ODB HNS Changes

Effective June 26, 2016
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ODB HNS Changes Effective June 26, 2016

This document describes the ODB HNS changes effective as of June 26, 2016, which govern the behaviour of the UN intervention code and ODB dispensing fees. These changes are available in Kroll Version 10 Service Pack 6 (24/06/2016) and in all later versions thereafter.

UN Intervention Code in ODB Claims

Effective June 26, 2016, the UN intervention code will be included in all claims for chronic medications after the fifth dispensing fee has been paid. This complies with the new Ontario Ministry of Health and Long-Term Care requirements.

The following rules apply:

- The UN intervention code must be included in all claims for chronic medications once the fifth fee has been paid. If the code is included on a claim before the fifth fee has been paid, the claim will be rejected;
- The UN intervention code can continue to be included on all claims until the end of the current 365 day cycle. Once a new year starts, the UN code must be removed until the fifth fee has been paid;
- Once the fifth fee has been paid:
  - If a claim for a chronic medication is sent with the UN intervention code and a fee, the Health Network System will pay the fee;
  - If a claim for a chronic medication is sent with the UN intervention code and no fee, the Health Network System will not pay the fee;
  - If a claim for a chronic medication is sent with the UN and a fee and the two fee rule applies, the Health Network System will cut back the fee to $0.00 and send response code 88;
  - If a claim for a chronic medication is sent with no UN intervention code and a fee, the Health Network System will cut back the fee to $0.00 and send response code 87.
- If the patient has the ODB plan (not Trillium, not Ontario Works (D,M,N,Y cards), a valid FOD Consent record, a chronic medication, and has paid five dispensing fees, all eligible claims will include the UN intervention code until the FOD Consent record
expires. Once the Consent record expires, the UN intervention code will be removed from subsequent claims;

- Kroll continues to support the two fees per 28 day period rule. This will result in chronic medication claims being processed without the UN intervention code and no fee;
- The UN intervention code is included in both interactive and batch fills;
- The functionality has an effective date. If this update is run before June 26th, nothing happens. Once June 26 occurs, the functionality will then be turned on.
- Claims received after the 365 day period that include the UN intervention code will be rejected with response code 65.

**ODB Two Fee Rule Applied Every 28 Days**

The two dispensing fees per month policy cycle has been changed from calendar month to 28 days. This applies to all Rxs filled on or after June 26, 2016.

**Before:**  
- Not enough inventory for Rx  
- Rx is being refilled 10 days early  
- The price has gone DOWN by $8.82 since the last refill  
- The Fee is being waived (More than 2 fees this month)  
- ODB Chronic Med - 100 day supply preferred  
- Drug will be Ordered  
- Delivery Label will be printed

**After:**  
- Not enough inventory for Rx  
- Rx is being refilled 10 days early  
- The price has gone DOWN by $8.82 since the last refill  
- The Fee is being waived (More than 2 fees in last 28 days)  
- ODB Chronic Med - 100 day supply preferred  
- Drug will be Ordered  
- Delivery Label will be printed

**UN Intervention Code Sent in Batch Mode**

The error that prevented the UN intervention code from being added to the claim when filling in batch mode has been corrected.

**Before:**
<table>
<thead>
<tr>
<th>Status</th>
<th>Rx Num</th>
<th>Patient</th>
<th>Generic Name</th>
<th>Form</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>1001430</td>
<td>Test Non-Odb-Consent</td>
<td>Simvastatin 20mg</td>
<td>TAB</td>
<td>Intervention codes: DA</td>
</tr>
</tbody>
</table>
After:

To reproduce this error on versions before this fix, ensure the patient has the ODB plan, a valid FOD consent record, and has paid five dispensing fees. The Rx must be for a chronic medication.

1. Add the Rx to a batch.
2. Process the batch.
3. Detail the Rx till the [Adjudication Claim and Response] form is displayed.
4. [Interventions] field: The UN intervention code is not displayed.
UN Intervention Code Toggle On/Off

Due to unexpected rejections from ODB when submitting a UN intervention for a chronic dispensed drug, users now have the option to remove the UN intervention from the claim after it has been rejected from ODB.

To remove the UN intervention from a claim:

1. Select ‘Back to the Rx’ when the Adjudication Response for ODB rejection form displays.

2. The Adjudication Response for ODB form will close and the user will be returned to the F12 screen. Select Rx > Send UN Intervention Code (ODB).
3. Resubmit the claim. ODB will accept the claim and pay for the Rx.

4. If the UN is not expected by ODB, it will accept the claim but cut back the fee to 0.00. If a claim for a chronic dispense item is sent with the UN and a Fee AND the 2 fee rule applies, ODB will cut back the fee to 0.00 and send the response code 88.