From the auditor’s desk

**Pharmacists role in the fight against drug diversion**

The Drug Enforcement Agency (DEA) continues to remind pharmacists that they have a responsibility to ensure controlled substance prescriptions are dispensed for a “legitimate medical purpose” and are issued within the “usual course of professional practice” as mandated by the Controlled Substance Act. Pharmacists are required to use their professional judgment when determining the legitimacy of a controlled substance prescription. The DEA has established guidelines for pharmacists to use to identify potential illegitimate prescribing or prescriptions that are not legitimate.

Examples may include the following:

- Prescribing Provider’s prescription pattern is different from other Prescribing Providers within the area
  - High volume of controlled substance prescriptions
  - Large quantities of controlled drugs
- Prescribing Provider writes for opposing drugs i.e. stimulant and depressant at the same time
- Frequent Covered Persons visits due to prescription quantity not lasting as long as expected
- Multiple prescriptions for the same medication for multiple Covered Persons are brought to the Participating Pharmacy by one individual
- Several Covered Persons come to have prescriptions filled within a short period of time with prescriptions from the same Prescribing Provider for the same medications
- Several new Covered Persons present prescriptions from the same Prescribing Provider
- Prescription appears to be altered or forged
  - Prescriptions appear too neat and legible
  - Deviation from standard medical use for the quantity, directions or dosages
  - No abbreviations or non-standard abbreviations are used within directions
  - Prescriptions appear to be photocopied
  - Differences in ink color or handwriting are noted
  - Indications of erased writing
Participating Pharmacies and pharmacists can use the following techniques to help identify potential forged prescriptions or illegitimate prescribing practice:

- Prescribing Providers and their signatures are known
- Prescribing Provider’s DEA number is accurate
- Covered Persons are known
- Prescriptions are brought to the Participating Pharmacy within a reasonable length of time from the date written
- Call Prescribing Provider to verify or clarify the prescription if there are any concerns

The full DEA guidance is located at: http://www.deadiversion.usdoj.gov/pubs/brochures/pharmguide.htm

As a reminder Participating Pharmacies may anonymously report concerns specifically related to fraud, waste, and/or abuse (FWA) by using our FWA Referral Form, calling the FWA Hotline 800.731.3269 or by contacting ReportFraud@primetherapeutics.com. The FWA referral form can be located at: PrimeTherapeutics.com > Pharmacists.

Pharmacy Audit information

For more information regarding Pharmacy Audit, including common billing errors, pharmacy audit appeals and pharmacy audit guidelines please visit Prime’s website at: PrimeTherapeutics.com > Pharmacists

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 Plans Sponsors it serves, Prime is required to track completion of this training by all Participating Pharmacies in its network. Accordingly, Participating Pharmacies must submit to Prime certification that the Participating Pharmacy has completed a qualified FWA training program and is therefore in compliance with the training requirement.

All pharmacy certifications for calendar year 2015 are due to Prime by December 31, 2015. Not submitting the certification by the due date may impact continued participation in Prime’s Network.

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

CMS marketing guidelines

In preparation for CMS’s open enrollment this Fall, please be sure to follow appropriate Federal and Health Plan guidelines when marketing to consumers. It is expected that if a Participating Pharmacy chooses to engage in educational or marketing activities, it must know the rules and laws around marketing and providing service to people in regulated markets, including the Marketing Guidelines in Chapter 2 of the Medicare Prescription Drug Benefit Manual (Guidelines). The Guidelines include a very broad definition of what constitutes marketing as well as restrictions around the use of telemarketing. If the pharmacy plans on publishing or speaking about premium or benefits offered by Medicare Advantage and Prescription Drug Plans, please note that when making benefit comparisons, according to CMS rules, “Such materials must have the concurrence of all plan sponsors involved in the comparison and must be approved by CMS prior to distribution.”

There are additional rules around the role that a Participating Pharmacy can play in the marketing and sales process. For more information on these rules and regulations, please refer to the site below for CMS’s Marketing Guidelines:


In addition, each Benefit Sponsor has their own guidelines when using their name or logo in advertisements. Use of any trademarks, service marks, symbols or other intellectual property is the sole property of the Benefit Sponsor and should not be used without the prior written consent of the Benefit Sponsor. If the pharmacy is not sure on what these rules are, please contact Prime or the applicable Benefit Sponsor(s).
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.

