Q2 2023 PHARMACY COMMUNICATION

IMPORTANT REMINDERS AND UPDATES

Medicare Prescription Drug Coverage and Your Rights (Pharmacy Notice): The Pharmacy Notice Form and Instructions are included on pages 2 and 3 of this communication. Please review and ensure that your pharmacy is in compliance with the requirements at 42 CFR § 423.562(a)(3) and § 423.128(b)(7)(iii).

2023 Credentialing and Medicare Part D Attestations:
<u>Independent pharmacies:</u> In order to comply with CMS requirements and remain in good standing in our network, please ensure that your pharmacy employees complete the annual compliance trainings, and in turn, the pharmacy completes the Participating Pharmacy Medicare Part D Certification for 2023 Plan Year in NCPDP by December 31st, 2023.

<u>Chains and PSAOs:</u> In early June, your organization was sent the 2023 Annual Credentialing Attestation and Annual Medicare Part D Attestation, both of which need to be completed as requirements of your Participating Provider Agreement and the Pharmacy Manual. Please complete both documents in their entirety and sign on behalf of all your affiliated chain codes.

Pharmacy Manual Updates: There have been recent updates made to the Elixir Pharmacy Manual. As a reminder, pharmacies are required to regularly check the Pharmacy Manual for updates (located on our website under "Providers" > "Pharmacy Resources" > "Processing Information"). To ensure you are viewing the most recent version of the Manual, remember to cache your browser. To do this, click "control" and "refresh" together and the latest version of the manual will reflect.

Section	Page Number	Content Updated/Added
COVID-19 Tests	Page 13	Updates made to align with the end of the Public Health Emergency
COVID-19 Vaccines	Page 17-18	Updates made to align with the end of the Public Health Emergency
Accurate Claim Submission and Prescription Record	Page 23-24	Processing Biosimilars information added

Pharmacy Satisfaction Survey: The 2023 Pharmacy Satisfaction Survey is now open and available for pharmacies to participate in. We appreciate the time and feedback of our network pharmacies in order to improve our services.

NCPDP Update: Elixir uses NCPDP as its primary source for all pharmacy information. Please ensure your profile is up to date with your pharmacy's current information. This includes, but is not limited to, information such as your pharmacy's address, contact information, PSAO affiliation, payment centers, change of ownership, and licensure. All pharmacy updates made in NCPDP by end of day Wednesday will be received by Elixir on Thursday morning through the weekly dataQ file from NCPDP. **In order to prevent member disruption, please ensure you have taken all necessary steps for contracting if your pharmacy is changing or leaving your PSAO.**

ACH Second Factor Verification: As an added step to ensure security around banking changes, Elixir has implemented a second factor verification process. Within one week of submitting a banking change request, a representative from Elixir's Pharmacy Payables team will reach out directly to the contact email provided in your NCPDP profile. This can cause a delay in processing but is done to validate the information and prevent fraud. It is important that pharmacies keep this information up to date.

Online Provider Resources: As a reminder, please visit www.elixirsolutions.com to view provider resources, including, but not limited to, Payer Sheets, Electronic Payment and Remittance Forms, and MAC inquiries.

PRESCRIBER RESOURCES

Prescriber Portal: Elixir provides valuable information including direct links to client websites to assist with Prior Authorizations, Coverage Determination Forms, Covered Drug Lists, and Health and Information Resources. There are also instructions for obtaining UM criteria and how to use our pharmaceutical management procedures, explanations of limits and quotas, how prescribers can provide information to support an exception request, and generic substitution, therapeutic interchange, and step-therapy protocols. These resources are available to pharmacies on our website under "Providers" > "Prescriber Resources". Please utilize this information as a helpful guide in filling prescriptions, assisting members, and referring prescribers.

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Form Instructions

Medicare Prescription Drug Coverage and Your Rights
Standardized Pharmacy Notice (CMS-10147)

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Each Medicare Part D plan sponsor must arrange with its network pharmacies, including mail order and specialty pharmacies, for the distribution of this notice to Part D enrollees when a prescription cannot be covered ("filled") under the Medicare Part D benefit at the point of sale (POS). The notice must be provided to the enrollee if the pharmacy receives a transaction response (rejected or paid) indicating the claim is not covered by Part D. See Chapter 18, *Notification by Network Pharmacists*, of the Prescription Drug Benefit Manual for the complete list of rejected claim scenarios where delivery of this notice is not required. The notice instructs enrollees about their right to contact their Part D plan to request a coverage determination, including an exception. This notice fulfills the requirements at 42 CFR § 423.562(a)(3) and § 423.128(b)(7)(iii).

This is a standardized notice, the content of which may not be altered. The notice must be provided in 12 point font. The OMB control number must be displayed in the lower right corner of the notice. The fields for the enrollee's name and the drug and prescription number are optional and may be populated by the pharmacy.

Heading
Logo not required. Pharmacies may place their logo in the space above the optional fields for the enrollee's name and the drug and prescription number.

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.

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.