

Prime Perspective

Pharmacy Newsletter from Prime Therapeutics LLC

Prime Perspective provides information and updates about Prime services

June 2024: Issue 91

Fraud, Waste and Abuse (FWA) updates

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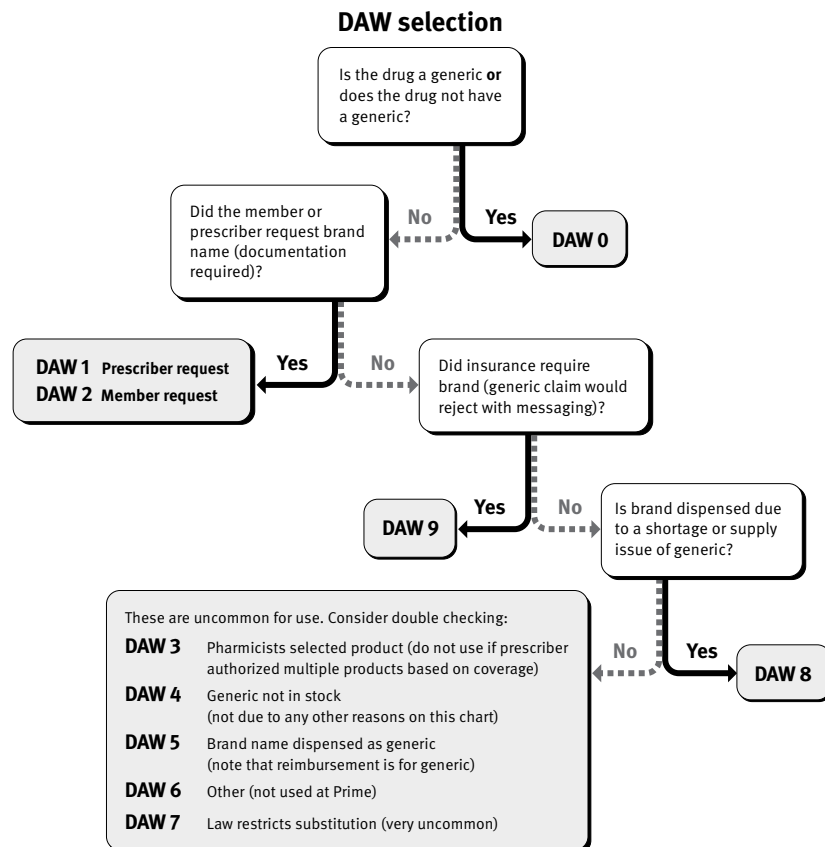
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Dispense as written (DAW) selection

Prime Therapeutics and Magellan Rx (collectively referred to as “Prime”) continues to see inappropriate dispense as written (DAW) code selection. Below is a guide to assist you in selecting appropriate DAW codes to follow the best practice when benefit setup allows.

Dispense as Written (DAW) code decision tree

Selecting the correct DAW code helps control costs and keeps your pharmacy compliant with the standards set by the National Council for Prescription Drug Programs (NCPDP). Please refer to this decision tree each time you apply a DAW code to a claim.



Drug utilization review (DUR) rejects

Prime is identifying a large volume of pharmacy claim denials related to drug utilization review (DUR). If you are a Pharmacy whose claim denied with a reject code 88 (DUR reject error), please review the following guidance.

Reject code 88 (DUR reject error): Pharmacies will need to review and resolve each identified DUR conflict. If a pharmacist, in their professional judgment, determines that dispensing the prescription is medically necessary or that benefits of the treatment outweigh the risks, the claim denial can be overridden at Point of Sale (POS) in real time. The Pharmacy will then resubmit the claim with an appropriate DUR response, which is composed of three components:

1. **Reason for service codes** reflect the type of potential therapeutic problem identified by the claims adjudication system and returned on a claims response.
 - a. DA: Drug-allergy conflict
 - b. AT: Additive toxicity
 - c. PG: Drug-pregnancy conflict
 - d. ID: Ingredient duplication
 - e. MC: Drug-disease conflict
 - f. PA: Drug-age alert
 - g. DD: Drug-drug interaction
 - h. HD: High dose
 - i. TD: Therapeutic duplication
 - j. LD: Low dose
 - k. ER: Overutilization (early refill)
 - l. MX: Incorrect duration of therapy
 - m. LR: Underutilization (late refill)
 - n. SX: Drug-gender conflict professional
2. **Professional service codes** consist of alphanumeric characters that identify the action the pharmacist took to resolve the DUR conflict.
 - a. M0 (M zero): Prescriber consulted
 - b. P0 (P zero): Patient consulted
 - c. R0 (R zero): Pharmacist consulted other source
3. **Result of service codes** tells the eligibility verification system if the prescription was dispensed and determines the payment status of the claim.
 - a. 1A: Filled as is, false positive
 - b. 1B: Filled prescription as is
 - c. 1C: Filled with different dose
 - d. 1D: Filled with different directions
 - e. 1E: Filled with different drug
 - f. 1F: Filled with different quantity
 - g. 1G: Filled with prescriber approval

- h. 2A: Prescription not filled
- i. 2B: Prescription not filled, direction clarified

Each alert needs a response in order to receive a paid claim. The claim will then be adjudicated accordingly. If the claim is accepted and processed, the Pharmacy will receive a paid response.

