

Retroactive 340B Claims File Instructions

Purpose:

To provide a method for PHS Entities, 340B Vendors, and/or CCO's, who have elected to carve-in contract pharmacy claims billed to Managed Medicaid, to retroactively identify to the State which pharmacy encounter claims were filled with 340B drugs so the State vendor can exclude those claims from the Medicaid Drug Rebate process.

Method:

- 1) All encounter pharmacy claims will continue to be submitted to the MMIS as they are currently done today.
- 2) CCOs, their PBMs, PHS entities, or their 340B vendors will submit subsequent claims file using the design layout described below to identify encounter pharmacy claims filled with 340B purchased drugs.
- 3) Each agency or provider submitting a 340B claims file must have a Trading partner ID and an EDI mailbox set up with the State. If they do not currently have a Trading Partner ID or EDI mailbox, they can contact the following:

Dmap.rxquestions@state.or.us

*** NOTE: in the subject line please type - 340B MAILBOX REQUEST**

- 4) 340B claims files can be submitted as often as the agency or provider chooses, but all 340B claims must be identified and sent for each calendar quarter within 30 days after the end of that quarter. For example, all encounter pharmacy claims submitted between January 1 and March 31 will be pulled into the first quarter rebate cycle. The 340B claims from January 1 to March 31 must be identified and submitted on the 340B claims file no later than April 30.
- 5) The State rebate vendor will use the 340B claims files to match up the original paid encounter claim and exclude that claim from the quarterly drug rebate process.
- 6) Any validations that fail due to an error in the file layout, unmatched record count, invalid data fields, or no matching encounter found will be reported back to the Trading Partner for correction.
- 7) In the event that a 340B claim was not submitted in time (prior to quarterly rebate process) or was submitted in error and is later identified as a "remove" (Claim Indicator = R) after the quarterly rebate cycle has run, the rebate vendor will flag the claim to have the rebate credited to the manufacturer in the following rebate cycle.

| Mstr Seq Nbr | NAME OF FIELD | Field Format | Field Length | Field Location From-To | Definition of Field Value/Comments | Notes |
|----------------------|--------------------|--------------|--------------|------------------------|---|---|
| HEADER RECORD | | | | | | |
| 1 | Record ID | A/N | 1 | 1 | Identification used to specify the type of record. | H = Header Record |
| 2 | Transaction ID | A/N | 9 | 2-10 | Identifies file as an NCPDP 340B Claim File. | ID Should always be "NCPDP340B" |
| 3 | Trading Partner ID | A/N | 8 | 11-18 | Sender Trading Partner ID. | (e.g. "MB123456") |
| 4 | Receiver ID | A/N | 5 | 19-23 | ORXIX Trading Partner ID. | "ORDHS" |
| 5 | Transaction Date | DT | 8 | 24-31 | Date file was created. | Format=CCYYMMDD |
| 6 | Transaction Time | TM | 6 | 32-37 | Time file was created. | Format=HHMMSS |
| 7 | Record Count | N | 6 | 38-43 | Number of 340B claim records in file | |
| 8 | Filler | A/N | 32 | 44-75 | Filler Spaces. | |
| 9 | CRLF | A/N | 1 | 76 | Carriage Return Line Feed | ^M |
| DETAIL RECORD | | | | | | |
| 1 | Record ID | A/N | 1 | 1 | Identification used to specify the type of record. | D = Detail Record |
| 2 | Medicaid ID | A/N | 12 | 2-13 | Unique identifier for the recipient. | Recipient ID |
| 3 | Dispense Date | DT | 8 | 14-21 | The date on which the pharmacy dispensed the drug to the recipient. | Format=CCYYMMDD |
| 4 | NDC Number | A/N | 11 | 22-32 | National Drug Code identifying drug product | National Drug Code is comprised of a 5 byte numeric labeler code, 4 byte numeric product code and a 2 byte numeric package code. Used to uniquely identify a drug, it's labeler & package size of a product for pricing and |

| | | | | | | |
|---|---------------------------------|-----|----|-------|---|--|
| | | | | | | service/prior authorization. |
| 5 | Prescription Number | A/N | 12 | 33-44 | The number assigned by the pharmacy for the prescription. | |
| 6 | Billing Provider Identifier | A/N | 15 | 45-59 | NPI Billing Pharmacy Provider ID when supplied | |
| 7 | Prescribing Provider Identifier | A/N | 15 | 60-74 | NPI Prescriber ID when supplied | |
| 8 | Claim Indicator | A/N | 1 | 75 | CCO Claim Indicator that indicates the course of action taken on the claim. | A = "Add" (Default Value) R = "Remove" |
| 9 | CRLF | A/N | 1 | 76 | Carriage Return Line Feed | ^M |

340B Claims File Layout