-DR	Prescriber Last Name	Prescriber last name match on first 3-4 characters will be introduced.
31Ø-CA	Patient First Name	Patient First name is now required
4Ø7-D7	Product/Service ID	Must be 0 when submitting a compound. Compounds will enforce all PA requirements, including Age and Gender edits per each NDC.
449-EE	Compound Ingredient Drug Cost	Required for each individual ingredient.
4Ø9-D9	Ingredient Cost Submitted	Ingredient Cost Submitted will be considered during pricing along with Gross Amount Due and Usual & Customary. (GAD, U&C, [Ingr Cost + Disp Fee Subm])

FIELD #	FIELD NAME	EXPLANATION OF CHANGE
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	OHPOP uses COB Scenario 3 - Other Payer Amount Paid, Other Payer-Patient Responsibility Amount
442-E7	Quantity Dispensed	Providers – no longer send a milligram payment for Vancomycin 10 gram vial. Instead send decimal metric quantity of amount dispensed.
	Business Rule Changes	
		Vaccines will not be covered for Children <= 18.
		May now submit 72-hour emergency supply for drugs requiring prior authorization without calling for assistance. Submit a Prior Authorization Type Code (461-EU) = 2 and Prior Authorization Number Submitted (462-EV) = 72 to initiate a 72-hour override for a 3 day supply (non-preferred drugs only).
		The new PBM is using NPI, RX Number and Date of Service to determine a unique claim. Submission of the same 3 part key will result in a duplicate rejection. Provider must use a new Rx Number if submitting a new claim for the same date of service.

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 June 3rd, 2016 deadline. Pharmacy registration will be sent the week of May 2nd.