PACE

PROVIDER BULLETIN

January 24, 2003

REQUESTS TO VOID PRESCRIPTIONS

The PACE Provider Manual, page IV.24, states that providers are responsible for voiding claims for prescriptions paid for by the Program but never received by the cardholder. Specifically, "providers are to submit a reversal using the POCAS system no more than thirty (30) days beyond the date of dispensing/submission."

Providers are advised however that the Program's processing system permits providers to void claims on-line up to twelve (12) months from the date the claim is dispensed and billed.

Since the Program retains this history on-line, only the provider's system software limitations, not Program restrictions, dictate the provider's inability to void claims for medications never received by the cardholder

Therefore, effective immediately:

For those providers sending in lists, remittance advices or other documentation requesting the Program to void these types of claims, a per claim line fee of $5.00 for the first 500 voids and $10.00 per claim line over 500 will be assessed. This administrative processing fee will appear in the remittance advice of the cycle in which the Program entered and processed the voids.

For those providers requesting either gross negative adjustments or sending in payments for claims paid by the Program <u>more than one (1) year from the date of service</u> an administrative fee will also be assessed. The Program will base this fee on the estimated rate of interest earned while the Program's money was retained in the provider's account or $100.00, whichever is greater. This administrative fee will also appear on the remittance advice of the cycle in which the negative adjustment was entered or the check processed.