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Rising Costs of New Obesity Drugs

With its approval in September, Contrave® (naltrexone HCl and bupropion HCl) became the latest in a growing line of drugs to treat our nation's expensive weight problem. Contrave is estimated to cost between \$1,200 and \$1,600 per year. Obesity is estimated to drive [\\$270 billion in additional healthcare spending](#) each year.

The adult obesity rate in the U.S. is nearly 35% – more than 1 in 3 adults or nearly 79 million people – as measured by their body mass index (BMI). By 2030, this rate is expected to rise to [42% of the overall population](#).

Medication Risks

When used in conjunction with exercise, diet and other lifestyle modifications, weight loss drugs can help severely overweight or obese people achieve healthier outcomes. However, many of these medications have also shown the potential for abuse or over-use; some have been withdrawn after being linked to heart problems, stroke or death. The [Food and Drug Administration](#) now requires manufacturers to provide additional data to prevent approval of drugs that cause such problems.

Ensuring Safety and Savings

Express Scripts implements prior authorization programs for these medications to ensure their safe and appropriate use.

For more information, please visit <http://lab.express-scripts.com>.

Change of Pharmacy Ownership

Contracted network pharmacies must notify Express Scripts within five (5) days in the event of a change of ownership or control. The buyer **must** meet all credentialing and participation requirements, and be accepted to participate in the Express Scripts network. Upon acceptance, the buyer must also execute a new Provider Agreement.

Section 1.5 on page 10 of the current Express Scripts Network Provider Manual documents these requirements in part as follows:

“Any successor owner or operator (“Buyer”) must be accepted to participate..., execute a new Provider Agreement (at the discretion of PBM; alternatively, PBM may allow assignment of the Provider Agreement to Buyer) and meet all of PBM’s credentialing and participation requirements. Buyer shall be liable and responsible for any obligations of the previous owner (“Seller”) unless and until (a) Buyer or Seller notifies PBM in writing of the change of ownership, (b) Buyer completes any and all credentialing requirements communicated by PBM to Buyer, (c) Buyer executes a new Provider Agreement (or, in the alternative, PBM consents in writing to the assignment of the previous Provider Agreement), and (d) Buyer and Seller each notify PBM in writing that Seller has retained responsibility for any outstanding obligations.”

To access the Express Scripts Provider Manual, log on to the Pharmacist Resource Center at www.express-scripts.com/prc.

Did You Know?

Contracted network pharmacies are required to notify Express Scripts immediately in writing of any action brought against the pharmacy, the pharmacy’s owner, or any of the pharmacy’s employees, by a state or federal regulatory body or law enforcement agency.

If such an action should ever impact your pharmacy, avoid being in breach of your contract by emailing us at PharmacyContracts@express-scripts.com and letting us know.

Record Keeping: An Important Requirement for CMS Audits

Pharmacies are contractually obligated to keep prescription records for 10+1 years per the Centers for Medicare-Medicaid Services (CMS). Recently, some CMS audits have resulted in insufficient provision of supporting documentation to validate selected claims. In response to these audits, pharmacies should provide requested prescriptions and signature logs as quickly as possible.

The current Express Scripts Network Provider Manual (Section 7.12, page 80) reads as follows on the topic of records retention:

“Network Providers are required to maintain all Medicare Part D prescription records and supporting documentation for a minimum of 10 years plus the current plan year (or longer if required by law). This retention is consistent with the requirements of other government-sponsored programs.

“Access to Medicare Part D-related records is required for audit purposes, including audits by the U.S. Department of Health and Human Services (HHS) and the Comptroller General or its designees, or the PBM. The PBM reserves the right to assess a financial penalty if Network Provider repeatedly fails to provide Medicare Part D-related records.”

EmblemHealth Claims Processing Reminder

Express Scripts and EmblemHealth, with plan members located in New York, New Jersey and Connecticut, have updated member validation rules for claims processing. If an EmblemHealth claim rejects with NCPDP Reject 65 (Patient is not Covered) due to invalid member information, please confirm the member’s first name, date of birth (DOB), gender, person code and patient relationship code.

Please submit claims for EmblemHealth members using the information below and continuing on page 3.

Plan Name	RxGroup	BIN	PCN
EmblemHealth HIP Medicare Part D	Follow information on member ID card. If not populated on ID card, leave blank.	400023	0020050403
EmblemHealth GHI Medicare Part D	Follow information on member ID card. If not populated on ID card, leave blank.	013344	0020080229
EmblemHealth 1199 SEIU Medicare	Follow information on member ID card. If not populated on ID card, leave blank.	011800	0020050403
Connecticare Medicare	Follow information on member ID card. If not populated on ID card, leave blank.	013337	0020080229
City of New York Medicare Part D	GH3A	003858	MD
City of New York GHI	GH3A	003858	A4
GuildNet Medicare Part D	Follow information on member ID card. If not populated on ID card, leave blank.	013344	0020080229

(Continued on page 3)

EmblemHealth Claims Processing Reminder (Continued from page 2)

Please submit claims for EmblemHealth members using the following information:

Plan Name	RxGroup	BIN	PCN
EmblemHealth HIP Commercial	KHXA	400023	Blank (cannot input all zeros)
EmblemHealth GHI Commercial	KHXA	013865	Blank (cannot input all zeros)
EmblemHealth Medicaid	KJ2A	015748	0020111001
Connecticare Medicare Part B only	Follow Member ID card info. If not populated on ID card, leave blank	013337	0020080229
EmblemHealth HIP Part B only	Follow Member ID card info. If not populated on ID card, leave blank	400023	0020050403
EmblemHealth GHI Part B only	Follow Member ID card info. If not populated on ID card, leave blank	013344	0020080229
EmblemHealth Health Care Exchanges	Follow Member ID card info. If not populated on ID card, leave blank	400023	01071998

If you need assistance processing a claim, contact the Express Scripts Pharmacy Services Help Desk at 800.824.0898 or 800.922.1557, or visit the Pharmacist Resource Center at www.express-scripts.com/prc.