

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

Prime Perspective provides information and updates about Prime services

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From the auditor's desk

Common Pharmacy Billing Errors

Pharmacies are required to submit claims that are accurate, complete and valid. When submitting prescription claims, a Pharmacy is required to submit accurate days' supply and quantity information based on the prescribed dosing instructions and within the Covered Person's benefit. The dispensing Pharmacies should be aware of and avoid common billing errors. Some areas of common billing errors and/or unacceptable billing practices include:

- Quantity dispensed – Overstating the days' supply may affect future refills where understating the days' supply may exceed the Covered Person's benefit, while assessing less copay than is applicable. The Pharmacy must submit the correct days' supply based on the prescribed directions for use and benefit limitations.
- "Use as directed" or "As needed" prescription directions – The Pharmacy must determine the specific dosing directions to accurately calculate the days' supply and correctly submit the claim to Prime. The Pharmacy must contact the Prescribing Provider to clarify any ambiguous directions and document them on the prescription hardcopy.
- Billing loading doses vs. maintenance doses – With some drug products where the loading dose differs from the maintenance dose, it is incorrect for the Pharmacy to calculate and submit the loading dose quantity once the patient is at the maintenance dose therapy.
- Billing for drugs with a cyclic therapy – With some drug products where the cyclic therapy includes days of no drug product, the Pharmacy must submit a continuous days' supply that reflects the cyclic therapy. For example, a drug that includes 21 days of drug product but provides 28 days of drug therapy should be billed as 28 days.
- Billing the correct unit of measure – With drug products that are packaged in unit-of-use containers (such as Moviprep solution, drug starter kits and prefilled syringes), the Pharmacy must submit the correct quantity that reflects the product packaging and amount dispensed.
- Billing the smallest container/vial size – With drug products that are available in multiple container/vial sizes, it is an unacceptable billing practice to dispense a greater container/vial size than what is necessary to supply the ordered dose. For example, an eye drop that comes in multiple bottle sizes should be dispensed in its smallest container size when the calculated days' supply of the smallest container equals or exceeds the Covered Person's benefit.
- Medicare eligible drugs – Drugs that are Medicare Part A or Medicare Part B eligible must be billed to Medicare Part A or Medicare Part B, respectively, and not to Medicare Part D.

This information is intended to educate Pharmacies on Prime's billing requirements.

For additional information, please visit Prime's website www.PrimeTherapeutics.com and navigate to: **Resources > Pharmacy + provider > Pharmacy providers > Provider manual.**

If you have any questions, please contact the Pharmacy Audit department at pharmacyaudit@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: www.PrimeTherapeutics.com > **Resources > Pharmacy + provider > Pharmacy audits > Audit guidelines.**

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

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 3 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.

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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 at www.PrimeTherapeutics.com › [Resources](#) › [Pharmacy + provider](#) › [Pharmacy providers](#) › [UM program updates](#).

Prime news

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:

www.PrimeTherapeutics.com/en/resources/pharmacists/ac.html.

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

Provider Manual update

Reminder: A new version of Prime's Provider Manual with an effective date of April 15, 2021, is available for review on Prime's website at www.PrimeTherapeutics.com › [Resources](#) › [Pharmacy + provider](#) › [Provider manual](#).

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* 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's Pharmacy Contact Center **800.821.4795**
(24 hours a day, seven days a week)

→ By email: pharmacyops@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 www.PrimeTherapeutics.com >

Resources > Pharmacy + provider > Pharmacy providers > Formularies – Commercial.

For Medicare Part D formularies, access

www.PrimeTherapeutics.com > **Resources > Pharmacy + provider > 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 (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

Product names listed are the property of their respective owners.