

Drugs and Devices Division

OHIP+ Redesign Update – FAQs for Pharmacists

1. What are the upcoming changes to OHIP+?

Starting April 1, 2019, the government is focusing OHIP+ benefits on children and youth who do not have a private plan. Children and youth 24 years of age and under who are OHIP-insured, but who do not have a private plan, will continue to receive coverage for eligible prescription medications through OHIP+.

Children and youth 24 years of age and under who have a private plan will access prescription medications through their private plan*, like they did prior to the launch of OHIP+ on January 1, 2018.

Households with high out-of-pocket prescription drug expenses, that include children and youth who are covered under a private plan, can apply to the Trillium Drug Program. The Trillium Drug Program is available to all OHIP-insured Ontarians who have high prescription drug costs compared to their household income. To find out more about the Trillium Drug Program and eligible prescription costs please visit: www.ontario.ca/trilliumdrugprogram or call the Trillium Drug Program at 416-642-3038 (Toronto area) or toll free at 1-800-575-5386.

**Children and youth 24 years of age and under who are eligible for the Ontario Drug Benefit program (ODB) through other eligibility criteria, such as social assistance or home care, will continue to receive prescription drug benefits through the Ontario Drug Benefit program, regardless of whether they have a private plan.*

2. Why is the government making changes to OHIP+?

The government is focusing OHIP+ benefits on children and youth 24 years of age and under who do not have a private plan. This change recognizes the important contribution of private insurers and employers in the provision of health benefits to Ontarians.

These changes come into effect on April 1, 2019. Until then, OHIP+ will continue in its current form, providing children and youth aged 24 years and under who are OHIP insured coverage for eligible prescription medications through the Ontario Drug Benefit (ODB) Program.

3. Why is the government not picking up the costs a private plan does not cover?

The government is focusing OHIP+ benefits on children and youth 24 years of age and under who do not have a private plan. This change recognizes the important contribution of private insurers and employers in the provision of health benefits to Ontarians. In general, private plans cover more

drugs than the Ontario Drug Benefit (ODB) program, therefore, children and youth could have access to more medications through their private plan than they do under the ODB program.

4. When will the changes to OHIP+ take effect?

The changes come into effect April 1, 2019.

5. Will there be any sort of bridging or transition period provided?

Once the changes take effect on April 1, 2019, patients 24 years of age and under who have a private plan will no longer be eligible for the ODB program under OHIP+. The Ministry is working with the Canadian Life and Health Insurance Association and its member companies to ensure that a transition back to private plans minimizes disruption to recipients and administrative burden to clinicians. Patients are encouraged to contact their private insurer for details.

6. What will be considered a private plan?

A private plan means an employer, group or individual plan, program or account, however described, that could provide coverage for drug products, including the provision of funding that could be used to pay for drug products, regardless of the following:

- the private plan covers the particular drug for which coverage is sought,
- the child or youth or another person captured under the private plan is required to pay a co-payment, deductible, or premium, or,
- the child or youth has reached their annual maximum under the private plan and no further coverage is available.

7. Will contributions made by pharmaceutical manufacturers for patients who are enrolled in the Patient Support Programs (PSPs) or have a brand name drug card be considered a private plan?

These will not be considered a private plan under the regulation.

8. Is the Non-Insured Health Benefits Program (NIHB) considered a private plan?

The NIHB is a federally funded plan and is not considered a private plan under the regulation. Patients eligible for NIHB can receive benefits through NIHB as they did prior to the introduction of OHIP+ on January 1, 2018, or they may continue to access benefits through OHIP+, if they are not covered by a private plan.

9. Are the KARE program (for children and youth admitted to the care of a Children's Aid Society) and the Aftercare Benefits Initiative considered private plans?

These programs are publicly funded programs and are not considered private plans under the regulation

10. What will happen if the child/youth is not covered for a specific drug through their private plan? Can they then rely on OHIP+?

Children and youth 24 years of age and under who have a private plan will not be eligible for OHIP+ regardless of whether:

- the private plan covers the particular drug for which coverage is sought,
- the child or youth or another person captured under the private plan is required to pay a co-payment, deductible, or premium, or,
- the child or youth has reached their annual maximum under the private plan and no further coverage is available.

Children and youth 24 years of age and under who have a private plan will access drug coverage through their private plan, as they did prior to the launch of OHIP+.

