

Prime Perspective

Pharmacy Newsletter from Prime Therapeutics LLC

Prime Perspective provides information and updates about Prime services

December 2022: Issue 88

Fraud, Waste and Abuse (FWA) updates

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Audits in 2023

Prime’s audit department conducts various types of audits including daily claim audits, onsite audits, and historical claim audits. As a reminder, standard onsite audits generally include prescriptions billed to Prime within the previous 24 months or other time periods provided by applicable law. Historical claim audits generally include prescriptions billed to Prime within the previous 12 months. Prime reserves the right to audit claims for up to seven years from the date of the Prescription Drug Service for commercial claims and up to 10 years from the date of the Prescription Drug Service for government program claims or as otherwise permitted by law.

Return to stock: unclaimed prescriptions

Pharmacies are required to reverse any claim for a Prescription Drug Service that is not delivered to or received by the Covered Person within 14 days of submission, unless a shorter time period is required by law or individual company policy. Claims not reversed within 14 days that are not received by the Covered Person are subject to audit and investigation. These may result in collections through the retrospective pharmacy audit process or investigation. This includes claims that were billed in a previous benefit year that may have a different copay once the new benefit year begins.

New year and insurance updates

With the start of a new calendar year, many members will have benefit changes or updates. Pharmacies should be ensuring that they are asking members for new insurance cards and verifying the correct processing information is on file. Additionally, if a member is new to filling at a particular Pharmacy, the Pharmacy should be aware of and abide by any Drug Utilization Review (DUR) messages alerting to an early refill based on claims history at a previous Pharmacy. Claims that are refilled early despite having this DUR alert will be subject to the pharmacy audit process and/or investigation, and any findings may be subject to post-audit claim adjustments by Prime.

Pharmacy expectations for clinical judgment

Prime’s Provider Manual update, effective in January 2023, expands Prime’s requirement for pharmacists to use sound clinical judgment when dispensing medications. Prime’s goal is for members to obtain the medications that they need while maintaining member safety as a top priority.

Prime has numerous claim edits and/or rejections in place to protect members and assist the dispensing pharmacist. Some examples include hard and soft DUR messages for high or low dose alerts, drug-drug interactions and duplicate therapies. The pharmacist has a professional

responsibility to use their training and resources to ensure prescriptions are clinically appropriate and safe. The pharmacist shall use their resources to determine appropriateness including, but not limited to, drug information resources, primary literature, and the Prescribing Provider. The pharmacist should document rationale to support the dispensing of the medication, especially when the use is outside FDA recommendations. If the pharmacist is unable to obtain rationale to support dispensing the medication or the rationale provided by the Prescribing Provider is not clinically appropriate, the pharmacist should refuse to dispense the medication. The pharmacist should use the following recommendations:

- Ensure that the information provided from a clinic is obtained from an appropriate source. If the source is not the Prescribing Provider, the information should be obtained from the chart notes. When the information is not clinically appropriate, the pharmacist should have the conversation with the Prescribing Provider.
- Utilize the Covered Person's knowledge of their therapy. Many prescribing errors can be identified by asking the member what they are using the medication for and how the Prescribing Provider told them to use it.
- Document the conversation and rationale for dispensing the medication on the prescription hard copy, which will be imperative during an audit or investigation.
- If information is obtained from internal access to chart notes, document the relevant information on the hard copy or annotate it in the electronic claims processing system.
- Use and document clinical judgment prior to dispensing the medication to ensure member safety

The following types of documentation do not meet the expectation of standard industry practice:

- Documenting solely that the clinic staff "approved" the medication.
- Failure to document the sound clinical rationale when dispensing outside clinically accepted practices.

Fraud, Waste and Abuse reporting

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**

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 at <https://www.primetherapeutics.com/resources/>.

Medicare news/Medicaid news

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 copay 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 reject code:

→ 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 at <https://www.primetherapeutics.com/resources/additional-resources/>.

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.

National Plan/Provider Enumeration System – updates

To ensure pharmacy directory accuracy, the National Plan/Provider Enumeration System (NPPES) now allows Pharmacies to certify their National Provider Identifier (NPI) data. Please submit any changes to your Pharmacy's demographic information, including Pharmacy name, address, specialty and telephone number, as soon as you are aware of these changes.

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 on Prime's website at <https://www.primetherapeutics.com/resources/>.

HCSC news

Statin use for people with diabetes

Diabetes greatly increases the risk of developing heart disease. In 2020, the American Diabetes Association® recommended that all people ages 40-75 with diabetes take statins. Controlling risk factors like high cholesterol can lower the overall risk for developing heart disease.

