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**RelayHealth Pharmacy  
SPAP/ADAP Bi-Monthly  
Report Guide**

Effective Date: 2014

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# 1 Background

The Medicare Part D prescription drug program was enacted on January 1, 2006 as part of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The Medicare Part D program was implemented, in part, to help subsidize the cost of the overall prescription drugs of an aging population by ensuring access to affordable drugs.

Part D Sponsors are required to coordinate benefits with State Pharmaceutical Assistance Programs (SPAPs), Aids Drug Assistance Programs (ADAPs), charities and other providers of prescription drug coverage (such as commercial insurance). If these entities provide coverage supplemental to Part D and participate in the eligibility data exchange with CMS, Part D Plans are required to coordinate benefits for a period not to exceed 36 months from the date of fill for a covered Part D drug.

CMS requires Part D Sponsors to coordinate benefits with supplemental payers when:

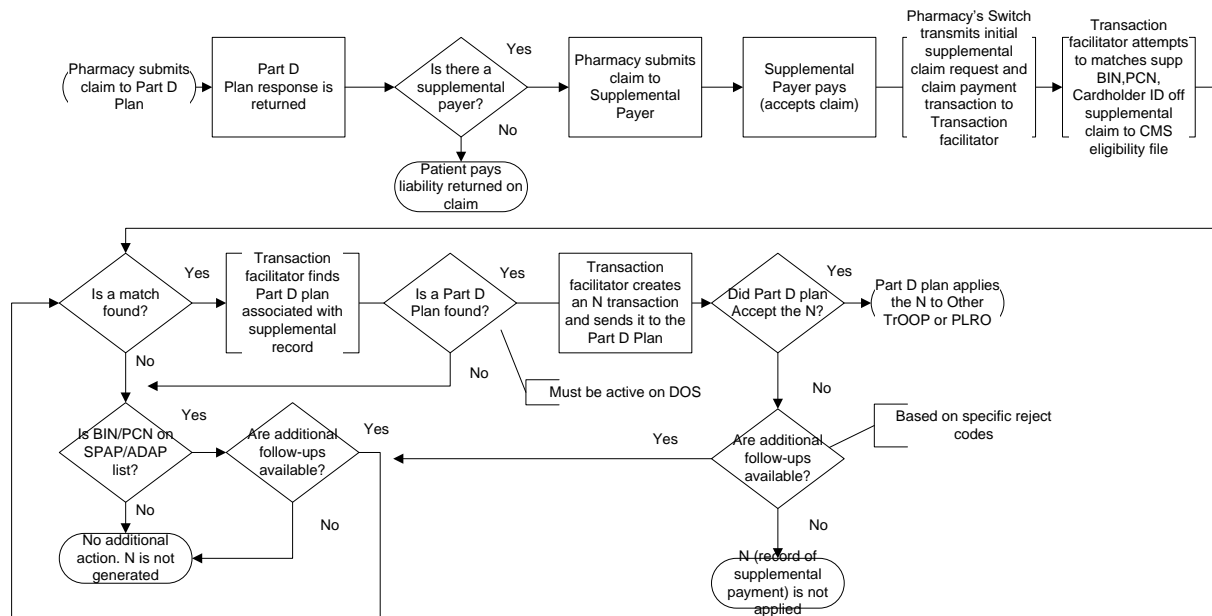
- Supplemental payers send electronic eligibility data for Part D eligible beneficiaries that are in their plan to CMS.
- The 4Rx on the claim paid by the supplemental plan matches the 4Rx on the eligibility information the supplemental payer has sent to CMS.
- The Part D Sponsor has paid for the Part D drug and the supplemental payment transaction information (N transaction) can be matched to the Other Health Insurance information on record and the covered Part D Claim.

When coordinating benefits, only supplemental coverage of Part D covered drugs must follow Coordination of benefits rules as only Part D covered drugs count towards the beneficiary's TrOOP accumulation. A Part D covered drug is one that is covered by the Part D Plan under the plan's formulary, through a transition period, or via an exception, appeal, or grievance, and must be purchased at a Part D in-network pharmacy (unless the Part D Sponsor has permitted an override for a non-network pharmacy). The drug must meet the CMS definition of a Part D drug.

Coordinating benefits with supplemental payers ensures that the Part D beneficiary's TrOOP is correctly stated and when adjustments are made by the Part D plan, supplemental plans that have contributed to the beneficiary's cost are considered when determining refunds based on payment order. This means that if a refund is due, the supplemental payer will be refunded prior to any refund going to the beneficiary.

