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Roster Billing Instruction for Maine Hospitals to Submit NDC Codes

Introduction

The Deficit Reduction Act (DRA) of 2005 required State Medicaid agencies to provide for the collection of National Drug Codes (NDC) on all claims for certain physician-administered drugs for the purpose of billing manufacturers for Medicaid drug rebates. Specifically, this relates to outpatient claims submitted to MaineCare by hospitals for certain outpatient drugs, the “top 20” list of most commonly prescribed outpatient drugs. The requirements for the collection of drug rebate data became effective beginning January 1, 2007. In addition, beginning January 1, 2008, in order for Federal financial participation (FFP) to be available for these drugs, State Medicaid agencies must be in compliance with the requirements. These requirements were implemented in a final rule published on July 17, 2007. MaineCare did, however, receive a 6-month delay in implementation of this requirement along with agreement on a simplified approach in lieu of billing on the UB-04 claim form or its equivalent electronic format. This requirement went into effect for services provided on or after July 1, 2008. To access the “top 20” list please refer to the following link. This list may be subject to change annually. http://www.cms.hhs.gov/DeficitReductionAct/40_PhysicianAdministeredDrugs.asp

Process

Rosters should be prepared and submitted to MaineCare on a quarterly basis, no more than three calendar months after the close of each calendar quarter. The first roster will contain claims submitted between July 1, 2008 and September 30, 2008 to include only dates of service beginning July 1, 2008 and forward. The first roster must be submitted to MaineCare no later than December 31, 2008. Thereafter, rosters must be submitted quarterly no later than three calendar months after the close of each quarter.

Rosters should be submitted in an electronic format using the so-called “CSV” format (Please refer to the attached file layout and data dictionary for details.) Hospitals will use a single FTP login, separate from the one that is used for submitting electronic claims. Please contact MaineCare customer service at 1-800-321-5557, option 9, to request your hospital’s login name and password. If you are unable to submit data via FTP transfer, please contact the MaineCare customer service to set up the FTP process.

The ftp information should be as follows:

Site mom01.secure.maine.gov

User XXXX

Psw XXXX

File name XXXXXX

For FTPS Protocol ftp over explicit tls/ssl

Port 21

Secondary ports must be in the range 65000-65020

For SFTP SSH file transfer protocol *

Port 22

* SFTP preferred because of minimal firewall issues

Please use the following naming convention to attach a name of each submitted file:

- The word ROSTER (all in caps)
- A period (.)
- Your hospital's MaineCare ID.

“ROSTER.123456789 is a file name example”

GHS Claim File Format for Maine Hospital J-Codes Roster

Notes:

- 1) File is CSV (comma separated, quote delimited). Example: "John J. Smith, Jr",234567890A,20080124,...
Quotes around other fields is also acceptable
- 2) Amount fields include visible decimal and optional sign. Example: 42.9700
- 3) All fields must exist, even if empty
- 4) No Header Record (that is, first record with each field containing a column name)
- 5) DOS line breaks required (CRLF, not Unix CR)

Field Name	Position	Required	Maximum Length	Data Dictionary
MAINECARE_MEMBER_NAME	1	Yes	Full name	Client name *
MAINECARE_MEMBER_ID	2	Yes	9	Primary identifier of the MaineCare client
CLAIM_DATE	3	Yes	8 (YYYYMMDD)	Date the service was provided
INSTITUTIONAL_CLAIM_HEADER_NUMBER	4	No	18	Optional, but preferred for paid claim matching
INSTITUTIONAL_CLAIM_LINE_NUMBER	5	No	3	Optional, but preferred for paid claim matching
DRUG_NDC_CODE	6	Yes	11 (5-4-2 format)	NCPDP national drug code
DRUG_HCPCS_CODE	7	Yes	5	Procedure code
DRUG_NAME	8	No	35	Optional, but preferred to help quantify the NDC
UNITS_CHARGED	9	Yes	Decimal Format	HCPCS Units (same as submitted on claim)
CHARGE_AMOUNT	10	Yes	Currency Format	Billed amount on the MaineCare claim line

(*)
 1 - For hospitals who purchased all their drugs in the reporting quarter under the 340b program the only record in the file must have the message (in the MAINECARE_MEMBER_NAME field)
 "Drugs for this quarter were purchased under the 340B program"
 Please note that in order to retain the CSV format, the additional fields making up that record are included as empty length strings.
 Ex: "Drugs for this quarter were purchased under the 340B program", , , , , ...

2 - The last record of each file must be a control record containing the file record count in the position of the MAINECARE_MEMBER_NAME. Because this record count represents the physical number of records in the file, this counter needs to be increased by one to include the control record itself.
 Please note that in order to retain the CSV format, the additional fields making up that record are included as empty length strings.
 Ex: 492, , , , , ...