Households with high out-of-pocket prescription drug expenses, that include children and youth who are covered under a private plan, can apply to the Trillium Drug Program. The Trillium Drug Program is available to all OHIP-insured Ontarians who have high prescription drug costs compared to their household income. To find out more about the Trillium Drug Program and eligible prescription costs please visit: www.ontario.ca/trilliumdrugprogram or call the Trillium Drug Program at 416-642-3038 (Toronto area) or toll free at 1-800-575-5386.

11. What happens if a child/youth is currently taking a drug that has been approved by the Exceptional Access Program (EAP)?

Children and youth aged 24 years of age and under who are OHIP insured and who **do not have** a private plan will maintain their OHIP+ eligibility and therefore, continue to have access to their EAP medication until the expiry date on their EAP approval letter.

Children and youth aged 24 years of age and under **who have** a private plan and have accessed drug funding through the Exceptional Access Program as part of OHIP+ may now require prior authorization for some medications from their private plan before coverage will be granted. If this applies to you, you may want to contact your private plan today to make sure any needed documentation is completed prior to April 1, 2019.

For those **who have** a private plan:

- Pharmacies will be able to submit claims which do not require prior authorization by the private plan, directly to the private plan, as they were doing prior to January 1st, 2018
- For claims requiring prior authorization by the private plan, the Ministry is working with the Canadian Life and Health Insurance Association and its member companies to ensure that a transition back to the private plan minimizes disruption to recipients and administrative burden to clinicians.

12. As a pharmacist, how will I know if the child/youth is covered under a private plan?

Similar to current pharmacy practice today, pharmacists determine whether or not an individual is covered by a private plan or a cash payor to determine how to submit a claim or charge the patient. The pharmacist will be required to confirm OHIP+ eligibility by asking the child, youth or their parent/guardian whether they have a private plan, each time a prescription is filled (see Appendix for more details). This is not unlike the circumstances for children and youth prior to the launch of OHIP+.

The ministry continues to engage with representatives from the Ontario Pharmacists Association and the Neighbourhood Pharmacy Association of Canada and will monitor the implementation of the changes to OHIP+.

13. If a child/youth has a private plan but their out-of-pocket expenses are high. What should they do?

Households with high out-of-pocket prescription drug expenses, that include children and youth who are covered under a private plan, can apply to the Trillium Drug Program. The Trillium Drug Program is available to all OHIP-insured Ontarians who have high prescription drug costs compared to their household income. Households enrolled in the Trillium Drug Program have an annual deductible (approximately 4% of the household net income), which must be paid before drug benefits are funded through the Ontario Drug Benefit program.

Please refer to the “Guide to Understanding the Trillium Drug Program” to see if TDP is right for you before applying. The TDP guide and application form are available on-line on the ministry’s website: www.ontario.ca/trilliumdrugprogram.

If you have any questions about TDP, please contact the Trillium Drug Program at 416-642-3038 (Toronto area) or toll free at 1-800-575-5386.

14. If a child/youth is entitled to receive drug benefits through Ontario Works or the Ontario Disability Support Program, will they be fully covered or will they have a co-pay?

Children and youth 24 years and under who are eligible for the Ontario Drug Benefit (ODB) program because they receive social assistance benefits, regardless of whether they have a private plan, will maintain their benefits through the ODB program with no co-pay and no deductible.

15. If a private plan doesn't fully cover a drug funded under the Exceptional Access Program (EAP) and a household applies to the Trillium Drug Program, do they also have to apply to the EAP?

Yes. Enrollment in the Trillium Drug Plan means the Ontario Drug Benefit Program will help to pay for your eligible prescription drug costs, after you have paid an annual deductible. Some drugs, not on the Formulary, require approval by the Exceptional Access Program to be covered. An authorized prescriber would need to submit an EAP request on behalf of the Trillium Drug Program recipient and the request would need to be approved by the ministry.

To find out which drugs are covered through the Ontario Drug Benefit program, visit:
www.ontario.ca/RxChecker.

16. How does someone get reimbursed if they have paid out-of-pocket for prescription drugs covered by the ODB program under OHIP+?

If an individual has paid out-of-pocket for an eligible Ontario Drug Benefit Program prescription, they can submit their receipts to the ODB program for reimbursement.

