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Section G: Claims Submission

MedImpact Healthcare Systems (MedImpact) is the Pharmacy Benefit Manager (PBM) contracted with CenCal Health to process pharmacy claims for all of CenCal Health’s eligible members. All routine prescription claims for CenCal Health members must be submitted through MedImpact.

Any routine prescription drug claims submitted directly to CenCal Health will be returned to the provider for submission to MedImpact.

All inquiries regarding claims submission, rejected claims, plan limitations, or CenCal Health’s pharmacy benefit should be directed to MedImpact at (800) 788-2949.

The MedImpact Help Desk hours of operations are **7 days a week, 24 hours a day.**

G1: National Provider Identifiers (NPI)

All healthcare providers and plans are required to use and accept only National Provider Identifiers (NPIs) in standard transactions. The use of NPIs eliminates the need for health care providers to use different identification numbers to identify themselves when conducting standard transactions with multiple health plans.

For pharmacy providers, the NPI will replace the NCPDP (NABP) number in all transactions; however, pharmacies must register their NPI with the National Council for Prescription Drug Programs, Inc. (NCPDP) for

MedImpact to recognize them. MedImpact validates the NPI based upon the pharmacy's NPI registration with the NCPDP organization. In addition, the NPI submitted must be uniquely associated with only one NCPDP.

G2: Electronic Claims Submission (ECS)

MedImpact's prescription claims processing is accomplished in a real-time point-of-sale process. MedImpact will only accept NCPDP D.0 claims. **The BIN Number or "Electronic Address" for MedImpact is 003585.**

Member information required for submitting online claims is as follows:

1. First and last name
2. Date of birth (DOB)
3. 9-digit ID number for SBHI
4. Relationship to cardholder ("01" for self, "03" for newborn and "04" for the twin until ID number obtained)
5. Gender

G3: Online Drug Utilization Review (DUR)

The online Drug Utilization Review (DUR) process assists pharmacists in providing quality care by identifying potential therapeutic conflicts. As claims are sent to MedImpact, the DUR process assesses the prescription against the claims history of the member. An online message is sent to the pharmacy when a potential problem is anticipated. If assistance is required regarding a DUR message, contact the MedImpact Help Desk at (800) 788-2949.

G4: Claim Form (30-1) Billing

Electronic Claims Submission (ECS) is the preferred method to submit claims to MedImpact. All claims not submitted by ECS **must** be submitted to MedImpact on a 30-1 or the Universal claim form. Other claim forms will not be accepted.

G5: Timeliness of Submitted Claims

Pharmacies have up to six (6) months from the date of service (DOS) to submit claims online to MedImpact. Pharmacies have up to six (6) months from the date of service (DOS) to bill paper claims to MedImpact. The exceptions to this policy are as follows:

- If a member was not eligible with CenCal Health at the time service was rendered and was subsequently granted retroactive eligibility, the 180-day billing limit is calculated from the date retroactive eligibility was established.
- If a member has other primary insurance and claims are processed by the primary insurance, the 180-day billing limit is calculated from the time the other insurance carrier rendered a payment determination. MedImpact must receive claims related to these circumstances no later than one (1) year from the month of service.

G6: Dispensed as Written (DAW)

MedImpact's online adjudication system only accepts DAW = 0 for all claims submitted by Electronic Claims Submission. CenCal Health requires generic substitution when an AB rated equivalent generic product is available. The only exception to DAW submission is for the following four (4) drugs that possess a narrow therapeutic dose response. When dispensing the brand name of these drugs, CenCal Health will accept either a DAW = 0 or DAW = 1, and the pharmacy will be reimbursed at the brand reimbursement rate.

- Lanoxin
- Dilantin
- Premarin
- Synthroid

Prescribers may order other brand name drugs with a "do not substitute" when there is clinical justification for doing so. In this case, submission of a Medical Request Form (MRF) by the prescribing physician is necessary. Those pharmacy providers who have difficulty submitting online claims with a DAW = 0 due to software limitations should contact the MedImpact Help Desk at (800) 788-2949 for claims submission assistance.

G7: Rejected Claims

Claims are frequently rejected due to the following:

- Code 1 Not Met
- Dispensed Too Soon
- Drug Not In Formulary

Although certain rejected claims may be payable when resubmitted after appropriate corrections have been made, it is the responsibility of all contracted pharmacy providers to consult the CenCal Health Drug Formulary for drug coverage status when rendering services to CenCal Health members.