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Eye drop days’ supply

As a reminder to Pharmacies processing prescriptions for eye drops, please process the claim based on the actual number of drops per milliliter for products that do not have a standard aqueous drop size. This information can often be located within the specific product’s package insert or on the manufacturer’s website. If the information is not readily available, contacting the manufacturer’s medical information team may be necessary.

Refill too soon (RTS)

A prescription is considered refilled too soon (RTS) when a claim is processed prior to the plan benefit day supply refill limit being exhausted without a change in dose, form or strength.

Please use professional judgment when processing and/or overriding a claim for early refill. Please note: early fill will be monitored and may be audited. A pharmacist should document the circumstances for the need of the early refill on the prescription or within the prescription's notes.

Please have dosing change information (e.g., date of change, current directions, etc.) available when contacting Prime's Pharmacy Help Desk if requesting an override or processing an early refill related to a dosage change. A dose change override is applicable only to an increase in frequency of administration of the same strength of medication (e.g., twice daily to three times a day). A dosage increase is typically obtained by increasing the strength which would result in a therapeutic duplication rejection.

A vacation override is intended to be utilized if the member is going on vacation and would run out of medication prior to returning home. It is also intended to be used if the member is unable to obtain the medication at their destination. Vacation overrides are often limited to one or two overrides per year, depending on the plan.

When a prescription is lost or stolen, a pharmacist should use their professional judgment when refilling early. Generally, a lost or stolen medication is not covered and is plan specific. Some life-preserving exceptions may be made.

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 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 member's Medicare Part D coverage and payer order if the member has insurance through more than one benefit plan.

Pharmacies generally submit E1 Queries when members 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 member under the plan. Medicare Part D claims will be rejected when a claim cannot be covered under the Medicare Part D Benefit Plan at the point of sale (POS).

Pharmacy claims will be rejected with the following POS reject code:

→ NCPDP Reject Code 569

Pharmacies are required to provide members with the CMS Notice of Medicare Prescription Drug Coverage and Your Rights when they receive NCPDP reject code 569. The CMS Notice of Medicare Prescription Drug Coverage and Your Rights form is 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 member 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.

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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 on Prime's website at primetherapeutics.com/resources/.

HCSC news

100-day supply and auto-refill for better medication adherence

Medication adherence is important to HCSC and Medicare. Nonadherence with medications used to treat long term conditions is a major cause of morbidity in older patients and has been associated with poor therapeutic outcomes, progression of disease and increased health care utilization. To help members adhere to their medications, HCSC Medicare Advantage members are eligible to receive a 100-day supply of medications for the same copay as a 90-day supply.

Even if the member is already receiving a 90-day supply, switching them to a 100-day supply gives them 10 more days of medication at no additional cost.

In most cases, you can switch to a 100-day supply without a new prescription by using remaining refills when applicable state laws allow. Please be sure to obtain additional refills from the provider to avoid any future refill delays.

Medication adherence can also be helped by setting up autofill for the member: Offer and help our members set up auto refills so they don't forget to refill their medications.

Horizon News

Pricing appeals

The Pharmacy must electronically submit all claims to Prime for all Prescription Drug Services provided to a Covered Person. This includes situations where no Pharmacy Payment from a Benefit Sponsor is due or where the Pharmacy does not agree with the reimbursement. Please reference the network reimbursement ID (NRID) that is provided upon claim adjudication to determine how to submit your pricing appeal.

For Prime NRIDs:

Pharmacies can appeal Prime's MAC pricing by submitting an appeal through Prime's website or by sending a MAC appeal to Prime at MACAppeals@primetherapeutics.com or by fax to 877.823.6373.

Please refer to Prime's website where Pharmacies can register to access and search Prime's MAC lists, weekly MAC changes, MAC pricing appeals process and the sources used to determine MAC pricing. After Pharmacy Network participation is verified, the Pharmacy will receive a secure username and password via email to access Prime's MAC lists. The sources currently used to determine MAC pricing are regional and national wholesalers, the National Average Drug Acquisition Cost (NADAC) published by CMS, and Medi-Span. Prime may change pricing sources at any time.

For ESI NRIDs:

Please reach out to PrimeInquiries@express-scripts.com regarding any reimbursement questions or concerns.

If your Pharmacy is affiliated with a PSAO who manages ESI's contracted rates on your behalf, please reach out to your PSAO regarding your concerns, or you may submit a pricing appeal by logging into ESI's Pharmacist Resource Center at <https://prc.express-scripts.com/>.

If you have specific MAC or AWP pricing appeals, you can also submit those requests through ESI's Pharmacist Resource Center at <https://prc.express-scripts.com>.

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 submit a renewal, submit your updated certificate of insurance to primecredentialing@primetherapeutics.com. See the Renewal Checklist on our website at: <https://www.primetherapeutics.com/resources/pharmacy-credentialing/>

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 primetherapeutics.com/resources/compliance-fwa-training-and-certification-requirements/. 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 July 1, 2024, is available for review on Prime’s website at [primetherapeutics.com/resources/provider-manual/](https://www.primetherapeutics.com/resources/provider-manual/). Please continue to use the January 2024 Provider Manual until July 1, 2024.

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, Suite 200, 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
- Mobile app: [App Store](#) > [Search for Anonymous Reporting Lighthouse](#) > [Download the app](#) > [Keyword “Prime”](#) > [Select “save”](#)
- Third party vendor’s website: www.lighthouse-services.com/prime

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