

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

June 2018: Issue 72

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From the auditor's desk

Importance of responding to claim audits

Claim audits apply to all lines of business, including but not limited to Medicare, Medicaid and Commercial. A claim audit can be triggered due to various reasons, including but not limited to:

- Request by Benefit Sponsor, Covered Person and/or government agency
- Identified billing issues
- Atypical quantities and excessive dosing

Prime monitors claims data to identify potential billing and compliance errors. When Prime identifies a potential pharmacy error, Prime contacts the Participating Pharmacy, which is instructed to correct the claim. This process is intended to educate Participating Pharmacies on Prime's billing requirements and help avoid future errors and the potential for on-site audits. Participating Pharmacies should provide all requested and supporting documentation for the claim(s) requested. If the Participating Pharmacy does not respond to Prime's requests or fails to correct improperly billed claims, impacted claims may be resubmitted or reversed by Prime, in its sole discretion.

Pharmacies are required to bill claims appropriately based on the prescription order received and the Covered Person's plan benefit. Please review the Prime Provider Manual for situations that would be considered inappropriate billing practices.

A Prime auditor reviews the pharmacy documentation and the submitted claims to verify that the claims have been submitted in compliance with the Pharmacy Participation Agreement and Prime Provider Manual. Participating Pharmacies receive a claim adjustment report for those claims adjusted directly by Prime.

A Participating Pharmacy's failure to submit the requested documentation by the due date may result in full or partial recovery of the amount paid on impacted claims, escalation to an on-site audit or other contractual actions.

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: primetherapeutics.com › **Resources** › **Pharmacy + provider** › **Pharmacy audit and special investigations.**

Medicare news/Medicaid news

Optimizing clinical outcomes for Medicare Part D Covered Persons

Benefit Sponsors are invested in ensuring safe and appropriate medication use in their membership. Medicare health plans are evaluated against Covered Person safety quality measures (also known as Star Ratings) that are monitored by the Centers for Medicare & Medicaid Services (CMS), which includes promoting adherence in key medication classes. These safety measures offer network pharmacists the opportunity to positively impact the health of their patients. Pharmacists are encouraged to engage with Covered Persons and their Prescribing Providers on these areas of focus.

Cost sharing and synchronization

Beginning January 1, 2014, the Centers for Medicare and Medicaid required Part D Plan Sponsors to establish and apply daily cost sharing whenever certain prescriptions (depending on the drug dispensed) are dispensed by a Participating Pharmacy for less than a one-month supply. Dispensing less than a one-month supply could be either for a trial fill of a medication, in coordination with the Prescribing Provider, or to synchronize the Covered Person's medications.

Medication synchronization is a tool that pharmacists can use to assist the Covered Person's achieve optimal adherence.

Below are Prime's processing guidelines for Medication Synchronization:

- ➔ Submit Submission Clarification Code (SCC) 48 for subsequent fills to override the Refill Too Soon Edit. For certain prescriptions, daily cost sharing will be applied.
- ➔ Daily cost share adjustment excludes antibiotics, liquids, compounds, drugs dispensed in original packaging such as Steroid Dose Packs, non-oral Routes of Administration (ROA) and non-solid dosage forms of oral ROA.

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 the Covered Person has insurance through more than one Benefit Plan Sponsor.

Participating 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 <http://medifacd.relayhealth.com/e1>.

Participating Pharmacies should not submit an E1 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

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: primetherapeutics.com > **Resources > Pharmacy + provider > Medicare > More Resources > Medicare Prescription Drug Coverage and Your Rights form.**

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](#) › [Pharmacy + provider](#) › [Pharmacy providers](#) › [UM program updates](#).

Prime news

Electronic prior authorization can save you time

Obtaining a 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 to Prime in a streamlined, structured manner. 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 also 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 email to primecredentialing@primetherapeutics.com.

Provider Manual update

Prime is in the process of updating its Provider Manual. The new Provider Manual will be effective September 1, 2018 and will be posted in August on Prime's website: primetherapeutics.com › [Resources](#) › [Pharmacy providers](#) › [Provider manual](#).

MAC list updates

If a Participating 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 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 regarding claims processing. Prime values your opinion and participation in our network. If you have comments or questions, please contact us:

→ Phone: Prime Pharmacy Contact Center **800.821.4795**
(24 hours a day, seven days a week)

→ Email: pharmacyops@primetherapeutics.com

Looking for formularies?

For Commercial formularies access either the Blue Cross Blue Shield plan website or primetherapeutics.com › **Resources** › **Pharmacists + providers** › **Pharmacy providers** › **Formularies – Commercial.**

For Medicare Part D formularies access primetherapeutics.com › **Resources** › **Pharmacists + 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 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, Participating Pharmacy or anyone else, notify Prime:

- Phone: **800.731.3269**
- Email: **reportfraud@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

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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