For children and youth aged 24 and under who are OHIP insured and have paid out-of-pocket for ODB eligible prescriptions dispensed **prior** to April 1, 2019, the ODB eligible receipt will be reimbursed irrespective of whether the OHIP+ recipient has a private plan.

For children and youth aged 24 and under who have paid out-of-pocket for ODB eligible prescriptions dispensed **on or after** April 1, 2019:

- If the person aged 24 or under is OHIP insured and does not have a private plan, the ODB eligible receipt will be reimbursed.
- If the person aged 24 or under has a private plan, but **is** eligible for ODB under another ODB eligibility stream, including Ontario Works, Ontario Disability Support Program, Home Care, Long-Term Care, Homes for Special Care, Community Homes for Opportunity or the Trillium Drug Program, then the receipt will be reimbursed, subject to any deductible or co-pay.

- If the person aged 24 or under has a private plan, and **is not** eligible for ODB under another ODB eligibility stream, then the receipt needs to be submitted to their private plan for reimbursement.

Reminder for receipts that are being submitted to ODB:

- Mail your **original** eligible prescription receipts to the Ontario Drug Benefit (ODB) program for processing.
- Make sure you include your Ontario health card number when submitting your prescription receipts to the ODB program for reimbursement.
- ODB program mailing address:

Ontario Drug Benefit Program
P.O. Box 384, Station D
Etobicoke ON M9A 4X3

Households with high out-of-pocket prescription drug expenses, that include children and youth who are covered under a private plan, can apply to the Trillium Drug Program. For details on Trillium Drug Program please refer to question 12 above.

17. Will there be any Health Network System (HNS) changes to support pharmacies in submitting claims to the ODB program under the redesigned OHIP+?

Pharmacy Claim Submission Process for Children and Youth aged 24 and under

- Starting on April 1, 2019, pharmacies will be required to check whether the child or youth (aged 24 and under) has a private plan and/or any other ODB program coverage before submitting the claim to the HNS for adjudication.
- If the child or youth is OHIP insured and does NOT have a private plan, the pharmacy can submit the claim to ODB with a new Special Service Code (SSC) “U - No-Private-Insurance Attestation” and the claim will be processed under the OHIP+ eligibility stream.
- The SSC “U” serves as a confirmation from the pharmacy that the child/youth doesn’t have a private plan. This SSC “U” will be required for every claim submitted for an OHIP+ eligible recipient. The claim for a child/youth will be rejected by the HNS if the SSC “U” is missing and a new rejection response code “PM - No-Private-Insurance-Attestation Missing” will be returned.
- If the child/youth DOES HAVE a private plan (regardless of whether the drug dispensing by the pharmacy is covered by the private plan or the insurance maximum has been reached), then the child/youth is NOT eligible for OHIP+. However, the recipient may still be eligible under other ODB eligibility streams such as the Trillium Drug Program, Ontario Works, Ontario Disability Support Program, Home Care, Long-Term Care, Homes for Special Care or Community Homes for Opportunity.
 - If the child or youth DOES HAVE a private plan and is NOT enrolled in any other ODB eligibility stream, then the pharmacy must bill the patient’s private plan. The residual amount not covered by the private plan will be paid by the patient. Do not submit the claim to ODB in this instance.

- If the child/youth DOES HAVE a private plan and IS enrolled in another ODB eligibility stream, then submit the claim without the SSC “U” to ODB. The HNS will bypass the OHIP+ eligibility stream and the claim will be processed under the other ODB eligibility stream with the applicable deductible and co-payment (if any).

