

# PACE

## Provider Bulletin

December 28, 2010

### Medicare Part D Partner Plans

As in previous years, PACE is sending lists of PACE cardholders and their Part D partner information to the cardholder's pharmacy to enable cardholder primary payer information to be updated as quickly as possible. This task will involve the verifying or updating of over 100,000 PACE cardholder primary payer records.

To avoid disruption to the cardholder, PACE is implementing a "grace period" and will be accepting claims for cardholders whose primary insurance information has not yet been updated by the pharmacy.

**For approximately 2 weeks, the PACE Error 007; NCPDP error 7C –"Missing or Invalid Other Payer ID" will be returned as an EOB message; not a denial.** Depending on the software, providers may see PACE message code 007 in field 504-F4 of the Response Segment indicating the cardholder's primary insurance needs to be updated.

NOTE: During this time, a provider may be called to correct a cardholder's primary payer record, thereby enabling the accurate accumulation of TrOOP, if the affected cardholder should be rapidly approaching the "donut hole".

In 2011, it is critical to PACE that claims be billed to the correct primary Part D plan to assure the accurate calculation of TrOOP. For 2011, cardholders reaching the "donut hole" will be responsible for approximately 50% of the cost of their brand name drugs, instead of the entire amount. The other 50% will be paid by the primary plan (through the manufacturer). The cardholder "Patient Share of Cost" of approximately 50%, is submitted to PACE in the "Patient Pay Amount" field, 433-DX, while the other 50% is submitted to PACE in the "Other Payer Amount Paid" field, 431-DV. If the **incorrect** primary is being billed, PACE pays for the entire claim denied by the incorrect primary payer.

**To stop the incorrect primary payer from being billed, this "grace" period will end Monday, January 17, 2011.** Claims billed to the incorrect primary plan will deny with a NCPDP error 7C. The correct primary payer's BIN, PCN, GROUP, Cardholder ID and Plan name will be returned in field 504-F4.

Providers not receiving a listing by Monday, January 3, 2011, should contact Provider Services at 1-800-835-4080.