

# 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

### Pharmacy responsibility – mitigating drug seeking in the fight against opioids

Pharmacies and Prime have an obligation to help protect and maintain the integrity of the health care system by promptly reporting suspicious activity. Pharmacies must exercise due diligence to ensure prescriptions are valid, always remain mindful of Fraud, Waste and Abuse (FWA) and report suspicious activity to Prime promptly. Listed below are some elements that Pharmacies should watch for related to mitigating drug seeking. Please note this list is not all-inclusive.

- Covered Person consults several Prescribing Providers to inappropriately obtain multiple prescriptions.
- Prescribing Provider writes prescriptions that are not medically necessary, often in mass quantities.
- Existing prescription is altered by a Covered Person without the Prescribing Provider's permission to increase the quantity or number of refills.
- Prescription documentation is lacking all required elements, such as, but not limited to, provider DEA registration number; date of issuance; full name, address, and date of birth for Covered Person; and name and strength of medication.
- Prescription Drug Monitoring Program has been reviewed and it indicates that the prescription drug is being abused or overused.
- Prescribing Provider DEA registration number is invalid or Covered Person has false identification.
- Prescription appears to be originating from outside the immediate geographic area.

Per the CDC, opioid abuse is one of the leading causes of death in the United States. Of these deaths, almost 70% involved prescriptions or illicit opioids. Pharmacists are an essential part of the health care system. Responsible for dispensing opioid pain medications and providing medication-related services, pharmacists can serve as a first line of defense by engaging in prevention and treatment efforts of opioid use disorder and overdose.

With your assistance and partnership, Prime believes that the opioid epidemic can be mitigated. If you suspect Fraud, Waste or Abuse by a Covered Person, Prescribing Provider, or anyone else, please notify Prime at **800.731.3269** or **fraudtiphotline@primetherapeutics.com**.

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

If you have any questions, please contact the Pharmacy Audit department at [pharmacyaudit@primetherapeutics.com](mailto: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](http://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](http://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 (NPES) 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 program

Utilization management (UM) program updates for the upcoming quarter, when available, will be posted at [www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com) > **Resources** > **Pharmacy + provider** > **Pharmacy providers** > **UM program updates**.

## All clients

### Quantity Prescribed (460-ET) update

The final rule CMS-0055-F, published on Jan. 24, 2020, adopts a modification of the requirements for the use of the Telecommunication Standard Implementation Guide, Version D, Release 0 (Version D.0), August 2007, National Council for Prescription Drug Programs, by requiring covered entities to use the Quantity Prescribed (460-ET) field for retail pharmacy transactions for Schedule II drugs. This change constitutes a modification to the use of the adopted standard, not a modification to the standard itself. A compliance date of Sept. 21, 2020, has been issued.

### Quantity Prescribed (460-ET) action required

Pharmacies may begin submitting the Quantity Prescribed (460-ET) field on claims starting Aug. 16, 2020. After Aug. 16, 2020, if Quantity Prescribed is transmitted on a claim for a drug other than a Schedule II drug, the field will be ignored.

Beginning Sept. 21, 2020, if the drug is a Schedule II drug and Quantity Prescribed is not transmitted, the claim will reject with the following error:

→ Reject ET- Missing or Invalid Quantity Prescribed

## 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](http://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

A new version of Prime's Provider Manual with an effective date of Oct. 15, 2020, is available for review on Prime's website at [www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com) > **Resources** > **Pharmacy + provider** > **Provider manual**. Please continue to use the January 2020 Provider Manual until Oct. 15, 2020.

## 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 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 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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