

Network Pharmacy Weekly



EXPRESS SCRIPTS®

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Health Exchange Medication Trends

Express Scripts' research reveals nearly half of Americans enrolled in a Public Health Insurance Exchange plan have already used their pharmacy benefit.

In April, Express Scripts provided the [nation's first look at early medication utilization trends in the Exchanges](#), which showed the earliest enrollees in those plans were using more specialty medications than traditionally insured Americans.

Our second Exchange Pulse Report™ reaffirms that finding but also shows:

- 55% of Americans enrolled in the Exchanges are using their pharmacy benefit.
- 87% are using generics, which is 6% higher than the traditionally insured population.
- Later enrollees, who signed up on or after March 1, are younger by an average of four years, use fewer medications and have lower incomes than the earlier enrollees in exchange plans.

Exchange plans with lower premiums but higher out-of-pocket costs for brand medications (Silver Plans) have been most popular among consumers on the Exchanges, particularly among those eligible for subsidies. By preferring generic medications over higher cost brand alternatives, members are using their plans in the way they were designed. ■

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



EmblemHealth Medicare Part D Member Information Validation

Beginning October 15, 2014, Express Scripts and EmblemHealth are updating validation rules for EmblemHealth's Medicare Part D members. EmblemHealth members are primarily located in New York, New Jersey and Connecticut.

If an EmblemHealth Medicare Part D 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), and gender.

When submitting claims for EmblemHealth Medicare Part D members:

- Please enter "1" in the NCPDP Patient Relationship Code Field (306-C6), and
- Enter "1" in the NCPDP Person Code Field (303-C3).

Please review the plan names and processing information for each plan on page 2.

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On-Site Audit Compliance Tips

Network pharmacy providers can ensure successful on-site audits and avoid being non-compliant by following these tips:

- Prepare your pharmacy and staff for the audit.
- Provide the Express Scripts field auditor with requested documentation and an appropriate space to conduct the audit.
- Cooperate with all reasonable requests related to the audit.
- Be sure you are compliant with the terms of the Provider Agreement, including the Network Provider Manual.

If a pharmacy is deemed non-compliant, a non-compliance fee may be assessed. However, pharmacies are allowed to appeal discrepancies identified during an audit. Appeals must comply with state audit laws.

Medicare Part D Member Validation (Continued from page 1)

Please submit claims for members using the following information:

Plan Name	Rx Group	BIN	PCN
EmblemHealth HIP Medicare Part D	Follow Member ID card info. If not populated on ID card, leave blank.	400023	0020050403
EmblemHealth GHI Medicare Part D	Follow Member ID card info. If not populated on ID card, leave blank.	013344	0020080229
EmblemHealth 1199 SEIU Medicare	Follow Member ID card info. If not populated on ID card, leave blank.	011800	0020050403
ConnectiCare Medicare	Follow Member ID card info. If not populated on ID card, leave blank.	013337	0020080229
City of New York Medicare Part D	GH3A	003858	MD
GuildNet Medicare Part D	Follow Member ID card info. If not populated on ID card, leave blank.	013344	0020080229

Change for Amerigroup Community Care Members in NV and WA

Beginning November 1, 2014, Express Scripts will be the pharmacy benefits manager (PBM) for Amerigroup Medicaid members in the states of Nevada and Washington. Below are important updates about the pharmacy benefit for these members.

If your pharmacy participates in the Amerigroup Nevada or Amerigroup Washington pharmacy networks, you are a contracted provider with Amerigroup.



Following are sample Amerigroup identification cards for both Nevada and Washington members. If a member does not have his/her ID card, please call Amerigroup at **1.800.454.3730**.

 <p>Amerigroup RealSolutions in healthcare www.myamergroup.com</p>	<p>Effective Date: MDYEFF Date of Birth: MDYDOB Subscriber #: MEMBERID</p>	<p>MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for non-emergency care. If you have questions, call Member Services at 1-800-600-4441. If you are hearing impaired, please call 1-800-855-2880.</p> <p>MIEMBROS: Favor de llevar esta tarjeta con usted en todo momento. Presente esta tarjeta antes de recibir atención médica. No tiene que presentarla para recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencia más cercana. Llame siempre a su PCP de Amerigroup para atención que no sea de emergencia. Si tiene preguntas, llame a Servicios para Miembros al 1-800-600-4441. Si tiene problemas de audición, favor de llamar al 1-800-855-2884.</p> <p>HOSPITALS: Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.</p> <p>PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.</p> <p>PHARMACIES: Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKQA. For technical help, call Express Scripts at 1-844-367-6110.</p>
<p>Member Name: MBRNAME Medicaid Number: MBRALTKEY Primary Care Provider (PCP): PCPNAME PCP Telephone #: PCPPHONE Dental Care: 1-877-378-5302 Vision Care: 1-888-300-9025 Member Services/Nurse HelpLine/Pharmacy and Behavioral Health: 1-800-600-4441</p>		
<p align="center">SUBMIT MEDICAL CLAIMS TO: AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010</p> <p align="center"><small>USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.</small></p>		

Amerigroup Nevada Member ID Card Sample

(Continued on page 3)