Statin Use for Persons with Diabetes (SUPD) is a quality measure that was endorsed by the Pharmacy Quality Alliance (PQA) in 2014. The Centers for Medicare & Medicaid Services (CMS) adopted this as a Star Rating measure beginning in 2017 and will continue it into 2023.

SUPD Star Rating Specifics

Criteria:

- Target age range: 40–75 years old
- Patient qualifies for measure with two fills of a diabetic medication
- One fill of a statin medication in a calendar year will satisfy this measure

Exclusion criteria:

- Rhabdomyolysis and Myopathy
- Pregnancy (also identified by certain NDCs), Lactation and Fertility
- Cirrhosis during measurement year
- Pre-Diabetes
- Polycystic Ovary Syndrome (PCOS)
- Farxiga® (dapagliflozin) and Jardiance® (empagliflozin) can no longer be used as a proxy for a diabetes diagnosis since they are now indicated for the use in heart failure without diabetes

Formulary statins:

- Atorvastatin
- Lovastatin
- Pravastatin
- Rosuvastatin
- Simvastatin

Including the patient in the decision-making process and setting goals for using medications is critical. If a statin is prescribed, please talk to the patient about:

- Importance of a statin
- Appropriate target levels of LDL cholesterol
- Potential side effects of statins and how to respond

Important Action Required

New Plan Announcement



MedicareBlueSM Rx

Effective Jan. 1, 2023

Effective January 1, 2023, Prime Therapeutics (Prime) will begin processing Medicare Part D claims for Covered Persons of MedicareBlueSM Rx.

Processing Requirements

When a health plan changes PBMs, sometimes system configurations need to be made at the Pharmacy level or PBM level. To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to January 1, 2023.

- Covered Person ID Number
- Date of Birth
- Gender
- Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

2022 Outstanding Claim Reversals and Processing

To prepare for this transition, Pharmacies should complete all claims processing and reversals by close of business December 31, 2022.

For More Information

- Prime's Medicare payer specification sheets are available at: [PrimeTherapeutics.com > Resources > Pharmacist > Pharmacy Claims Processing > Payer sheets > Medicare Part D D.0 Payer Sheet](https://www.primetherapeutics.com/resources/pharmacist-pharmacy-claims-processing/payer-sheets/medicare-part-d-d.0-payer-sheet)
- For assistance with claims that have a fill date prior to January 1, 2023, please contact CVS Caremark at **888.639.3670**.
- Claims with a fill date on or after January 1, 2023, must be submitted with the BIN/PCN outlined below.
- Beginning January 1, 2023, if you have questions regarding claims processing, please contact Prime's Contact Center at **866.218.5002**.

2023 Processing Information:

Plan Sponsor	Plan Name	BIN	PCN	Group Number
BlueCross BlueShield	MedicareBlue SM Rx Standard (PDP)	610455	CSPDP	S5743
	MedicareBlue SM Rx Premier (PDP)			
	MedicareBlue SM Rx Select (PDP)			
BlueCross BlueShield	Group MedicareBlue SM Rx (PDP)	610455	CSPDPG	S5743

Important Action Required

New Plan Announcement

MedicareBlueSM Rx (continued)

Effective Jan. 1, 2023

Featured below are examples of the most common ID cards used:

MedicareBlueSM Rx Standard (PDP)

 BlueCross BlueShield		MedicareBlueSM Rx Standard (PDP)	
ELIZABETH ANN SAMPLENAME Identification number 803XXXXXX		CMS	S5743 001
Issuer RXBIN RXPCN RXGROUP	80840 610455 CSPDP S5743		
			

 BlueCross BlueShield		MedicareBlueSM Rx Standard (PDP)	
DO NOT BILL MEDICARE			
Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970			
<small>Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota; BCBS of Minnesota; BCBS of Montana, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska; BCBS of North Dakota; BCBS of Wyoming.</small> <small>*Independent licensees of the BCBS Association.</small>			
YourMedicareSolutions.com For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time): Customer Service: 1-888-832-0075 TTY: 711		For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week): TTY: 1-866-577-3440 Pharmacy Help Desk: 1-866-218-5002	
Please present this card at the time of service with every prescription.			

