

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

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From the auditor's desk

Billing compounds as single-ingredient claims

As a reminder, Participating Pharmacies must submit compound claims through the Point-of-Sale (POS) system. The POS system allows up to 24 individual ingredients to be submitted for one compound claim. Participating Pharmacies should bill a compound using the following steps:

- Submit Compound Prescription with a code of "2" in the Compound Code field.
- Submit a zero (0) in the Product/Service ID field in the claim segment, and submit the information for each ingredient in the compound segment.
- Enter the product ID qualifier National Drug Code (NDC) used to prepare the Compound Prescription, quantity, cost and cost basis for each ingredient in the Compound Prescription.
- Submit the final product quantity.
- Submit the total ingredient cost.

In addition, Participating Pharmacies should maintain the following documentation:

- Compound log that includes the NDC and quantity dispensed.
- Prescription order for all drugs used to prepare the compound.
- Documentation of any prescription order changes, including who the pharmacy spoke with and the date and time the change occurred.

When receiving POS messaging for a compound claim where a prior authorization or additional steps of calling the help desk are required, Participating Pharmacies must comply with this messaging. Simply resubmitting the claim as multiple individual claims is inappropriate and not allowed. This practice puts Participating Pharmacies at higher risk for audit and/or investigation.

For additional compound billing guidelines and unacceptable practices, please review the Prime Provider Manual on Prime's website: PrimeTherapeutics.com > **Resources > Pharmacy + provider > Pharmacy providers > Provider manual.**

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

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 co-pay 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).

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 new “Opioid After Buprenorphine” concurrent drug utilization review program

Effective January 1, 2018, Florida Blue will implement a new “Opioid After Buprenorphine” Concurrent Drug Utilization Review (CDUR) program. The goal of this program will be to provide Participating Pharmacies with critical information related to Covered Persons whose prescription drug claim histories indicate that an opioid analgesic claim is being filed after opioid dependence therapy has been initiated. Pharmacy claims will reject with the following Point-of-Sale (POS) rejection message:

→ NCPDP Reject Code 88: “DUR REJECT ERROR”

Below is the new secondary POS message that will be returned with the appropriate NCPDP Reject code:

→ MAY BE CONTRAINDICATED WITH OPIOID DEPENDENCE THERAPY

Participating Pharmacists should use their best judgment in determining how to proceed when presented with this information through their POS claims system.

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](https://www.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 [primecredentialing@Primetherapeutics.com](mailto:primecredentialing@primetherapeutics.com).

Provider Manual update

The new Provider Manual will be effective March 1, 2018, and available in February 2018 on Prime’s website: [PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy providers > Provider manual](https://www.primetherapeutics.com/resources/pharmacy-provider-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](https://www.primetherapeutics.com) > **Resources** > **Pharmacists and providers** > **Pharmacy providers** > **Formularies – Commercial.**

For Medicare Part D formularies access [PrimeTherapeutics.com](https://www.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.ncpdp.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:

- 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.

Notes

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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