

# 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

### Specialty claims common billing errors

Specialty medications are generally prescribed for individuals with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, hepatitis C and rheumatoid arthritis. These high-cost medications also have one or more of the following characteristics:

- May be injected or infused (some may be taken by mouth)
- Have unique storage or shipment requirements
- Require additional education and support from a health care professional
- Are not usually stocked at retail pharmacies

When filling prescriptions for specialty products, Pharmacies are expected to maintain accurate and thorough records applicable to these drugs using the following guidelines:

- Ensure appropriate weight-based dosing is maintained
- Consult FDA labeling, contact the Prescribing Provider to verify the dose when it exceeds FDA recommendations and document all communication on the hard copy
- Ensure continuous dosing is verified and documented when recommended dosing is cyclic (i.e., chemotherapy when a rest period is recommended)
- Ensure that, when products are to be taken concomitant with other treatments, the other treatment therapy frequency/schedule is documented on the hard copy (i.e., radiation therapy)
- Verify when maintenance dosing begins, to accurately represent quantity and days' supply following dispensing of loading doses
- Obtain concise directions on as-needed medications to accurately represent the days' supply (i.e., number of HAE attacks monthly)

Please use the following guidelines when submitting claims:

- Select the smallest commercially available package size to address the prescription requirements
- Because plan benefits may have specialty drug limitations, ensure claims are submitted with the number of days the prescription drug will last and do not exceed the plan benefit
- Monitor for early refills the prescription drugs with cyclic dosing where the days' supply exceeds the plan benefit
- Monitor for early refills based on directions for use, DUR messaging provided to pharmacy and accurate dispensing date of maintenance dose following the loading dose
- Dispense products taken concomitantly with other treatments according to the frequency/schedule of the other treatment therapy

Please visit Prime's website at [www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com) for detailed processing requirements.

Prime includes review of cost-effective dispensing practices during on-site audit visits and during claim audits. 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 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](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, the National Plan/ Provider Enumeration System (NPES) 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](http://www.PrimeTherapeutics.com) > Resources > Pharmacy + provider > Pharmacy providers > UM program updates.

## HCSC news

### Statin use for persons with diabetes

Statin Use for Persons with Diabetes, also known as SUPD, is a quality measure that was endorsed by the Pharmacy Quality Alliance (PQA) in 2014. The Centers for Medicare & Medicaid Services (CMS) has adopted this measure as a Star Rating measure starting with the 2017 calendar year.

- This measure can overlap with a Part C measure, Statin Therapy for Patients with Cardiovascular Disease (SPC). Patients who have both diabetes and cardiovascular disease will need to meet more stringent requirements for SPC and should be prescribed a moderate- to high-intensity statin.
- This measure can also overlap with the medication adherence measure for statins. Encourage patients to continue with therapy as prescribed.

*Prescribe statins for patients with diabetes:* Diabetes greatly raises the risk of getting heart disease. While it is common for people with heart disease to take statins, the American College of Cardiology and the American Heart Association have expanded the number of potential statin users. Physicians historically based their decision to prescribe a statin primarily on a person's LDL score. Now, other risk factors are considered as physicians create a treatment plan for their patients with diabetes. Statins are often recommended for people who have:

- A diagnosis of heart disease
- An LDL cholesterol level of 190 mg/dL or higher
- Age 40-75 years, a diagnosis of diabetes and an LDL of 70 mg/dL or higher
- A 10-year heart attack risk of 7.5 percent or higher and an LDL of at least 70 mg/dL

*Diabetes and statins:* In 2020, the American Diabetes Association recommended that all people age 40–75 with diabetes take statins. Taking control of risk factors that can lower overall risk for developing heart disease is key. These risk factors include:

- High cholesterol
- High blood pressure
- Being overweight or obese
- Smoking
- High level of salt in the diet
- Low level of physical activity

It's critical to include the patient in the decision-making process and explain the goals of care. If a statin is prescribed, talk to your patient about:

- Why a statin is so important
- Target levels of LDL cholesterol
- Side effects of statins
- How to respond to the side effects of statins

Formulary statins include atorvastatin, lovastatin, pravastatin, rosuvastatin and simvastatin.

## 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 Jan. 1, 2022 will be available for review by Nov. 1, 2021 on Prime's website at **[www.PrimeTherapeutics.com](http://www.PrimeTherapeutics.com)** > **Resources** > **Pharmacy + provider** > **Provider manual**. Please continue to use the April 2021 Provider Manual until Jan. 1, 2022.

## 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](mailto: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](http://www.PrimeTherapeutics.com) > **Resources > Pharmacy + provider > Pharmacy providers > Formularies – Commercial.**

For Medicare Part D formularies, access [www.PrimeTherapeutics.com](http://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](http://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](mailto: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](mailto: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](mailto: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](mailto:reports@lighthouse-services.com)
- Third-party vendor's website:  
[www.lighthouse-services.com/prime](http://www.lighthouse-services.com/prime)

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