MedicareBlueSM Rx Premier (PDP)

 BlueCross BlueShield		MedicareBlueSM Rx Premier (PDP)	
ELIZABETH ANN SAMPLENAME Identification number 803XXXXXX		CMS	S5743 004
Issuer RXBIN RXPCN RXGROUP	80840 610455 CSPDP S5743		
			

 BlueCross BlueShield		MedicareBlueSM Rx Premier (PDP)	
DO NOT BILL MEDICARE			
Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970			
<small>Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota; BCBS of Minnesota; BCBS of Montana, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska; BCBS of North Dakota; BCBS of Wyoming.</small> <small>*Independent licensees of the BCBS Association.</small>			
YourMedicareSolutions.com For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time): Customer Service: 1-888-832-0075 TTY: 711		For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week): TTY: 1-866-577-3440 Pharmacy Help Desk: 1-866-218-5002	
Please present this card at the time of service with every prescription.			

MedicareBlueSM Rx Select (PDP)

 BlueCross BlueShield		MedicareBlueSM Rx Select (PDP)	
ELIZABETH ANN SAMPLENAME Identification number 803XXXXXX		CMS	S5743 008
Issuer RXBIN RXPCN RXGROUP	80840 610455 CSPDP S5743		
			

 BlueCross BlueShield		MedicareBlueSM Rx Select (PDP)	
DO NOT BILL MEDICARE			
Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970			
<small>Coverage is available to residents of the service area and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota; BCBS of Minnesota; BCBS of Montana, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska; BCBS of North Dakota; BCBS of Wyoming.</small> <small>*Independent licensees of the BCBS Association.</small>			
YourMedicareSolutions.com For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time): Customer Service: 1-888-832-0075 TTY: 711		For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week): TTY: 1-866-577-3440 Pharmacy Help Desk: 1-866-218-5002	
Please present this card at the time of service with every prescription.			

Important Action Required

New Plan Announcement



MedicareBlueSM Rx (continued)

Effective Jan. 1, 2023

Group MedicareBlueSM Rx (PDP)

		Group MedicareBlue SM Rx (PDP)	
ELIZABETH ANN SAMPLENAME Identification number 803XXXXXX		CMS	S5743 802
Issuer RXBIN RXPCN RXGROUP	80840 610455 CSPDPG S5743		

		YourMedicareSolutions.com	
DO NOT BILL MEDICARE		For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time):	
Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970		Customer Service: 1-877-838-3827 TTY: 711	
<small>Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota; BCBS of Minnesota; BCBS of Montana, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska; BCBS of North Dakota; BCBS of Wyoming. *Independent licensees of the BCBS Association.</small>		For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week): 1-866-577-3440 TTY: 711	
		Pharmacy Help Desk: 1-866-218-5002	
Please present this card at the time of service with every prescription.			

		Group MedicareBlue SM Rx (PDP)	
ELIZABETH ANN SAMPLENAME Identification number 803XXXXXX		CMS	S5743 805
Issuer RXBIN RXPCN RXGROUP	80840 610455 CSPDPG S5743		

		YourMedicareSolutions.com	
DO NOT BILL MEDICARE		For questions or concerns on your plan benefits, or to find a pharmacy, please call (8 a.m. to 8 p.m., daily, local time):	
Submit claims to: Medicare Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970		Customer Service: 1-877-838-3827 TTY: 711	
<small>Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark BCBS of Iowa and South Dakota; BCBS of Minnesota; BCBS of Montana, a division of Health Care Service Corporation, a Mutual Legal Reserve Company; BCBS of Nebraska; BCBS of North Dakota; BCBS of Wyoming. *Independent licensees of the BCBS Association.</small>		For questions on coverage determination and redetermination requests, please call (24 hours/day, 7 days a week): 1-866-577-3440 TTY: 711	
		Pharmacy Help Desk: 1-866-218-5002	
Please present this card at the time of service with every prescription.			

Important Action Required

New Plan Announcement



Patrius Health Blue Advantage

Effective Jan. 1, 2023

Effective January 1, 2023, Prime Therapeutics (Prime) will begin processing Medicare Part D and Part B claims for Covered Persons of Patrius Health.

