

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

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From the auditor's desk

Best practices for signature and delivery logs

Proof of delivery must be maintained for every claim billed to Prime Therapeutics (Prime). Proof of delivery includes signature logs and delivery logs. Prime would like to advise Participating Pharmacies on the following best practices for signature and delivery logs:

When prescriptions are **picked up at a Participating Pharmacy**, the signature log should include:

- Prescription number(s)
- Date received
- Signature of person picking up the prescription(s)

When prescriptions are **delivered via a delivery carrier** (UPS, Fed Ex, USPS, etc.), the delivery log should include:

- Prescription number(s)
- Date shipped
- Name of delivery carrier
- Carrier tracking number cross referenced with prescription number and date

When prescriptions are **delivered by a Participating Pharmacy representative to a Covered Person's home**, the delivery log should include:

- Prescription number(s)
- Date of delivery
- Signature of receiving person, or, if left at the door, a notation of this action

When prescriptions are **delivered by a Participating Pharmacy representative to a Long-Term Care Facility**, the delivery log should include:

- Prescription number(s)
- Date of delivery
- Signature of staff person at Long-Term Care Facility receiving delivery order

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 > Resources > Pharmacists and providers > Pharmacy audit.**

Medicare news/Medicaid news

Medicare E1 Eligibility Query

The E1 Eligibility Query is a real-time transaction submitted by a Participating Pharmacy to RelayHealth, the Transaction Facilitator. It helps determine a Covered Person's Medicare Part D coverage and payer order if they have insurance through more than one provider.

Participating Pharmacies generally submit E1 Queries when Covered Persons do not have their Medicare Part D Identification Card.

Pharmaceutical manufacturer copay assistance coupon programs are not considered prescription drug coverage. Thus, the E1 cannot be used for the purpose of ruling out Medicare coverage in order to ensure that coupon use would not violate the anti-kickback statute (Section 1128B(b) of the Social Security Act).

Additional information on E1 Transactions can be found at <http://medifacd.relayhealth.com/e1>

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 be rejected when a claim cannot be covered under the Medicare Part D benefit at Point-of-Sale (POS).

Pharmacy claims will be rejected 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 > Resources > Pharmacists and providers > Medicare > More Resources > Medicare Prescription Drug Coverage & Your 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 three of this publication.

OMB Approval No. 0938-0975

Enrollee's Name: _____ (Optional)

Drug and Prescription Number: _____ (Optional)

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 utilization management programs

Utilization management program updates for the upcoming quarter, when available, will be posted at:

[PrimeTherapeutics.com](#) > [Resources](#) > [Pharmacists and providers](#) > [Pharmacy providers](#) > [UM program updates](#)

Prime news

Patent Cliff—generic exclusion

As a reminder, Prime launched this program in 2014 to manage blockbuster (high use/cost) brand medications that lose patent protection and then have an exclusive generic available. Following a patent expiration, a Benefit Sponsor may temporarily not add the exclusive generic to formulary. Covered Persons would remain on the brand medication during the exclusivity period, rather than switching to the exclusive generic. Once the exclusivity period expires, and competition drives the cost of the generics down, the Benefit Sponsor will add the generic to formulary. At that time, Covered Persons can be converted from the brand to the low-cost generic alternative. Brand medications that come off a patent will be implemented with this Patent Cliff Strategy. A recent example would be the brand medication Crestor® for Medicare and Commercial plans that was implemented in May 2016.

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

Prime is in the process of updating its Provider Manual. The new Provider Manual will be effective September 1, 2016. The updated Provider Manual will be posted in August at [PrimeTherapeutics.com](#) > [Resources](#) > [Pharmacists and providers](#) > [Provider manual](#).

MAC list updates

If a Participating Pharmacy would like access to Prime's MAC list(s), weekly MAC changes, 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 and Blue Shield plan web site or PrimeTherapeutics.com › [Resources](#) › [Pharmacists and providers](#) › [Pharmacy providers](#) › [Formularies – Commercial](#).

For Medicare Part D formularies access PrimeTherapeutics.com › [Resources](#) › [Pharmacists and providers](#) › [Pharmacy providers](#) › [Formularies – Medicare Part D](#).

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.ncdp.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
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: atreports@lighthouse-services.com

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

Disclaimer: Product names listed are the property of their respective owners.

Prime Therapeutics LLC
P.O. Box 64812
St. Paul, MN 55164-0812

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Information from Prime Therapeutics

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