

Prime Perspective

Quarterly Pharmacy Newsletter from Prime Therapeutics LLC

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From the auditor's desk

Considerations for Appropriate Dispensing Procedures

When dispensing medications, Participating Pharmacies should be diligent in determining that claims are submitted for a valid use of a medication. Prime advises Participating Pharmacies to be aware of prescription orders that are prescribed and dispensed for dosage strengths and routes of administration that are not consistent with manufacturer prescribing information.

For example, a recent prescribing trend has included large amounts of antibiotics and antifungal products that are diluted in concentration when mixed with water and utilized in a footbath. This scenario changes the intended strength of these medications to unstudied/unsupported concentration levels.

When reviewing claims, auditors may request documentation to support appropriate dispensing of medications based on standard industry practice.

Documentation of scientific evidence that meets the expectation will demonstrate efficacy and safety for the requested use. The documented evidence must show:

- Consistent and adequate number of well-designed studies with sufficient numbers of patients in relation to the incidence of the disease
- Publication in major peer-reviewed journals that only publish original manuscripts after the manuscripts have been critically reviewed by unbiased independent experts for scientific accuracy, validity, and reliability
- Consistent results across all studies for that specific disease and treatment
- Positive health outcomes including demonstration that the drug is as effective as or more effective than FDA-approved alternatives

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

- Clinical studies administered without direct correlation to intended use, strength, dosage form and/or route of administration
- Manufacturer-sponsored studies with results that have not been approved by the FDA
- Off-label use does not have a level of evidence for the indication that is Class I or Class IIa in Truven Health Analytics Micromedex® DRUGDEX®
- Patient case reports

In addition, Medicare Part D requirements must be followed when submitting claims for Covered Persons enrolled in this federal program. More information regarding acceptable off-label drug use can be found at [medicareadvocacy.org/cma-report-medicare-coverage-for-off-label-drug-use/](https://www.medicareadvocacy.org/cma-report-medicare-coverage-for-off-label-drug-use/).

This information is intended to educate Participating Pharmacies on Prime's billing 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: [PrimeTherapeutics.com](https://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 Participating 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.

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 medifac.d.mckesson.com/e1/.

Participating 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

Participating 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: **[PrimeTherapeutics.com > Resources > Pharmacy + provider > Medicare > More resources > Medicare Prescription Drug Coverage and Your Rights form](https://www.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 needed medication or an appropriate substitute. 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 claim rejection.

A copy of the CMS Notice of Medicare Prescription Drug Coverage and Your Rights to Covered Persons is included on page four of this publication.

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 at

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

Prime news

Pharmacy licensure

Participating 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:

[PrimeTherapeutics.com/en/resources/pharmacists/ac.html](https://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 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 username and password via email.

How to reach Prime Therapeutics

As a service to Participating 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 Pharmacy Contact Center **800.821.4795**
(24 hours a day, seven days a week)

→ By email: pharmacyops@primetherapeutics.com

The corporate headquarters of Prime Therapeutics LLC has relocated effective October 15, 2018 to:

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 [PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy providers > Formularies – Commercial](https://www.primetherapeutics.com/resources/pharmacy-provider-pharmacy-providers).

For Medicare Part D formularies access [PrimeTherapeutics.com > Resources > Pharmacy + provider > Pharmacy providers > Formularies – Medicare Part D](https://www.primetherapeutics.com/resources/pharmacy-provider-pharmacy-providers).

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 profile, go to www.ncdp.org and click on the blue box (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, Participating 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.

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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