Processing Requirements

To help ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to Jan. 1, 2023:

Patrius Health Blue Advantage

BIN: ----- 014897

PCN: ----- PLX

- Covered Person ID Number
- Date of Birth
- Gender
- Rx Group Number
- U&C
- Days Supply
- Pharmacy NPI
- Active/Valid Prescriber ID NPI
- Date Prescription Written
- Prescription Origin Code
- Pharmacy Service Type
- Patient Residence

For More Information

- Medicare Part D and Part B claims with a fill date on or after Jan. 1, 2023 must be submitted with the BIN/PCN outlined on the left for Covered Persons on the new plan.
- If you have questions regarding claims processing, please contact Prime's Pharmacy Help Desk at **844.450.1988**.
- Prime's Medicare payer specification sheets are available at: [PrimeTherapeutics.com](https://www.Primetherapeutics.com) > [Resources](#) > [Pharmacist > Pharmacy Claims Processing > Payer sheets > Medicare Part D D.O Payer Sheet](#)

Featured below is an example of the most common ID card used:

Member Name JOHN DOE	CMS Contract # and PBP# CMS H1347-001
Member ID PLX123456789	Rx BIN 014897
Issuer 80840	Rx PCN PLX
Effective Date 01/01/2023	Rx GRP 91030
	Rx ID PLX123456789

	www.PatriusHealth.com
PAT200	Member Services..... 888-950-0705
• Medicare limiting changes apply to non-participating Medicare providers.	TTY users, call..... 800-257-3384
• Providers outside Mississippi: File claims to the Blue Cross and/or Blue Shield Plan serving the area where services are rendered, not Original Medicare. For claim payment information, call your local Plan.	Admission to Out-of-Network Hospitals 888-927-5873
• Providers in Mississippi: File claims to Blue Cross & Blue Shield of Mississippi, not Original Medicare.	Pharmacy Cust. Svc..... 844 450-1988
Patrius Health and Blue Cross & Blue Shield of Mississippi are independent licensees of the Blue Cross and Blue Shield Association.	Benefits/Eligibility 888-949-2352
H1347_PAT_200	MS Providers mail health claims to: Blue Cross & Blue Shield of Mississippi 3545 Lakeland Drive, Flowood, MS 39232
	MS Providers mail drug claims to: Part D Claims P.O. Box 20970 Lehigh Valley, PA 18002-0970

Prime news

Prime to partner with Pharmacies in delivering biosimilars

Prime supports biosimilar products and sees these as drivers of cost savings into the health care system and levers for innovation. Prime realizes that this may result in higher workload for Pharmacies depending on how pharmacy filling systems are set up. State regulations for notifying Prescribing Providers must also be considered. Prime will make best efforts to notify Pharmacies in advance of any biosimilar formulary changes as Prime works to partner with Pharmacies to help drive lower costs into the system.

Vaccine coverage

As a reminder, the following Plan Sponsors use Prime's Commercial Vaccine Network:

- | | |
|---------------------------|--|
| → BCBS of Alabama | → BridgeSpan Health Oregon |
| → BCBS of Illinois | → BridgeSpan Health Utah |
| → BCBS of Kansas | → BridgeSpan Health Washington |
| → BCBS of Minnesota | → Capital Blue Cross |
| → BCBS of Montana | → Capital Health Plan |
| → BCBS of Nebraska | → Florida Blue |
| → BCBS of New Mexico | → Horizon BCBS of New Jersey |
| → BCBS of North Carolina | → Regence BlueShield of Idaho |
| → BCBS of North Dakota | → Regence BlueCross BlueShield of Oregon |
| → BCBS of Oklahoma | → Regence BlueCross BlueShield of Utah |
| → BCBS of Rhode Island | → Regence BlueShield |
| → BCBS of Texas | → Truli for Health |
| → BCBS of Wyoming | |
| → Boeing | |
| → BridgeSpan Health Idaho | |

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 <https://pharmacy.primetherapeutics.com/en/resources/pharmacists/ac.html>.

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

Annual attestation requirement

The annual FWA attestation form is part of your Pharmacy NCPDP profile. Please complete the form via the NCPDP website. For your convenience, instructions for completing the NCPDP form are on Prime's website at **Compliance & FWA training and certification requirements (primetherapeutics.com)**. Pharmacies are also required to complete the offshoring attestation when applicable. Failure to attest to the annual general compliance, FWA training and offshoring may result in termination of participation in one or more Networks or termination of the Agreement.

Provider Manual update

A new version of Prime's Provider Manual with an effective date of Jan. 1, 2023, is available for review on Prime's website at <https://www.primetherapeutics.com/resources/provider-manual/>. Please continue to use the July 2022 Provider Manual until Jan. 1, 2023.

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 username and password via email.

How to reach Prime Therapeutics

As a service to Pharmacies, Prime publishes the *Prime Perspective* 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: **ProviderRelations@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 <https://www.primetherapeutics.com/resources/commercial-formularies/>.

For Medicare Part D formularies, access <https://www.primetherapeutics.com/resources/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 (Pharmacy Login located at top right).

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

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