**Affordable Care Act – Technical Workgroup Questions & Responses**

Q1) **What edits are currently applied to FFS claims**?
R1)    The following edits are applied to FFS claims.
          NDC on claims is on our Drug table-  If not, a "982" exception is posted.
          NDC Rebate indicator not equal 'Y' - 983 exception posted
          NDC Unit of Measure not equal F2,GR,ML, or EA - 984 exception is posted.
          NDC Quantity not greater than 0.00 - 985 exception is posted.

Q2) **Will the department validate NDC codes as part of the encounter submission process?**
R2) The NDC edits will consist of those stated in R1. The department will not validate NDC/J-Codes submitted on encounters.

Q3) **Will there be acceptance edits with warning codes**.
 R3) Encounters found to be in error will be "marked" as fatal.

Q4) **What are the rejection codes/descriptions that will be applied and are the errors warnings or fatal errors?**
R4) See answer to Q1. These errors will be considered fatal.

Q5) **Will the Department apply edits to MCO encounter data with NDC lines for the amount billed, amount paid, or total amount paid?**
R5) The department will apply edits to MCO encounter data with NDC lines for amount paid. All claims (original and void/resubmissions) must have an amount paid greater than zero. Else they will deny.

Q6) **What is the timeline to test encounter data files with NDC coding?**
R6) EDI testing is available now. MMIS testing will be available around the end of January

Q7A) **NDC codes must be included in Loop 2410 data element LIN03 of the LIN segment.  Is that correct?**
R7A) **Correct**

Q7B) **The quantity must be in Loop 2410 data element CTP04.  Is that correct?**
R7B) **Correct**

Q7C) **The unit of measure (UOM) code must be in Loop 2410 data element CTP05-01.  Is that   correct?**
R7C) **Correct**

Q7D) **When using the CTP segment in Loop 2410, the unit price (data element CTP03) is a required field**
R7D) Although CTP03 is a required field in Loop 2410, the unit price can be zero

Q8) **Is the paid amount required**? **Does this pertain only to service lines/line items that contain NDC codes? Specifically, where are you expecting this value to be populated in the encounter file for both the 837 I & P?**
R8) The paid amount is required for services that contain NDC codes for Physician Administered Drugs for Professional and Institutional claims. The department is not requiring MCOs to populate paid amounts for services unrelated to physician administered drugs

Q9) **Where are you expecting amount paid to be populated in the encounter file for both 837 I & P.**
R9) The Department is currently investigating an option suggested by one of the MCOs. As soon as the option and appropriate mapping is completed, we will share with the MCOs

Q10) **Does DHMH use an NDC Drug Code Table to validate FFS hospital and medical claims billed for physician administered drugs with NDC codes?**
R10) Yes, DHMH is using a NDC Drug file from First Data Bank

Q11) **Does DHMH validate the NDC and HCPCS code combination billed on medical claims?**
R11) Our Rebates Vendor does use a crosswalk to validate. We are investigating the possibility of having that crosswalk provided by our vendor for use by the MCOs for the injectable claims

Q12) **Will the department also validate MCO encounter data for the valid NDC and HCPCS (Jcode) combination? If so, please share the NDC drug table or reference source.**
R12) See answer to #11 above

Q13) **Will the Department apply edits to encounter data similar to the edits the Department has for to accept FFS medical claims with NDC codes?**
R13) Yes the edits will be the same except for the NDC Non-Rebatable edit that is currently in place for FFS medical claims. This edit will not apply to the encounters

Q14) **What is the rebate submission process and frequency in place by the department for both Rx drugs and physician administered drug rebate processing.**
R14) The Department's Rebate vendor prepares rebate invoices for the drug manufacturers quarterly (45 – 60 days after the end of the quarter)

Q15) **Presently MCOs are already submitting Rx data via ASI. The Department will now process both pharmacy and medical encounters. Will the Department submit separate files for rebate processing and would the MCO receive separate error files for research and reprocessing?**
R14) The Department will submit a file to the Rebate vendor with the medical encounters for rebate processing. The MCOs will receive from the Department a Utilization file (# of

units by NDC) for all pharmacy encounter claims collected via the Coordinated ProDUR. The MCOs currently receive an 835 file for the pharmacy encounter claims

Q16) **What is the anticipated volume of rebate errors, for both pharmacy and medical drugs?**
R16) Unknown at this time