

## Q2 2021 PHARMACY COMMUNICATION



### WHAT'S NEW WITH ELIXIR?

**Credentialing FAQ:** Please visit our website (<https://www.elixirsolutions.com/providers> under “Providers” > “Pharmacy Resources” > “Enroll”) to review the “Pharmacy Credentialing and Recredentialing FAQs” which provides information on our requirements for credentialing and recredentialing, current Heat Zones designations, how to enroll in the Elixir Pharmacy Network, and much more. As a reminder, pharmacies affiliated with a PSAO and located in a Heat Zone are required to submit the Pharmacy Network Enrollment Request form each time they change PSAOs. There are also additional conditions that must be met for Heat Zone pharmacies to participate in the Elixir Pharmacy Network (further detail is provided in the FAQ).

**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 at 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
Credentialing and Recredentialing Guidelines	Page 7	Further information provided
Suspensions and Terminations	Page 11-12	Recoupment information
Acceptable Audit Appeals	Pages 25-28	Information in the discrepancy and recovery tables
Michigan Medicaid Health Plan Dispensing Fee	Page 44	Dispensing fee information updated

**Puerto Rico Medicaid Enrollment:** As required by State Medicaid Agencies (SMAs) and Puerto Rico Medicaid/ASES (Regulatory Government Agency for Medicaid and Medicare Advantage contracts) all pharmacies providing services to Medicaid members must register on the Puerto Rico Medicaid website (<https://www.medicaid.pr.gov/>) and acquire a Medicaid ID. If your pharmacy provides services to Medical Card System (MCS) Platino members, please visit <https://medicaid.pr.gov/Home/PEP> to enroll with Puerto Rico Medicaid by **June 31<sup>st</sup>, 2021**. If your pharmacy is not enrolled, you will be unable to process claims for Platino members.

**Maryland PSAO Registration Requirement:** Effective July 1<sup>st</sup>, 2021 the state of Maryland requires Pharmacy Services Administrative Organizations (PSAOs) to register with the Maryland Insurance Commissioner. A PSAO that does not register, may not enter into an agreement or a contract with an independent pharmacy or a Pharmacy Benefit Manager. If your PSAO has affiliated pharmacies located in Maryland, please ensure your organization has enrolled with the state of Maryland Insurance Commissioner. For more information, please contact the Maryland Insurance Administration (MIA) at 410-468-2104.

**Medicare Prescription Drug Coverage and Your Rights (Pharmacy Notice):** Included on pages 3 and 4 of this communication is the Pharmacy Notice and Form Instructions. 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).

**Bulletins and Communications:** The Pharmacy Whisperer is a periodic communication sent out by Elixir’s Pharmacy Audit Department to network pharmacies. The communication contains tips, reminders, and best practices to avoid audit chargebacks and other adverse actions. Please review the recent communication shared by the Pharmacy Audit Department on April 30<sup>th</sup>. All Pharmacy Whisperer communications are available at the Elixir website, under “Providers” > “Pharmacy Resources” > “Bulletins and Communications”.

As a reminder, recent communications are posted on our website for convenient access under the “Bulletins and Communications” section of our website. Some communications may include contractual obligations that pharmacies are required to comply with. The Elixir Pharmacy Audit Department issues periodic communications with best practices for claims submission, tips to avoid FWA-related scrutiny, and reminders about expectations from network pharmacies as it relates to FWA and compliance. Please make sure to consult all past communications, especially if your pharmacy has recently entered the network, to remain in compliance with network expectations.

**Pharmacy Satisfaction Survey:** The 2021 [Pharmacy Satisfaction Survey](#) is now open. We would appreciate your participation in providing feedback in order to improve our services to network pharmacies.



### PHARMACY INFORMATION UPDATES

**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. 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.



### VISIT [WWW.ELIXIRSOLUTIONS.COM](http://WWW.ELIXIRSOLUTIONS.COM) TO VIEW ONLINE PROVIDER RESOURCES

The below resources can be found under the “Providers” tab:

- ✓ Pharmacy Manual
- ✓ Electronic Payment and Remittance Forms
- ✓ Payer Sheets
- ✓ MAC Inquiries
- ✓ Independent Pharmacy Enrollment and Credentialing Information
- ✓ Instructions for obtaining UM criteria and how to use our pharmaceutical management procedures
- ✓ Explanations of limits and quotas
- ✓ Generic substitution, therapeutic interchange, and step-therapy protocols
- ✓ How prescribers can provide information to support an exception request

### HELPFUL CONTACTS



- Elixir Pharmacy Help Desk: 1.800.361.4542 [care@elixirsolutions.com](mailto:care@elixirsolutions.com)
- MAC: [MAC@elixirsolutions.com](mailto:MAC@elixirsolutions.com)
- Pharmacy Accounting/Payment Issues: [pharmacyaccountingissues@elixirsolutions.com](mailto:pharmacyaccountingissues@elixirsolutions.com)
- Pharmacy Audit Inquiries: [pharmacyaudits@elixirsolutions.com](mailto:pharmacyaudits@elixirsolutions.com)
- Pharmacy Contract Inquiries: [pharmacycontracting@elixirsolutions.com](mailto:pharmacycontracting@elixirsolutions.com)
- Provider Enrollment Application Submission/Questions: [providerenrollment@elixirsolutions.com](mailto:providerenrollment@elixirsolutions.com)
- NCPDP Main Office: 480.734.2870 [accessonline.ncdp.org](http://accessonline.ncdp.org)

*Privacy & Confidentiality of Information Notice: This communication may contain non-public, confidential, or legally privileged information intended for the sole use of the designated recipients. If you are not the intended recipient, or have received this communication in error, please notify the sender immediately by reply email or by telephone at 800.361.4542, and delete all copies of this communication, including attachments, without reading them or saving them to disk. If you are the intended recipient, you must secure the contents in accordance with all applicable state or federal requirements related to the privacy and confidentiality of information, including the HIPAA Privacy guidelines.*

IF YOU DO NOT WISH TO RECEIVE EMAILS from an Elixir company you may send a request to us via fax to 866.250.5178 (toll free) or via email to [care@elixirsolutions.com](mailto:care@elixirsolutions.com) (must state “Email Opt Out” in the subject line) or call 800.361.4542 (toll free) instructing us not to send you further emails. Your request will be deemed valid only if: (1) it contains the address(es) of the email(s) that should not receive an email from us; and (2) you do not subsequently give us permission to send emails to the previously provided email address. You must request that we resume emails to you by contacting us at the telephone number, fax number, or email address listed above. Federal law requires us to comply with your request within 30 days.

## Form Instructions

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

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.

**PRA Disclosure Statement** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0975. The time required to complete this information collection is estimated to average one (1) minute per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Form CMS -10147

OMB Approval No. 0938-0975 (Expires: 02/28/2021)

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.

Form CMS -10147 OMB Approval No. 0938-0975 (Expires: 02/28/2021)