

# Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

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## From the auditor's desk

### Updating pharmacy demographics with NCPDP

Participating Pharmacies are responsible for making timely updates to NCPDP of their demographic information. Prime Therapeutics (Prime) relies on the accuracy of pharmacy information submitted to NCPDP. Prime relies on this information when performing pharmacy outreach due to pharmacy audits. Use of outdated and/or erroneous contact information can cause Protected Health Information to be sent to an incorrect party. Participating Pharmacies found to have outdated information in NCPDP must submit changes to NCPDP. It is the Participating Pharmacy's responsibility to contact NCPDP with all demographic adds, changes and deletes. Therefore, a terminating party also must notify NCPDP in a timely manner. Please keep in mind that Prime is unable to house more than one affiliation. For guidelines on how to update your pharmacy information with NCPDP, please go to <http://www.ncpdponline.org>.

### Responding to daily pre-payment review requests

Prime monitors daily claims data to identify errors on a pre-payment basis. This process educates Participating Pharmacies to assist in pharmacy correction of errors on the front end. It also helps avoid retroactive desktop or on-site audits.

Participating Pharmacies are expected to respond to Prime's requests and provide the information by the dates provided in Prime's request. If a billing error is found after the review of the claim and/or prescription order, Prime will request that the Participating Pharmacy reverse and correctly resubmit the claim. Failure to respond to either the documentation request or a claim correction request may result in the following:

- Full or partial recovery of the amount paid
- Escalation to a desktop and/or on-site audit
- Termination of the Pharmacy Participation Agreement

### 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](http://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 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>.

Pursuant to anti-kickback statute Section 1128B(b) of the Social Security Act, Participating Pharmacies should not submit an E1 for pharmaceutical manufacturer copay assistance coupon programs as they are not considered Prescription Drug Services.

### 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).

➔ 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 NCPDP reject code 569. The CMS Notice of *Medicare Prescription Drug Coverage and Your Rights* is posted on Prime's website at [PrimeTherapeutics.com](http://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 (UM) 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

### Electronic prior authorization (PA) can save you time

Obtaining a 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 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](mailto: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, 2017 and will be posted by August 1 on Prime's website at [PrimeTherapeutics.com > Resources > Pharmacists and providers > Provider manual](#).

## MAC list updates

If a Participating Pharmacy would like access to Prime's 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:

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

→ By email: [pharmacyops@PrimeTherapeutics.com](mailto:pharmacyops@PrimeTherapeutics.com)

### Looking for formularies?

For Commercial formularies access either the Blue Cross Blue Shield plan website or [PrimeTherapeutics.com](http://PrimeTherapeutics.com) > **Resources** > **Pharmacists and providers** > **Pharmacy providers** > **Formularies – Commercial.**

For Medicare Part D formularies access [PrimeTherapeutics.com](http://PrimeTherapeutics.com) > **Resources** > **Pharmacists and providers** > **Pharmacy providers** > **Formularies – Medicare Part D.**

### Keep your pharmacy information current

Prime uses the NCPDP database to obtain key pharmacy demographic information. To update your pharmacy information go to [www.ncdp.org](http://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 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:

→ By phone: **800.474.8651**

→ By email: **reports@lighthouse-services.com**

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



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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