



## PROVIDER NOTIFICATION – COORDINATION OF BENEFITS UPDATE

**Effective September 24, 2020**, a system change was made to ensure that either the copay (also known as copayment) or coinsurance amounts on a claim, which are submitted secondary to Medicaid, **do not** contain both values following the primary insurance (third party) reimbursement. Claim edit, 02315 (Copay/Coins Cannot Exist Together for a Single Payer), will deny claims with both copay and coinsurance submitted. Pharmacies will receive NCPDP Reject “NP”- (M/I Other Payer Patient Responsibility Qualifier).

### **Background and Definitions:**

For Pharmacy coordination of benefit outpatient prescription drug claims, a member will have either a copay or coinsurance applied to their Medicaid benefit when filling prescriptions.

- **Copay** - is a set amount charge for each coverable pharmacy item. With a copay, the member is charged a set amount (like \$10) for each dispensed prescription from the primary insurance. The set copay amount may be different if the prescription is a brand or generic per the insurance plan.
- **Coinsurance** – is a percentage of the cost (like 25%) for each dispensed prescription from the primary insurance.

**No claim should contain both copay and coinsurance amounts.** The pharmacy should bill the proper copay or coinsurance amount in the correct field when submitting a claim for coordination of benefits, after primary insurance reimbursement.

Coordination of benefit questions may be referred to the eMedNY Call Center at (800) 343-9000.

Policy questions can be sent to [ppno@health.ny.gov](mailto:ppno@health.ny.gov).