

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

Prime Perspective provides information and updates about Prime services

June 2020: Issue 80

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From the auditor's desk

Importance of responding to audits

Prime monitors claims data to identify potential billing and compliance errors. Claim audits apply to all lines of business, including, but not limited to, Medicare, Medicaid and commercial. When Prime identifies a potential billing error, Prime contacts the Pharmacy who is instructed to correct the claim. This process is intended to educate Pharmacies on Prime's billing requirements and help avoid future errors and the potential for onsite audits. Pharmacies are required to provide all requested and supporting documentation for the claim(s) requested. If the Pharmacy does not respond to Prime's requests or fails to correct improperly billed claims, impacted claims may be resubmitted or reversed by Prime, in its sole discretion.

Post Point of Sale (POS) adjustments

Estimated recovery amount:

- Prime requires Pharmacies to provide all documentation to support claims that are billed. Failure to submit the requested documentation may result in a full recovery of the claim, could trigger further audits, and may result in termination related to a breach for non-response.
- If audit findings include incorrect data submitted on claims, Prime will adjust these claims. The recovery amounts identified in the report are estimated. Therefore, it is possible that adjustments to claims may result in financial impact once the claim is adjusted.
- Post POS adjustments are made once the audit report is final or the claim review process has been completed. Prime will adjust claims on behalf of the Pharmacy.
- The Pharmacy will receive one or more post POS Claim Adjustment Reports from Prime once the claims are corrected. These reports will include the final adjusted claim recovery amounts. Please note that the amounts can differ from the original estimated amount.

Member reimbursement:

- Pharmacies are informed of the overall change in the Covered Person's cost share after the claims have been adjusted. Pharmacies are expected to refund any amounts owed to the Covered Person and retain supporting documentation.
- Reimbursement cannot be requested from the Covered Person. It is the Pharmacy's responsibility to submit claims correctly at the time of dispensing.

continued

Medicare claims with identified errors will have associated claims reviewed for adjustments regardless of the fill date. Therefore, the report may include fill dates outside of the audit timeframe.

Please visit Prime's website at www.PrimeTherapeutics.com for detailed processing requirements. 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 rejection message:

→ 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, starting January 2020, the National Plan/Provider Enumeration System (NPPES) will allow 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 programs

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.

All clients

New step therapy reject code

Effective June 2020, Prime will implement NCPDP reject code 608 for step therapy for all lines of business. As a reminder, Prime is already using NCPDP reject code 608 for step therapy for Part D business. Prior to this change, all clinical prior authorizations such as quantity limit, step therapy or clinical necessity requirements are rejected with NCPDP reject code 75. NCPDP reject code 608 will be applicable only to step therapy where allowed by state law. NCPDP Reject Code 75: Prior Authorization Required will continue to be used for medication that requires clinical review of specific criteria be met before the medication is covered by the Benefit Sponsor.

New Plan Announcement

Truli for Health

Effective July 1, 2020

Effective July 1, 2020, Prime Therapeutics (Prime) will begin processing claims for Covered Persons of Truli for Health.

Processing Requirements

To ensure uninterrupted service to Pharmacies and Covered Persons, please use the following information to set up your system prior to July 1, 2020.

Truli for Health

BIN:012833

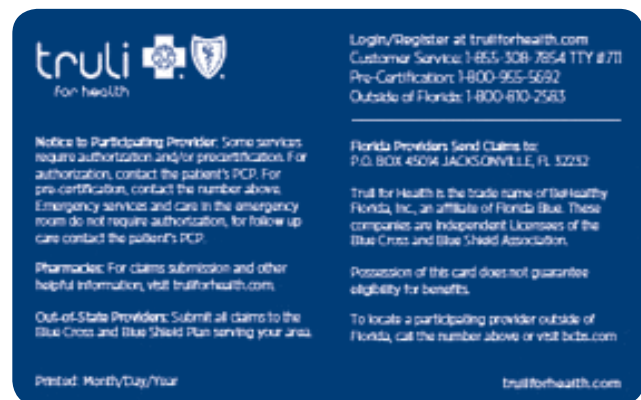
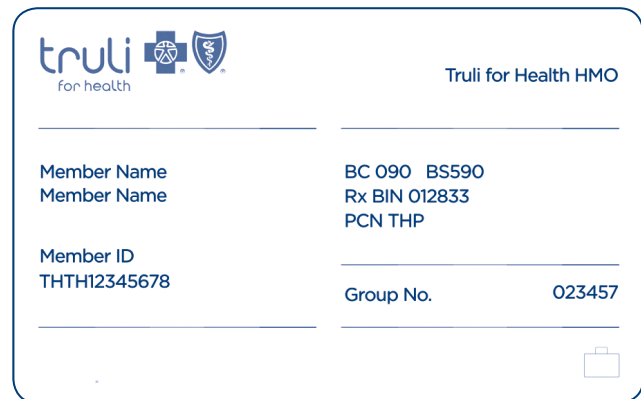
PCN:THP

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

For more information

- If you have questions regarding claims processing, please contact Prime's Contact Center at **855-457-0177**.
- Prime's Commercial payer specification sheets are available at: **www.PrimeTherapeutics.com** > **Resources** > **Pharmacy + Provider** > **Pharmacy claim processing** > **Payer sheet** > **Commercial D.0 Pharmacy Payer Sheet**.

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



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.

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 user name 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, 7 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.ncdpd.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 (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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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