

PACE

PROVIDER BULLETIN

April 4, 2019

Valid Claim Data

PACE Providers are responsible for the validity of their claims' data.

- PACE has found an increasing number of claims submitted with incorrect OCC coding and associated payment which allows the claim to pay incorrectly.
 - Claims submitted with an OCC 2 (Other coverage exists- payment collected) are being submitted with an incorrect amount in the Other Payer Amount Paid field (field 431-DV) to result in payment and/or overpayment from PACE.
- **Review claim submissions to assure data including the OCC represented and Other Payer Amount Paid is correct, resulting in the correct Other Payer-Patient Responsibility Amount (field 352-NQ) and correct payment from PACE.**

The PACE Provider Agreement states:

I. PROVIDER RESPONSIBILITIES

Subsection G. The Provider agrees to recognize and maintain the Program as the payor of last resort. Where other Third Party Benefit Payment may be applicable, including but not limited to, Insurance Coverage, Public Assistance, Union/Trust Funds, or Retirement Programs, Medicare Part B and D, the Provider shall take reasonable measures to ascertain such prescription benefit is not available before billing the Program. Reasonable measures include, but are not limited to being cognizant of, and adhering to, the policies and procedures of other Third Party Benefit Plans in which they participate. The Provider agrees that Medicare Part B and D and the Medicare Advantage Prescription Drug Plan are the primary payors for Medicare covered pharmaceuticals, except in statutory coverage gaps and non-coverage phases wherein the Program is the payor on behalf of the claimant, in accordance to the reimbursement formula as provided in state law.

III. PROGRAM RESPONSIBILITIES

Subsection B states: The Program will adjust payment to the Provider for the amount of any disapproved cost or expenditure in connection with this Agreement, including but not limited to, those found pursuant to lawful Program audits.

Invalid data submitted by the provider, either intentionally or unintentionally, (i.e. a programming software error) resulting in full or partial Program reimbursement is prohibited. When identified, these claims will be disapproved and voided. Providers are NOT to bill cardholders for any such claim.

Providers submitting invalid data to receive a paid claim will be referred for audit.

Questions may be directed to Provider Services at 1-800-835-4080.