Trillium Drug Program (TDP) Private Insurance Check

- If the pharmacy submits a claim for a child/youth with the SSC “U” attesting the recipient does not have a private plan, but according to the HNS record the person is a member of a TDP household with a private plan, then the HNS will consider the patient to have coverage under a private plan and bypass the OHIP+ eligibility stream. If the child/youth no longer has a private plan, then the recipient must inform the Trillium Drug Program in order to update the HNS record.
 - Example 1: the recipient, aged 20, is receiving Ontario Works benefits and is a member of a TDP household. The recipient’s TDP file indicates that there is private plan coverage. The pharmacist submits the claim to HNS with the SSC. The SSC will be ignored, as the HNS record shows private plan coverage, making this recipient not eligible for the OHIP+ eligibility stream. The HNS will then adjudicate the claim under the OW stream with no out-of-pocket expense.
 - Example 2: the recipient, aged 2, is enrolled in TDP. The recipient’s TDP file indicates that there is private plan coverage. The pharmacist submits the claim to HNS with the SSC. The SSC will be ignored, as the HNS record shows private plan coverage, making this recipient not eligible for the OHIP+ eligibility stream. The HNS will then adjudicate the claim under the TDP with an applicable deductible and co-payment.
- For children and youth 24 years of age and under who are enrolled in TDP who do not have private plan and a claim is submitted to the HNS without the SSC “U” (which is an indication that the patient has a private plan), the claim will be rejected with a new response code “ZR – Submit Receipt to TDP or Attest to No PI”. The pharmacist should advise the patient to submit private plan documentation with their receipts to TDP for processing.

Pharmacy Professional Services

- Claims for ODB-eligible Professional Services (Smoking Cessation Program, Pharmaceutical Opinion Program, LTC Medication Management) will require the SSC “U” for OHIP+ eligible recipients.
- Claims for non-ODB-eligible Professional Services (e.g., MedsCheck, Flu Vaccine, Naloxone) will adjudicate as they do today. These services are available for all Ontarians. Pharmacies can submit a claim with or without the SSC “U”.

Establishing Temporary OHIP+ Eligibility for Newborns

- The *Policy for Establishing Payment Eligibility* applies to OHIP+ for babies who have been assigned a Health Number by a midwife or a hospital:

- The newborn’s Health Number can be found on the tear-off portion of the *Ontario Health Coverage Infant Registration Form* given to the custodial parent or guardian by the midwife or hospital
- If the HNS rejects a claim for a newborn with response code “C8” (no record of this beneficiary), then the pharmacy may establish eligibility in OHIP+ if the infant does NOT have a private plan
- To establish eligibility in OHIP+, the pharmacy must submit plan code “J” in the Carrier ID field, include the SSC “U” and specify intervention code “ML”
- One day of eligibility will be established
- Eligibility can be established for subsequent dates if necessary
- Existing rules apply for supporting documentation and post-payment verification
- Note: The custodial parent or guardian should receive a plastic health card for the baby within six weeks of the date of birth if there is no delay in processing the Infant Registration Form (i.e., the given name(s) has been provided, the newborn is eligible for coverage and card production delays are not experienced)

18. What will the co-payment amount be for children and youth 24 years of age and under who have a private plan (therefore are not eligible for OHIP+) but also enrolled in one or more ODB programs (such as TDP, OW, ODSP, Home Care, LTC, HSC)?

- OHIP+ recipients (i.e., those aged 24 and under who are OHIP insured and do not have a private plan) have no deductible or co-payment for eligible ODB prescriptions.
- Recipients aged 24 and under who are eligible under any of the following ODB program eligibility streams, regardless of whether they have a private plan, have no deductible and no co-payment:
 - Ontario Disability Support Program
 - Ontario Works
 - Long-Term Care
 - Home Care
 - Homes for Special Care (or) Community Homes for Opportunity
- Recipients aged 24 and under who have a private plan and who are enrolled only in the Trillium Drug Program have the TDP household deductible and a co-payment ceiling of \$2.

19. What will happen if a claim is submitted with the SSC “U” for OHIP+ recipients prior to April 1st, 2019?

The claim will be rejected with response code “57 - SSC Error” indicating that the SSC “U” was submitted inappropriately.

20. What will happen if a claim is submitted with SSC “U” for ODB recipients other than a child or youth aged 24 and under, such as seniors, starting April 1st, 2019?

The claim will be rejected with response code “57 - SSC Error” indicating that the SSC “U” was submitted inappropriately.

21. Is it mandatory to submit a claim with the SSC “U” for children and youth aged 24 and under starting on April 1st, 2019? When should I include SSC “U” in the claim?

Starting on April 1st, 2019, when a child/youth or parent/guardian confirms that they have no private plan, you can submit a claim with the SSC “U” for ODB eligible prescriptions. If a child/youth or parent/guardian confirms that they have a private plan, you should submit the claim to the private plan.

If the child/youth or parent/guardian does not know whether they have a private plan, the claim should NOT be submitted to the ODB program. The individual can pay for the medication and submit receipts either to their private plan or the ODB program following confirmation.