Change for Amerigroup NV and WA Members (Continued from page 2)

 <p>Effective Date: Date of Birth: Subscriber #:</p> <p>Washington Apple Health</p>  <p>Member Name: Medicaid or CHIP ID Number: Primary Care Provider (PCP): PCP Telephone #: PCP Address: Clinic/Group: Vision: 1-866-416-0153</p> <p>Member Services/Pharmacy and Behavioral Health: 1-800-600-4441 Amerigroup On Call/24-hour Nurse HelpLine: 1-866-864-2544</p>	<p>MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your Amerigroup PCP for nonemergency care. If you have questions, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, call 1-800-855-2880.</p> <p>MIEMBROS: Lleve consigo siempre esta tarjeta de identificación. Muéstrela antes de recibir atención médica. Usted no necesita mostrar esta tarjeta antes de recibir atención de emergencia. Si tiene una emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Llame siempre a su PCP de Amerigroup para la atención que no es de emergencia. Si tiene alguna pregunta, llame a Servicios para Miembros al 1-800-600-4441. Llame al 1-800-855-2884 si es una persona sorda o tiene problemas de la audición.</p> <p>HOSPITALS: Preadmission certification is required for all nonemergency admissions, including outpatient surgery. For emergency admissions, notify Amerigroup within 24 hours after treatment at 1-800-454-3730.</p> <p>PROVIDERS: Certain services must be preauthorized. Care that is not preauthorized may not be covered. For preauthorization/billing information, call 1-800-454-3730.</p> <p>PHARMACIES: Submit claims using Express Scripts RXBIN: 003858; RXPCN: MA; RXGRP: WKHA. For technical help, call Express Scripts at 1-844-367-6113.</p> <p>SUBMIT MEDICAL CLAIMS TO: AMERIGROUP • PO BOX 61010 • VIRGINIA BEACH, VA 23466-1010 USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD. EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.</p>
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Amerigroup Washington Member ID Card Sample

CLAIMS SUBMISSION INFORMATION

Submit claims to Express Scripts for Amerigroup of Nevada or Washington members on or after November 1, 2014, use the following BIN/PCN/GroupRx information:

Claim Submission Information: NEVADA	
BIN:	003858
PCN:	MA
Group:	WKQA

Claim Submission Information: WASHINGTON	
BIN:	003858
PCN:	MA
Group:	WKHA

Pharmacies must submit all claims with a valid, active prescriber NPI. Claims submitted without the prescriber's NPI, with an invalid or inactive NPI, or those submitted with other types of prescriber IDs will reject with 25 (Missing or Invalid Prescriber ID).

Pharmacies may fill up to a 30-day supply. **Amerigroup Washington members may fill prescriptions for a 12-months' supply of contraceptives.**

Pharmacists may not refuse to fill Medicaid prescriptions due to a member's inability to pay the copayment. Member copayments vary based on the medication dispensed.

TRANSITION OF CARE BENEFIT

- Members may receive temporary, transitional fills of some medications, identified by secondary messaging on paid claims stating **"Paid under Transition Fill."**
- If the pharmacist receives this transition message, he/she should alert the member to the temporary nature of the fill and have the member call Amerigroup at **1.800.600.4441** or their prescriber to request a prior authorization (PA) or switch to a formulary medication.

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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.

Change for Amerigroup NV and WA Members (Continued from page 3)

PRIOR AUTHORIZATION (PA) CONTACT NUMBERS

Pharmacists or prescribers may request PAs using the phone and fax numbers below:

Prior Authorization Numbers	
Phone	1.800.454.3730
Fax	1.800.359.5781

PRESCRIPTION ORIGIN CODES (POC)

- This field must be populated with a valid value or the claim will reject with 33 (Missing or Invalid Prescription Origin Code).
- One of the following values should be entered in the POC field (419-DJ) on all claims:
 - 1 = Written
 - 2 = Telephone
 - 3 = Electronic
 - 4 = Facsimile
 - 5 = Pharmacy

72-HOUR EMERGENCY FILLS

- A 72-hour fill should only be used in the event of an emergency.
- Submit claims for emergency fills with:

Emergency Fill Claim Submission Information		
Field Name	Field Number	Submission Information
Days Supply:	405-D5	3
Prior Auth Type Code	461-EU	1
Prior Auth Number Submitted	462-EV	1111

To obtain a Prior Authorization, please call **1.800.454.3730**.

DRUG COVERAGE

- Members must use generics when available and claims for brand-name drugs will reject.
 - When dispensing brand-name drugs as generics, submit Dispense As Written (DAW) code 5 to receive reimbursements at generic prices.
- Some over-the-counter (OTC) items will be covered with a prescription. Please submit a claim to determine coverage.
- For Amerigroup **WASHINGTON** members: Only drugs covered under the Medicaid Drug Rebate Program will process. Claims not covered by a federal rebate will reject with AC (Product Not Covered, Non-Participating Manufacturer).

Express Scripts Pharmacy Help Desk NEVADA: 1.844.367.6110

Express Scripts Pharmacy Help Desk WASHINGTON: 1.844.367.6113