From the auditor’s desk

**Choosing the most cost-effective dispensing method**

Participating Pharmacies in Prime Therapeutics’ networks are working everyday to help Covered Persons get the medicine they need so they can feel better and live well. Today, many Covered Persons have percentage co-pays or pay for their healthcare using a Health Savings Account (HSA). Situations will arise where the Participating Pharmacy can help make sure the Covered Persons get the most affordable medicine.

Here are some examples of how Participating Pharmacies can help:

**Zovirax—Cream vs Ointment**

Topical Zovirax comes in two forms:

- Zovirax Cream comes in 5 gm tubes and is indicated for the treatment of cold-sores.
- Zovirax Ointment comes in 30 gm tubes and is indicated for genital herpes.

A Prescribing Provider may write for a larger volume, for example 30 or 60 grams of Zovirax cream. Instead of dispensing multiple small tubes, it may be appropriate to ask the Prescribing Provider what area they are treating and provide education that the ointment comes in a larger size as dispensing multiple tubes of the cream costs 5 times more than dispensing the 30 gm tube of ointment.

**Taking two tablets to achieve a dose**

Sometimes it is necessary to take two tablets or capsules to achieve a prescribed dosage. However, if the prescribed dosage is available in a single tablet or capsule, one unit should be used to achieve the prescribed dose.

Dispensing two pill dosing adds extra costs to both the health plan and Covered Person. A single pill dose is the most cost-effective dispensing method. Dispensing two tablets to achieve the dosage will typically increase costs two-fold.
Medicare news/Medicaid news

Medicare Part D FWA participating pharmacy training and certification

The Centers for Medicare and Medicaid Services (CMS) requires any staff providing Medicare Part D services to receive qualified Fraud, Waste and Abuse (FWA) training upon hire, and annually thereafter. Every year, on behalf of the Part D Plan Sponsors it serves, Prime is required to track completion of this training by all Participating Pharmacies in its network. Accordingly, Participating Pharmacies must submit certification to Prime that the Participating Pharmacy has completed a qualified FWA training program.

Participating Pharmacies can take one qualified FWA training program to fulfill the requirement for Prime, even if the qualified training was offered by different organization (ex: other PBM’s training or vendor offered training).

Prime’s online training and Certification form for 2014 will be available approximately June 1. The Certification form will also cover the Illinois Medicaid requirement, if applicable.

The FWA training program and certification can be found at PrimeTherapeutics.com > Pharmacists > Annual Fraud, Waste and Abuse Training and Attestation > FWA Training and Certification Options.

Addressing fraud, waste, and abuse issues

Medicare and Medicaid lose billions of dollars to FWA each year. FWA can be committed by anyone in the health care system — including Prescribing Providers, Participating Pharmacies, Covered Persons and other third parties. Prime is committed to preventing, detecting and correcting FWA issues. It has a robust FWA program with systems in place to appropriately address concerns.

Prime’s FWA program works effectively only if potential issues and concerns about improper behavior are reported. Participating Pharmacies are on the front line and crucial to battling FWA. This is why all of Prime’s network Participating Pharmacies are required to report suspected fraud, waste or abuse.

What to Report

To report compliance concerns you need to know how to identify compliance concerns. Examples to watch out for are:

**Covered Persons**

- Doctor shopping to get multiple prescriptions
- Prescription stockpiling
- Using someone else’s insurance card to get medical care
- Misrepresenting eligibility
- Failing claims for services or medications not received

**Prescribing Providers**

- Writing prescriptions for a higher quantity than medically necessary for the condition
- Writing prescriptions only for controlled substances

**Participating Pharmacy**

- Billing multiple payers for the same prescription
- Billing for brand when generic is dispensed
- Billing for prescriptions that are never picked up
- Dispensing expired or adulterated prescription drugs

How to Report

To report suspected fraud, waste, or abuse, contact Prime’s FWA Hotline in one of these ways:

- By phone: 800.731.3268
- By e-mail: reportfraud@primetherapeutics.com

For anonymous reporting, contact Prime’s Anonymous Compliance Hotline in one of these ways:

- By phone: 800.474.8651
- By email: reports@lighthouse-services.com
- By third party vendor’s website: www.lighthouse-services.com/prime
- Online submission form: http://www.primetherapeutics.com/pharmacists.html
Prime's hotlines are available to allow individuals to seek guidance or report a concern. All reports can be made without fear of intimidation or retaliation. The information is treated in a confidential manner, subject to the limits imposed by law.

For more guidance on FWA reporting, visit Prime’s website at: PrimeTherapeutics.com > Pharmacists

Optimizing clinical outcomes for Medicare Part D Covered Persons

Part D Plan sponsors are invested in ensuring safe and appropriate medication use in their membership. Medicare health plans are evaluated against patient safety quality measures (known as Stars Ratings) that are monitored by CMS. Included in these measures are limiting the use of high risk medications (HRM) in the elderly, promoting adherence in key medication classes (Adherence), and optimizing treatment of high blood pressure in Covered Persons with diabetes (Diabetes Treatment).

