

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

March 2020: Issue 79

INSIDE

From the auditor's desk 1

Medicare news/Medicaid news . . . 2

Florida news 5

Prime news 5

MAC list updates 6

How to reach Prime Therapeutics . 6

From the auditor's desk

Specialty documentation expectations

Specialty medications are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high-cost medications also have one or more of the following characteristics:

- Injected or infused, but some may be taken by mouth
- Unique storage or shipment requirements
- Additional education and support required from a health care professional
- Usually not readily stocked at retail pharmacies

When filling prescriptions for Specialty medications, Pharmacies are expected to maintain accurate and thorough records applicable to these drugs. Please use the following guidelines:

- Ensure appropriate weight-based dosing is maintained.
- Consult FDA labeling and contact the Prescribing Provider to verify the dose when it exceeds FDA recommendations. Document all communication on the hard copy.
- Verify and document continuous dosing requirements when recommended dosing is cyclic (i.e., chemotherapy when a rest period is recommended).
- When products are to be taken concomitant with other treatments, document the other treatment therapy frequency/schedule on the hard copy (i.e., radiation therapy).
- Verify when maintenance dosing begins, to accurately represent quantity and day supply following dispensing of loading doses.
- Obtain more concise directions on as-needed medications to accurately represent the day supply (i.e., how many HAE attacks monthly).

continued

Please use the following guidelines when submitting claims:

- Select the smallest commercially available package size to address the prescription requirements.
- Ensure claims are submitted with the number of days the prescription drug will last and do not exceed the plan benefit. Plan benefits may have Specialty drug limitations.
- Note that prescription drugs with cyclic dosing where the day supply exceeds the plan benefit will be monitored for early refills.
- Dispense medications taken concomitantly with other treatments according to the frequency/schedule of the other treatment therapy.

Please visit Prime's website at www.PrimeTherapeutics.com for detailed processing requirements.

Prime includes review of cost-effective dispensing practices during onsite audit visits and during claim audits. If you have any questions, please contact the Pharmacy Audit department at pharmacyaudit@primetherapeutics.com.

Pharmacy audit information

For more information regarding pharmacy audits including common billing errors, pharmacy audit appeals and pharmacy audit guidelines, please visit Prime's website: www.PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy audits > Audit guidelines.

Medicare news/Medicaid news

BCBSIL Blue Cross Community Health Plans

Required Prescribing Provider Enrollment in IMPACT System

As a reminder, beginning Jan. 1, 2020, the Illinois Department of Healthcare and Family Services will reject claims if the Prescribing Provider identified on the claim is not enrolled with the Department. The Prescribing Provider must be enrolled through the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) as a participating physician, dentist, optometrist, podiatrist, advance practice nurse or physician assistant.

Certain classes of drugs will be grandfathered for a limited length of time including the six protected classes (anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals and immunosuppressants). Also included will be antibiotics, insulins and hemophilia drugs. These will begin to reject once the grandfathering period is exceeded.

Prescribing Providers who are not enrolled in IMPACT as of Jan. 1, 2020, may get rejected claims at the POS with a rejection code 71 (PRESCRIBER ID NOT COVERED). A 90-day timeframe will be granted to allow time for non-registered providers to get registered in the IMPACT system and to prevent member disruption.

Next steps for Pharmacies

- If a claim for a member is rejected at POS due to the Prescribing Provider not being enrolled in IMPACT, the Pharmacy can call the Prescribing Provider directly to encourage them to enroll in the IMPACT system.
- An override may be requested during the 90-day transition by contacting Prime's Contact Center at 855.457.0173.

Medicare E1 Eligibility Query

An E1 Eligibility Query is a real-time transaction submitted by a Pharmacy to RelayHealth, the Transaction Facilitator contracted by CMS to house Medicare eligibility information and respond to transaction requests. It helps determine a Covered Person's Medicare Part D coverage and payer order if the Covered Person has insurance through more than one Benefit Plan Sponsor.

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

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

Pharmacies should not submit an E1 Query for pharmaceutical manufacturer co-pay assistance coupon programs.

CMS standardized pharmacy notice

CMS requires all Medicare Part D Benefit Plan 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 Plan at Point of Sale (POS).

Pharmacy claims will be rejected with the following POS rejection message:

→ NCPDP Reject Code 569

Pharmacies are required to provide a Covered Person with 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 to Covered Persons are posted on Prime's website: www.PrimeTherapeutics.com › Resources › Pharmacy + provider › Medicare › More resources › Medicare Prescription Drug Coverage and Your Rights form.

Home Infusion 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) 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 needed medication or an appropriate substitute. If the 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 claim rejection.

A copy of the CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons has been included on Page 4 of this publication.

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 a 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.

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0975. The time required to complete this information collection is estimated to average 1 minute per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

Florida news

Florida Blue utilization management program

Utilization management (UM) program updates for the upcoming quarter, when available, will be posted at

www.PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy providers > UM program updates.

Prime news

Pharmacy licensure

Pharmacies with independent contracts must provide Prime with the following on an annual basis:

- ➔ Certificate of Insurance with proof of general and professional liability insurance

To update our records, please visit our website at:

www.PrimeTherapeutics.com/en/resources/pharmacists/ac.html.

Choose **Pharmacy Certificate of Insurance Renewal** from the options, and follow the instructions to upload and submit a PDF of your current or renewed Certificate of Insurance.

MAC list updates

If a Pharmacy would like access to Prime's Maximum Allowable Cost (MAC) lists, 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 Pharmacy will receive a secure user name and password via email.

How to reach Prime Therapeutics

As a service to Pharmacies, Prime publishes the *Prime Perspective* quarterly to provide important information regarding claims processing. Prime values your opinion and participation in our network. If you have comments or questions, please contact us:

→ By phone: Prime's Pharmacy Contact Center **800.821.4795**
(24 hours a day, 7 days a week)

→ By email: pharmacyops@primetherapeutics.com

→ By mail: 2900 Ames Crossing Road
Eagan, MN 55121

Where do I find formularies?

For Commercial formularies, access either the Blue Cross Blue Shield plan website or www.PrimeTherapeutics.com > **Resources > Pharmacy + provider > Pharmacy providers > Formularies – Commercial.**

For Medicare Part D formularies, access www.PrimeTherapeutics.com > **Resources > Pharmacy + provider > 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 Compliance, Privacy, or Fraud, Waste and Abuse concerns

Prime offers the following hotlines to report compliance, privacy, and Fraud, Waste and Abuse (FWA) concerns:

Compliance

Report suspected compliance concerns:

→ Phone: **612.777.5523**

→ Email: compliance@primetherapeutics.com

Privacy

Report privacy concerns or potential protected health information (PHI) disclosures to Prime:

→ Privacy Hotline: **888.849.7840**

→ Email: privacy@primetherapeutics.com

Fraud, Waste and Abuse

If you suspect Fraud, Waste or Abuse (FWA) by a Covered Person, Prescribing Provider, Pharmacy or anyone else, notify Prime:

→ Phone: **800.731.3269**

→ Email: fraudtiphotline@primetherapeutics.com

Anonymous Reporting

Report a compliance concern or suspected Fraud, Waste or Abuse anonymously by contacting Prime's 24-hour anonymous compliance hotline:

→ Phone: **800.474.8651**

→ Email: reports@lighthouse-services.com

→ Third-party vendor's website:
www.lighthouse-services.com/prime

Product names listed are the property of their respective owners.

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

PRESORTED
STANDARD MAIL
U.S. POSTAGE PAID
PRIME THERAPEUTICS LLC

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 and Medicaid requirements