22. Why is the claim for a child/youth rejected with the “PM” response code?

The claim is rejected with “PM” (No-Private-Insurance-Attestation Missing) response code if the SSC “U” is missing. Resubmit the claim with the SSC “U” only when a child/youth or parent/guardian confirms that they do NOT have a private plan. Otherwise, the private plan should be billed.

23. Is there any intervention code allowed for overriding the “PM” response code?

No, the “PM” response code cannot be overridden. Please ensure that the recipient has no private plan and resubmit the claim with the SSC “U”. Otherwise, the private plan should be billed.

If the child/youth or parent/guardian does not know whether they have a private plan, the claim should NOT be submitted to the ODB program. The individual can pay for the medication and submit receipts either to their private plan or the ODB program following confirmation.

24. Why is the ODB professional service claim for a child/youth rejected with the “PM” response code?

The claim is rejected with the “PM” response code because the SSC “U” was not submitted. An ODB-eligible professional service claim must be submitted with the SSC “U” only when an OHIP insured child/youth 24 years of age or under or their parent/guardian confirms that they have no private plan.

25. Do I have to submit the claim with the SSC “U” for non-ODB professional service claims (e.g., MedsCheck) for children and youth 24 years of age and under?

The non-ODB professional services (e.g. MedsCheck) are available to all eligible Ontarians. The claim can be submitted with or without the SSC “U” and it will be accepted with no co-pay.

26. Why is the claim for a child/youth rejected with the “ZR” response code?

A claim rejected with the “ZR” (Submit Receipt to TDP or Attest to No PI) response code indicates that the recipient has TDP coverage. Discuss with the recipient their private plan status. If the recipient does not have a private plan, then resubmit the claim with the SSC “U”. If the recipient does have a private plan, submit the claim to the private plan and advise the recipient to submit private plan information and receipts for out-of-pocket expenses to TDP.

27. Is there any intervention code allowed for overriding the “ZR” response code?

No, the “ZR” response code cannot be overridden. Discuss with the recipient their private plan status. If the recipient does not have a private plan, then resubmit the claim with the SSC “U”. If the recipient does have a private plan, submit the claim to the private plan and advise the recipient to submit private plan information and receipts for out-of-pocket expenses to TDP.

28. The child or youth has a private plan AND also has coverage under another ODB program (e.g., OW/ODSP/Home Care/LTC/HSC/TDP). How should I submit the claim? With or without the SSC “U”?

You should submit the claim without the SSC “U” since the child or youth aged 24 and under has a private plan. The HNS will adjudicate the claim based on the recipient’s eligibility under the other ODB program eligibility stream(s).

29. Do I have to include the SSC “U” when submitting paper claims or paper reversals for children and youth aged 24 years and under who do not have a private plan?

Yes. Starting on April 1st, 2019, the SSC “U” must be included when submitting a paper claim OR paper reversal for a child or youth aged 24 years and under who do not have a private plan.

*Note that a paper claim submission should not be submitted with the SSC “U” unless the pharmacy has confirmed with the patient/parent/guardian that they do NOT have a private plan. Paper claims submitted WITHOUT the SSC “U” for patients 24 years of age and under will not be processed under the OHIP+ eligibility stream.

30. As a pharmacist, I'm concerned that my pharmacy will be at risk for an audit recovery if patients indicate that they do not have private drug coverage and a claim is submitted with the SSC "U", but they actually do have a private drug plan. What should I do?

Pharmacists are required to ask the child, youth or their parent/guardian whether they have a private plan for each prescription filled. This is similar to current pharmacy practice, as well as what was in place for children and youth prior to the implementation of OHIP+, as pharmacies would determine whether or not an individual was a cash payer or covered by a private plan.

The ministry expects that the pharmacy confirms that the child/youth does not have a private plan prior to submitting the claim to the ODB program with the SSC "U" (see Appendix for more information). This process should be followed to determine the accuracy and completeness of a claim for payment, and for the purposes of records management in determining whether the claims submitted are in compliance with the *Ontario Drug Benefit Act* and regulations.

The ministry will continue to monitor the implementation of the changes to OHIP+.

31. What happens if I accidentally submit a claim to OHIP+ with the SSC "U" and it is accepted, when the patient has a private plan?

A claim submitted to the HNS in error should be reversed as soon as possible. Patients 24 years of age and under who have a private plan are not eligible for OHIP+. The SSC "U" should not be used.

