

Why aren't supplemental claims being received by the Part D Plan?

Understanding the process

The Transaction Facilitator maintains a list that represents payers that are supplemental to Part D. This list is derived based on the following criteria:

- 1) BIN/PCNs reported by SPAP/ADAPS as supplemental to Part D
- 2) BIN/PCNs for Plans supplemental to Part D reported by either the plan or a processor
- 3) BIN/PCNs contained in Other Health Insurance (OHI) records on the CMS Eligibility File where:
 1. BIN/PCN has more than 10 beneficiaries;
 2. BIN is registered with the switches for real-time processing;
 3. BIN/PCN for supplemental payer does not match a Part D BIN/PCN (DOS 1-1-2012 and later);
 4. BIN-PCN is a valid BIN-PCN as identified a processor;
 5. PCN does not contain all the same digits;
 6. BIN and PCN do not contain the same values;
 7. PCN is "NA", "N/A", or "NONE";
 8. BIN/PCNs that have not been requested to be removed by the owner or processor ; and/or
 9. A BIN/PCN combination where the PCN is blank and
 - a. the BIN is on the SPAP/ADAP table with a blank PCN and the BIN is unique to the SPAP/ADAP, or
 - b. the processor specifies in writing that a commercial BIN and blank PCN is solely for plans Supplemental to Part D, or
 - c. the blank PCN has more than 50 records.

The Transaction Facilitator and CMS reserve the right to remove any BIN/PCN for which low N transaction/eligibility match rates cannot be resolved.

Any claim request from a pharmacy and response from a payer that contains a BIN-PCN on the list is forwarded by the switches to RelayHealth.

RelayHealth then takes the BIN-PCN and Cardholder ID off the Supplemental Request transaction from the pharmacy and searches for a match in the OHI records on the file provided by CMS to RelayHealth (this is the CMS eligibility file).

If a match is found, then RelayHealth identifies the Part D plan of record for that beneficiary and date of service.

The Part D information from the eligibility file and the BIN-PCN and cardholder ID from the supplemental payer off the B transaction along with the patient pay amount from the supplemental paid response (505-F5) are translated into an N transaction and transmitted to the Part D Plan.

What can go wrong in the process?

- 1) Supplemental payer allows values that do not match the CMS file to be submitted on the claims.

For example the supplement payer's information sent to CMS is:

- a. BIN: 123456
- b. PCN: MEDDSUPPMT
- c. Cardholder ID: A2211111

The COB claim coming into the supplemental payer has the following information on the request:

- d. BIN: 123456
- e. PCN: 23556676
- f. Cardholder ID: A2211111

In this example the PCN on the claim submitted to the supplemental does not match the PCN on the CMS eligibility file. When RelayHealth attempts to find the member, the member cannot be found because the submitted PCN does not match any OHI on file. The transaction "falls on the floor" and no N is created.

In order to ensure that supplemental claims make it to the N creation process, the submitted BIN-PCN-Cardholder ID on the claim request to the supplemental payer must match what is sent to CMS.

- 2) The supplemental payer locks down the BIN-PCN-Cardholder ID such that the claim submission matches what is sent to CMS and the Part D Plan says they are not getting N transactions.

The supplemental payer should contact RelayHealth to determine if the BIN-PCN is on the list provided by GHI. If it is not, any transactions with this BIN-PCN combination will not get forwarded to RelayHealth and therefore will never go through the OHI matching-N generation process.

Frequently Asked Questions

Q1. I don't currently require pharmacies to submit claims with exactly the information I have provided to CMS. How do I get N transactions generated?

A1. If you can identify all the claims that need to have an N generated, you can create a batch file that contains the corrected BIN-PCN-Cardholder ID and appropriate claim information. Information on the file requirements can be found at <https://medifacd.mckesson.com/Documents/Batch-Supplemental-Information-Reporting-N-Transaction/>. This is an automated process and once the file is received, it will be processed during a nightly routine. If the OHI is found with an active Part D Plan, the N transaction will be generated and forwarded to the Part D plan.

Q2. My supplemental BIN-PCN is not on the list that RelayHealth uses to generate N transactions, how do I get my information added to that list?

A2. If the plan year in question is 2012 and beyond contact RelayHealth at TBTSupport@relayhealth.com

Q3. I lock down my claims and my BIN-PCN is on the list, however the beneficiaries' TrOOP information is not getting updated correctly, who should I contact?

A3. You should contact the beneficiary's plan. It is possible that N transactions are being rejected by the plan. There are many reasons why an N may be rejected. Some examples are listed below:

- The Part D plan did not pay for the claim, therefore there is no reason to apply supplemental dollars
- The pharmacy ID on the N was not an NPI. CMS requires all claims for Part D contain an NPI for the pharmacy provide type.
- The Part D plan paid for the claim; however it was not a Part D drug. Supplemental benefits do not apply to non-Part D drugs because they are not TROOPable and don't count toward drug spend.

If you are unsure who to contact, CMS provides a list of COB (coordination of benefits contacts) on their website at

https://www.cms.gov/PrescriptionDrugCovContra/11_PartDContacts.asp#TopOfPage

Look for the file titled "EOB, COB, automated TrOOP Balance Transfer (ATBT) Contact lists"