These safety measures offer Prescribing Providers the opportunity to positively impact the health of their patients. Prescribing Providers are encouraged to engage with their Covered Persons and their Participating Pharmacies on these areas of focus.

High Risk Medications: Discuss safer alternatives to high risk medications. For example, recommend lifestyle changes instead of taking sleep agents.

Adherence: Inquire about a Covered Person’s medication schedule if they have late refills on blood pressure, diabetes, or cholesterol medications as this could indicate suboptimal adherence. Discuss with the Covered Person why they are not taking their medication as prescribed and review options to resolve their barriers to adherence. For example, if they are unable to afford their medications, see if there are lower-cost alternatives to recommend.

Diabetes Treatment: Assess the medication profiles of diabetic Covered Persons to see if they are using an ACE Inhibitor, Angiotensin Receptor Blocker or Renin Inhibitor (ACE/ARB/RI) blood pressure medications. If they are not, consult with their Prescribing Provider to see if a change in therapy is appropriate.

CMS standardized pharmacy notice

CMS requires all Medicare Part D Benefit Sponsors to use a single uniform exceptions and appeals process with respect to the determination of prescription drug coverage for a Covered Person under the plan. Medicare Part D claims will reject when a claim cannot be covered under the Medicare Part D benefit at point-of-sale (POS).

Pharmacy claims will reject with the following POS rejection message:

NCPDP Reject Code 569

Participating Pharmacies are required to provide the CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons when they receive National Council for Prescription Drug Programs (NCPDP) reject code 569. The CMS Notice of Medicare Prescription Drug Coverage and Your Rights is posted on Prime’s website at PrimeTherapeutics.com > Pharmacists > Medicare Part D > Medicare Resources > More > Additional Links > Medicare Coverage & Rights

Home Infusion Participating Pharmacies receiving the NCPDP reject code 569, must distribute the CMS notice to the Covered Person either electronically, by fax, in person or by first class mail within 72 hours of receiving the claim rejection. Long Term Care (LTC) Participating Pharmacies receiving the NCPDP reject code 569, must contact the Prescribing Provider or LTC facility to resolve the rejected claim to ensure the Covered Person receives their medication. If the Participating Pharmacy must distribute the CMS notice, they must fax or deliver the notice to the Covered Person, the Covered Person’s representative, Prescribing Provider or LTC facility within 72 hours of receiving the rejection.

In addition, a copy of the CMS Notice of Medicare Prescription Drug Coverage and Your Rights has been included on page four of this publication.
Medicare Prescription Drug Coverage and Your Rights

Your Medicare rights

You have the right to request a coverage determination from your Medicare drug plan if you disagree with information provided by the pharmacy. You also have the right to request a special type of coverage determination called an “exception” if you believe:

- you need a drug that is not on your drug plan’s list of covered drugs. The list of covered drugs is called a “formulary;”
- a coverage rule (such as prior authorization or a quantity limit) should not apply to you for medical reasons; or
- you need to take a non-preferred drug and you want the plan to cover the drug at the preferred drug price.

What you need to do

You or your prescriber can contact your Medicare drug plan to ask for a coverage determination by calling the plan’s toll-free phone number on the back of your plan membership card, or by going to your plan’s website. You or your prescriber can request an expedited (24 hour) decision if your health could be seriously harmed by waiting up to 72 hours for a decision. Be ready to tell your Medicare drug plan:

1. The name of the prescription drug that was not filled. Include the dose and strength, if known.
2. The name of the pharmacy that attempted to fill your prescription.
3. The date you attempted to fill your prescription.
4. If you ask for an exception, your prescriber will need to provide your drug plan with a statement explaining why you need the off-formulary or non-preferred drug or why a coverage rule should not apply to you.

Your Medicare drug plan will provide you with a written decision. If coverage is not approved, the plan’s notice will explain why coverage was denied and how to request an appeal if you disagree with the plan’s decision.

Refer to your plan materials or call 1-800-Medicare for more information.
Florida news

Florida Blue welcomes the following new client groups:

→ **Effective 1/1/2014**
  → City of Boca Raton
  → City of Jacksonville Beach
  → Daytona State College (FSRMC Renewal)
  → Mercer Private Exchange
  → Miami Jewish Society
  → NCH Healthcare Systems Inc.
  → Paychex
  → School Board of Highlands County

→ **Effective 3/1/2014**
  → Bookit.com
  → ICUBA
  → Strategic Outsourcing Inc. (Renewal)

Florida Blue utilization management programs

Utilization Management program updates for the upcoming quarter, when available, will be posted at PrimeTherapeutics.com > Pharmacists > Formulary > UM Program Updates.

New Mexico news

**Lovelace Health Plan**

Effective June 1, 2014, Prime will begin processing Commercial claims for approximately 50,000 Covered Persons of Lovelace Health Plan, an employer group of BlueCross BlueShield of New Mexico. Covered Persons will receive new ID cards.