G8: Return to Stock/Claim Reversal

Prescriptions filled and submitted for payment but not picked up by the member within a two (2) week period must be reversed using the online process. This requirement applies to unused and reusable stock in all types of pharmacies. Pharmacies are advised to maintain documentation of all reversals to demonstrate compliance with this requirement.

G9: Refill too Soon

Prescriptions refilled at a "too frequent" interval, based on days' supply reported with the claim, will be rejected with a "Refill too soon" edit. A prescription is considered to be filled "too frequent" if less than 66% of the days' supply submitted with the last fill has not elapsed.

When the prescriber has increased the amount of drug to be taken by a member, the pharmacy should call the MedImpact Help Desk at (800) 788-2949 to request an override.

G10: Refill too soon-Nursing Facility

MedImpact may approve a one-time override per medication within a one-year period for claims that reject for "refill too soon" if the member is being placed in a Nursing Facility and is not allowed to take their medications into the Facility with them. If a second request is made within the one (1) year, a Medical Request Form (MRF) must be submitted to CenCal Health for authorization review.

G11: Lost, Stolen, or Spilled Medications

MedImpact may approve a one-time override per medication within a one-year period for lost, stolen, or spilled medications. If a second request is made within one (1) year, a Medical Request Form (MRF) must be submitted to CenCal Health for authorization review.

MedImpact may approve a one-time override per medication within a one-year period for a vacation supply of up to thirty-(30) days.

G13: SBHI/SLOHI Newborns

SBHI and SLOHI newborns are eligible for pharmacy benefits the month of birth and the ensuing month under the mother's eligibility. Claims submissions for newborns should be under the mother's nine-digit ID number using the newborn's name and date of birth and a cardholder relationship of "03." Claims submission after this period will require the newborn to be eligible under his/her own ID number. Please contact the Pharmacy Department at (805) 562-1080 for this to be updated in the MedImpact system.

G14: Provider Identification Number

All prescriptions submitted to CenCal Health must include the prescriber's identification number. CenCal Health will reject claims submitted without a valid identification number. The physician identification number to be submitted shall be the prescriber's National Provider Identifier (NPI). Prescriptions written by a Physician Assistant (PA), Nurse Midwife (NM), and Nurse Practitioner (NP) must meet State law and be submitted using the supervising physician's NPI number.

CenCal Health continually evaluates pharmacies' compliance with providing accurate prescriber identification numbers. The accuracy of these numbers affects the effectiveness of CenCal Health's Drug Utilization Reports (DURs) and member drug profiling reports that are furnished to the members prescribing physician.

G15: Code 1 Restricted Drugs

A drug meeting the Code 1 restriction listed in the CenCal Health Drug Formulary must be processed online to MedImpact by placing a "07" in

your computer software's Prescription Denial Override Field. This is the same designated override field used when submitting claims to EDS for State Medi-Cal. You will receive an online message defining the Code 1 restriction in place.

G16: Nutritional Products (Oral/Enteral)

Oral/Enteral nutrition is a Medi-Cal covered benefit when used in a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food. Standard infant formulas are not a covered benefit. Standard infant formulas for normal infant nutrition are available through WIC. A Medical Request Form (MRF) is required for all nutritional products that are used on an outpatient basis. For additional information and clinical prior authorization, criteria please visit:

www.cencalhealth.org/providers/pharmacy/formulary.

G17: CenCal Health Carve-Out Medications

There are several drug classes carved out of CenCal Health's pharmacy benefit specified in the policy section of the State Medi-Cal provider manual as Capitated/Noncapitated services indicating coverage by fee-for-service Medi-Cal. In the classes, certain medications may require a TAR to be submitted to State Fee-For Service to obtain prior authorization.

These classes include:

- Selected HIV AIDS treatment drugs
- Selected alcohol and heroin detoxification and dependency treatment drugs
- Selected coagulation factors
- Erectile Dysfunction (ED) drugs
- Selected psychiatric drugs

Visit our website at www.cencalhealth.org and or the State Medi-Cal website www.medi-cal.ca.gov for a complete listing of the above referenced medications.