ACTION REQUIRED

Coordination of Benefits Processing Requirements

Louisiana Medicaid Managed Care Program

November 3, 2023

Dear Valued Provider,

Magellan Medicaid Administration, LLC (MMA) is experiencing a high volume of claims and calls regarding Coordination of Benefits (COB) for covered beneficiaries for the Louisiana Medicaid Managed Care Program.

Pharmacy Action Required:

If the pharmacy has the information for the Primary Payer Information, Participating Pharmacies must submit COB claims in accordance with the claim submission information listed below. At a minimum, COB claims must be submitted to receive a response from the Primary Payer. If the appropriate COB fields are not submitted, the claim will deny for **NCPDP – 13 M/I Other Coverage Code**. MMA uses NCPDP's Other Payer Amount Paid (OPAP) method for COB.

Failure to submit these and all other applicable values will result in the Participating Pharmacy not receiving accurate claim reimbursement.

If the beneficiary states that they do not have any other coverage, the pharmacy may submit 308-C8 Other Coverage Code, OCC = 1. **Use of this code will be audited to ensure that pharmacies are using this code appropriately. Note:** Remove COB Primary Information previously submitted.

Important: The member must contact the Louisiana Department of Health's TPL Unit at 877-204-1324 to update or permanently remove other insurance form their records. Failure to update will continue to result in denied claims. Please encourage the member to reach out.

The following table identifies the fields required for COB:

NCPDP Field Number	NCPDP Field Name	Value
308-C8	Other Coverage Code	0 = Not specified by patient 1 = No other coverage 2 = Other coverage exists/payment indicated 3 = Other coverage billed - claim rejected 4 = Other coverage exists - No payment indicated Required when submitting a claim for recipient who has other coverage.
337-4C	Coordination Of Benefits/Other Payments Count	Maximum count of 9
338-5C	Other Payer Coverage Type	
339-6C	Other Payer Id Qualifier	Required if Other Payer ID (340-7C) is used.

NCPDP Field Number	NCPDP Field Name	Value
340-7C	Other Payer Id	Required if other insurance information is available for coordination of benefits.
443-E8	Other Payer Date	Required if identification of the Other Payer Date is necessary for claim/encounter adjudication.
341-HB	Other Payer Amount Paid Count	Maximum count of 9 Required if Other Payer Amount Paid Qualifier (342-HC) is used
342-HC	Other Payer Amount Paid Qualifier	07 - Drug Benefit 10 - Percentage Tax Required if Other Payer Amount Paid (431-DV) is used. **Note:** Submit total amount paid by the primary payer with a value of 07 (Drug Benefit) Submit sales tax paid by primary with a value of 10 (Percentage Tax)
431-DV	Other Payer Amount Paid	Required if other payer has approved payment for some/all the billing. Not used for patient financial responsibility, only billing. Not used for non-governmental agency programs if Other Payer-Patient Responsibility Amount (352-NQ) is submitted.

If you need assistance with claims processing, call MMA Pharmacy Support Center at 1-800-424-1664. If you need assistance locating the appropriate NCPDP COB fields within the beneficiary's profile of the pharmacy's software, please contact your internal Pharmacy Help desk.

Sincerely,

Pharmacy Network Management
Magellan Medicaid Administration, LLC