Processing requirements:

To ensure uninterrupted service to Participating Pharmacies and Covered Persons of Lovelace Health Plan, please use the following information for processing claims:

- **BIN:** ................................................. 011552
- **PCN:** ................................................ NMDR

For Outstanding Claims Reversals and Processing:

→ Participating Pharmacies should complete all Lovelace Health Plan Commercial claims reversals and processing by close of business May 31, 2014

→ For assistance with claims that have a date of fill prior to June 1, 2014, please contact Argus at 1.855.816.6460

For more information:

For software set up information, please refer to Prime's payer specification sheets at: www.PrimeTherapeutics.com > Pharmacists > Payer Sheets > Commercial

Effective June 1, 2014, if you have questions regarding claims processing, please contact Prime's Contact Center at 800.821.4795.
Prime Perspective | May 2014

Prime news

Commercial vaccine network

Effective July 1, 2014, Jennie-O Turkey Store will begin using Prime Therapeutics Commercial Vaccine Network. For vaccine processing information, please visit Prime’s website at: PrimeTherapeutics.com > Pharmacists > Commercial Vaccination Administration Network.

Provider manual update

Prime is in the process of updating its Provider Manual. The new Provider Manual will be effective September 1, 2014. The updated Provider Manual will be posted in August at PrimeTherapeutics.com > Pharmacists > Provider Manual.

Save time and reduce prescription abandonment with electronic prior authorization (ePA)

Prime has collaborated with CoverMyMeds® to offer electronic prior authorization, which makes it easier and faster for Prescribing Providers to complete and submit these requests. This provides Prescribing Providers an easy way to submit and track prior authorizations at no cost.

Prime’s ePA capabilities can significantly reduce administrative costs while minimizing the need for faxes and phone calls. And, it’s fast. The CoverMyMeds search engine finds the best prior authorization request for any drug in seconds. Plain and simple — ePA is more efficient and:

→ Improves patient care by helping Covered Persons get on prescribed medications faster
→ Safely and securely submit prior authorizations electronically
→ Enhances productivity by eliminating faxes and phone calls
→ Receive real-time notification of the prior authorization outcome through an online portal
→ Spend more time with Covered Persons and less on paperwork

Here’s how to get started:

Step 1: Go to CoverMyMeds.com (or visit pharmaciesystems.covermymeds.com to see if your dispensing software is integrated with CoverMyMeds)

Step 2: Click the link:

Step 3: Complete the signup process

Step 4: Access and complete the Business Associate Agreement here: https://www.covermymeds.com/main/privacy_center/

You may also ask CoverMyMeds to sign your organization’s standard Business Associate Agreement. In most cases, CoverMyMeds can comply with this request, after a one to three day review process. Health care professionals may request this by sending their Business Associate Agreement to privacymatters@covermymeds.com.

This service is free for you to use. Get started today.
MAC list updates

If a Participating Pharmacy would like access to Prime’s MAC list(s), weekly MAC changes, and the sources used to determine MAC pricing, please refer to Prime’s website for registration instructions. After network participation is verified, the Participating Pharmacy will receive a secure user name and password via email.

How to reach Prime Therapeutics

As a service to Participating Pharmacies, Prime Therapeutics (Prime) publishes Prime Perspective quarterly to provide important information for claims processing. Prime values your opinion and your participation in our network. If you have comments or questions, you can reach us:

→ By phone: Prime Pharmacy Contact Center 800.821.4795 (24 hours a day, seven days a week)
→ By email: pharmacyops@primetherapeutics.com

Looking for formularies?

For Commercial formularies access either the Blue Cross Blue Shield plan website or PrimeTherapeutics.com > Pharmacists > Formulary Search.

For Medicare Part D formularies access PrimeTherapeutics.com > Medicare Part D > Medicare Resources > 2013 Medicare Formularies.

Report fraud, waste and abuse

If you suspect fraud, waste or abuse (FWA), by a Covered Person, Prescribing Provider, Participating Pharmacy or anyone else, notify Prime at 800.731.3269 or send the information to:

Prime Therapeutics LLC
Attn: Compliance Officer
P.O. Box 64812
St. Paul, MN 55164-0812

By email: reportfraud@primetherapeutics.com

If you would like an FWA Report to be anonymous, please contact Prime’s 24-hour anonymous compliance hotline.

Contact the hotline:

By phone: 800.474.8651

By email: areports@lighthouse-services.com

By third party vendor’s website: www.lighthouse-services.com/prime

Product names listed are the property of their respective owners.

Keep your pharmacy information current

Prime uses the National Council for Prescription Drug Programs (NCPDP) database to obtain key pharmacy demographic information. To update your pharmacy information go to www.ncpdp.org > NCPDP Provider ID (on the left side).
Time Sensitive

Information from Prime Therapeutics

- Claims processing instructions
- Utilization management updates from Blue Cross and Blue Shield plans
- Prime audit requirements
- Medicare Part D requirements