32. Will children and youth still be eligible to receive epinephrine auto-injectors and valved holding chambers (VHCs) at no cost?

Epinephrine auto-injectors are available at no cost to all ODB-eligible recipients including OHIP+ recipients (i.e., those 24 years of age and under who do not have a private plan) with a valid prescription. There is no quantity limit.

ODB-eligible recipients 12 years of age and under are also eligible for one VHC (with or without mask/mouthpiece) per 365-day period with a valid prescription.

These products continue to be funded under the ODB program for ODB-eligible recipients. Children and youth aged 24 years and under who have a private plan are no longer eligible for the ODB program through OHIP+ (although they may remain eligible for the ODB program through other eligibility streams such as social assistance).

33. Is there any change to other existing ministry policies?

There are no changes to existing ODB policies or HNS rules for adjudicating claims for:

- 100 days' supply limit
- 30-Day Prescription Program
- 2 fees / 28 days limit
- 5 fees / 365 days limit

Appendix – Questions to Ask at the Pharmacy

1. What is the age of the client?
 - If 24 years of age or under, proceed to Q2.
 - If 25 and above they are not eligible for OHIP+, proceed with regular Pharmacy Dispensing Process.
2. Is the client OHIP-insured?
 - If yes, proceed to Q3.
 - If no, client can only be eligible for the ODB program through Social Assistance. Proceed to Q4.
3. Does the client have a private plan?

Note : Private plan means an employer, group or individual plan, program or account, however described, that could provide coverage for drug products, including the provision of funding that could be used to pay for drug products, regardless of the following:

- the private plan covers the particular drug for which coverage is sought,
 - the child or youth or another person captured under the private plan is required to pay a co-payment, deductible, or premium, or,
 - the child or youth has reached their annual maximum under the private plan and no further coverage is available.
- If yes, the client is not eligible for OHIP+. Proceed to Q4 to determine if the recipient is eligible through another ODB program eligibility stream
 - If no, the client is eligible for OHIP+. Submit the claim to ODB with the SSC “U” attesting the recipient does not have a private plan.
 - If the client does not know whether they have a private plan, the claim should not be submitted to the ODB program. The individual can pay for the medication and submit receipts either to their private plan or the ODB program following confirmation.
4. Does the client receive benefits through Social Assistance (ODSP or OW) or another Ontario Drug Benefit eligibility stream (Long-Term Care, Home Care, Home for Special Care or Community Homes for Opportunity, Trillium Drug Program)?
 - If yes, submit claim in accordance with rules for that eligibility stream
 - If no, proceed with regular Pharmacy Dispensing Process

If the client is not eligible through another ODB program eligibility stream, the client should be referred to the ministry’s website for additional information about becoming eligible under the ODB program.

Summary

Patient 24 years of age and under who HAS a private plan (i.e., NOT OHIP+ eligible)

No other coverage under ODB (e.g., ODSP, OW, home care) *	With coverage under another ODB eligibility stream (e.g., ODSP, OW, home care)
<ul style="list-style-type: none"> • Submit claim to private plan • No SSC “U” required • Patient responsible for any deductibles or co-pays • This process is the same as before OHIP+ came into effect on January 1, 2018 	<ul style="list-style-type: none"> • Submit claim to ODB • No SSC “U” required • Patient has no deductible or co-pay for eligible ODB covered products (unless patient is enrolled in TDP – see note below) • This process is the same as before OHIP+ came into effect on January 1, 2018

*If also enrolled in Trillium, submit receipts to TDP unless the patient has met the TDP deductible. Patient will be responsible for the applicable deductible and co-pay (maximum \$2 per prescription)

Patient 24 years of age and under who is OHIP insured and DOES NOT HAVE a private plan (i.e., OHIP+ eligible)

- Submit claim to ODB with SSC “U”
- Patient has no deductible or co-pay for eligible ODB covered products
- Claim will be rejected with new response code “PM” (No-Private-Insurance-Attestation Missing) if the SSC “U” is missing
- Claim will be rejected with new response code “ZR” (Submit Receipt to TDP or Attest to No PI) if patient is also enrolled in TDP but the SSC “U” is missing. Patient must confirm whether they have a private plan and if so, claim should NOT be submitted to ODB with SSC “U”.