From the auditor’s desk

Prescription Documentation

As a reminder, prescription hard copies, signature logs, prescription labels, compound logs if applicable, and any supporting documentation are requested during an audit. “Prescription Hard Copies” means written prescriptions, refill authorizations, institutional orders, verbal or telephoned orders, facsimile orders, prescription transfers and electronic prescriptions relied on by the Participating Pharmacy at the time of dispensing.

Approved and/or confirmed verbal changes and clarifications to the Prescribing Provider’s prescription order must be documented on the original hard copy or electronically noted in the Participating Pharmacy’s online system prior to dispensing. In order for electronic documentation to be used as supporting documentation, the annotation with the clarification or modification to the prescription order must be noted prior to dispensing and must have a system assigned user, date and time stamp.

When additional refills are authorized, the pharmacy must maintain written documentation of the prescriber’s authorization and assign a new prescription number. Refill history is reviewed in an audit to assure that the prescription was not refilled in excess of the prescription order.

Wholesaler Invoices

Prime may request that a Participating Pharmacy authorize their wholesaler(s) or manufacturer(s) to submit invoices and/or pedigrees to demonstrate that the medications were purchased from a legitimate source and for purchase verification.

Participating Pharmacies must purchase all medications and supplies being dispensed to Covered Persons from verifiable licensed wholesalers. The ordering of these medication and supplies must be tracked using verifiable wholesale invoice(s) and pedigree invoice(s) (when required by applicable law). Prime reserves the right to not accept documentation from any wholesalers at any time when the invoice documentation cannot be verified.

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 the Covered Person has insurance through more than one Benefit 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](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 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.
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

DEA Renewal Changes
Starting January 1, 2017, DEA will only send out one renewal notification in accordance with Title 21, Code of Federal Regulations, Section 1301.13(e)(3). The renewal notification will be sent to the “mail to” address for each DEA registrant approximately 65 days prior to the expiration date. No other reminders to renew the DEA registration will be mailed. Further, there will no longer be a grace period for renewals.

This is to also advise you that the online capability to renew a DEA registration after the expiration date will no longer be available. You will have to complete an application for a new DEA registration if you do not renew by midnight Eastern Time of the expiration date. The original DEA registration will not be reinstated.

Paper renewal applications will not be accepted the day after the expiration date. If DEA has not received the paper renewal application by the day of the expiration date, mailed in renewal applications will be returned and the registrant will have to apply for a new DEA registration.

If there is a change in your DEA number, please remember to update your pharmacy profile with NCPDP.

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 Zetia® for Medicare plans that was implemented in December 2016.
Electronic prior authorization (ePA) 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 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 March 1, 2017. The updated Provider Manual will be posted in February at PrimeTherapeutics.com > Pharmacist > Provider Manual.

MAC list updates

If a Participating Pharmacy would like access to Prime's MAC list(s), weekly MAC changes, and the sources used to determine MAC pricing, 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

Looking for formularies?

For Commercial formularies access either the Blue Cross Blue Shield plan website 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.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:

→ By phone: 800.474.8651

→ By email: reports@lighthouse-services.com

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

Product names listed are the property of their respective owners.
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