Medicaid requirements

As a contracted Participating Pharmacy with Prime Therapeutics (Prime), pharmacies must follow all state and federal regulations, including those governing Medicaid, if applicable. Prime currently provides PBM services for four Medicaid clients:

→ Blue Cross and Blue Shield of Illinois (Blue Community ICP and FHP)
→ Blue Cross and Blue Shield of New Mexico (Blue Cross Community Centennial)
→ Blue Cross and Blue Shield of Minnesota (BluePlus)*
→ PrimeWest Health (PWH)*

*Please note that BluePlus and PWH cover Minnesota Medicaid Covered Persons.

Minnesota Medicaid regulations

Participating Pharmacies may not accept cash payment from a recipient, or from someone paying on behalf of the recipient, for any Minnesota Health Care Programs (MCHP) covered prescription drug.

The MCHP requires that a Participating Pharmacy may accept cash payment for a non-covered prescription drug provided that:

→ The Covered Person is not enrolled in the restricted recipient program
→ All available covered alternatives have been reviewed with the recipient
→ The participating pharmacy obtains a Covered Person signature on the MHC Acknowledgement form
→ The prescription is not a controlled substance (except phentermine in certain circumstances, please see below), tramadol or gabapentin

A Participating Pharmacy may only accept cash payment for a controlled substance, tramadol or gabapentin prescription only if the Participating Pharmacy has received authorization from MCHP to do so on the date of service. To be considered for cash payment authorization, the Prescribing Provider must contact the MCHP help desk and provide rationale as to why covered alternatives are not viable options for the recipient.
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.
If a recipient’s MHCP eligibility status is in question and the recipient offers cash payment for prescriptions, the Participating Pharmacy must verify eligibility through MN–ITS or Eligibility Verification System (EVS). If the Covered Person does not have coverage through MHCP the pharmacy may charge that Covered Person and accept cash as payment.

For further information on Minnesota’s Medicaid Regulations, please refer to MHCP Provider Manual at:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_008992#P274_26700

MHCP payment policy change for phentermine

Effective May 1, 2015, Participating Pharmacies may accept cash for Phentemine claims as advised by the Minnesota Health Care Programs (MHCP). Phentermine is not covered by Medical Assistance because weight loss drugs are excluded from coverage per state law.

A Participating Pharmacy may accept cash payment for a phentermine prescription drug provided that:

→ The phentermine is being used as part of a comprehensive weight loss program and is prescribed at the FDA-approved dosage.

→ The Prescription Drug Monitoring Program has been reviewed and determined that the prescription is not being abused or overused.

→ The Covered Person has been informed about the responsibility for payment before the phentermine prescription was dispensed.

→ The Participating Pharmacy or an authorized health care representative completes the Advance Recipient Notice of Non-covered Prescription (DHS-3641) (PDF) and the Covered Person signed the form.

Continue to follow policies for prior authorization and prior approval for all other controlled substances and gabapentin.

For more information: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_194592

Florida news

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

Prime news

Electronic prior authorization can save you time

Obtaining prior authorization (PA) for prescription medications can be a time-consuming and frustrating process for Participating Pharmacies and Prescribing Providers. The process has traditionally required paper forms, faxes and follow-up phone calls, having the potential to take time away from a Covered Person’s care.

Electronic prior authorization (ePA) is an online method for Prescribing Providers and Participating Pharmacies to submit utilization management (UM) requests in a streamlined, structured manner to Prime. PAs are a critical part of the medication delivery process. PAs help to manage medicines that have a significant potential for misuse, overuse or inappropriate use.

Prime has contracted with CoverMyMeds® to provide an ePA solution that will allow Participating Pharmacies and Prescribing Providers the ability to submit PA requests online. This online solution allows Participating Pharmacies and Prescribing Providers to submit and track PA results.

Pharmacy licensure

In order to ensure that all license documents are current, Participating Pharmacies must provide Prime with copies of the following documents on an annual basis:

→ Pharmacy License

→ DEA Certificate

→ Certificate of Insurance with proof of General and Professional Liability Insurance

Please include your NCPDP number on each of the documents when sending them to Prime. Submit the documents via fax to 877.823.6373 or send through email to pharmacyops@primetherapeutics.com.
Provider Manual update

The latest edition of Prime’s Provider Manual, effective September 1, 2015 is now available on Prime’s website at PrimeTherapeutics.com > Pharmacists > Provider Manual

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 and the appeals process, 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 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, please contact 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 web site or PrimeTherapeutics.com > Pharmacists > Formulary > Formulary Search.


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).

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
PO 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: atreports@lighthouse-services.com

By third party vendor’s website:

www.lighthouse-services.com/prime

Product names listed are the property of their respective owners.
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