In a nutshell, the process of providing Part D Plans with a record of a Supplemental Payers coverage for purposes of coordination of benefits is documented in the high level flow below:

## Real-time Supplemental Payment N Transaction Process



## 2 Purpose

The purpose of this document is to provide instruction on the use of the, “SPAP-ADAP Bi-Monthly Report” and includes the report name, schedule, distribution method and definition of the report fields.

## 3 Report Name and Purpose

The naming convention for the SPAP-ADAP Bi-Monthly Report is

Troop\_Stats\_Report\_YTD\_SPAP\_YYMMDDhhmmss

The SPAP-ADAP Bi-Monthly Report provides data regarding the disposition of SPAP-ADAP Claims routed to the Transaction Facilitator. It can be used to track the number of claims for the SPAP-ADAP, routed to the Transaction, that result in an N transaction that is sent to Part D Plans.

## 4 Report Schedule

The SPAP-ADAP Bi-Monthly Report is generated on the 1<sup>st</sup> and 15<sup>th</sup> of each month. The report contains all claims routed to the Transaction Facilitator between the report periods, regardless of the date of service on the claim. For example a claim for a date of service of 12-15-2012 received on 03-22-2013 would be reported on the report dated 3-1-2013.

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## 5 Report Delivery

The SPAP-ADAP Bi-Monthly Report is posted to the MediFacD website at <https://medifacd.relayhealth.com/nx/supplemental-payers/spap-adap-monthly-reports>

## 6 Report Field Definitions

**Date Processed**- This represents the date the report was run

**Processor**- This is the processor or PBM that processes electronic claims for the SPAP/ADAP

**BIN**- Bank Identification Number. NCPDP maintains a listing of all BIN-PCNs voluntarily submitted by the SPAP/ADAP. The report contains only those BINs from this list.

**PCN**- NCPDP maintains a listing of all BIN-PCNs voluntarily submitted by the SPAP/ADAP. The report contains only those PCNs from this list.

**ReplayNum**- This indicates whether the transaction being reports was original transaction routed from the switch to the Transaction Facilitator, or whether it was a “retried” transaction based on the process. Transactions are retried for SPAPs and ADAPs

Replays are the result of the Re-try process. Because supplemental payers only submit eligibility files to CMS every 30 days it is possible that claims for a member in your supplemental plan have been paid long before the Transaction Facilitator ever gets record of that eligibility.

If no eligibility match for SPAP/ADAP transaction can be made, on the receipt of that transaction, the Facilitator will re-try the transaction against the eligibility file on the following schedule

- once a week for 4 weeks
- and once a month for two months thereafter for a total of 90 days.

The Retry process takes the original transaction and bounces it against the eligibility file each time the retry occurs in order to determine if the eligibility has caught up and an N can be generated

**Version**- This is the NCPDP version of the claim routed to the Transaction Facilitator. As of July 1, 2012 all transactions must be in NCPDP vD.0.

**Type**- This indicated the type of transaction processed. There are three types

- **Realtime**- Realtime transactions are those claims that are routed from the switches to the Transaction Facilitator during normal transaction processing. No intervention is needed from the SPAP/ADAP for this process
- **Batch**-Batch transactions are those that have been forwarded directly to the Transaction Facilitator by the SPAP/ADAP or their processor in a batch file format.
- **Replay**- Replay transactions are those transactions that have been retried when a match was not found the first time the transaction was received by the Transaction Facilitator.

**Q\* BCount** – This represents the count by quarter as of the date of the report for transactions received by the Transaction Facilitator. \* represents the quarter being reported based on calendar year quarters.

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**Q\* PCount-** This represents the count of Bs (based on what was reported in the Q\*B field) that were eligible for the N generation process. Some examples of claims that are received by the Transaction Facilitator that are not eligible for N generation include claims without a COB Segment, Claims that contain Benefit Stage Qualifiers from the Part D Plan indicating that the claim was not paid by Part D, and claims that are malformed. \* represents the quarter being reported based on calendar year quarters.

**Q\*NCOUNT-**This represents the count of N transactions that were able to be generated. This is the number of P transactions (reported in the Q\*P field where the 3Rx (BIN-PCN-CardholderID) on the P transaction matched what was on file with CMS. \* represents the quarter being reported based on calendar year quarters.

**Q1Rate-** This percentage represents the percent of all claims for the BIN/PCN that were able to be matched to CMS eligibility.