



Participating Pharmacy Administrative Manual

for

Pharmacies Participating in the
Coventry National Network
(Bin 610029)



Pharmacies Participating in the
First Health[®] Rx National Network
(Bin 002286)

Advantra[®]Rx

Medicare Prescription Drug Plans Made Easy

Pharmacies Participating in the
Coventry National Medicare Part D Network
(BIN 610029)



Pharmacies Participating in the
First Health National Medicare Part D Network
(BIN 610029)

COVENTRY HEALTH CARE, INC.

PARTICIPATING PHARMACY ADMINISTRATIVE MANUAL

FOREWORD

This manual is intended to serve as an administrative guide to assist your pharmacy staff by providing detailed information regarding the policies of Coventry Health Care, Inc. for the Coventry National Network, the First Health® Rx Network, and the Advantra® RX and First Health® Premier National Medicare Part D Network(s). The information in this manual is current at press time. Therefore, page changes and supplements to this manual will be forwarded from time to time and should be kept with the manual for easy reference. On-line adjudication of claims will reflect the most current benefit; and takes precedence over printed information. For specific details regarding the basic elements of the Agreement between Coventry Health Care, Inc. and its participating pharmacies, refer to the Coventry Health Care, Inc. National Pharmacy Participation Agreement.

For ease of use, the defined terms in this Participating Pharmacy Administrative Manual have the same meaning as the Agreement. As always, in the event that this manual and your Agreement differ, the Agreement supersedes the manual. While we hope that most of your day-to-day questions concerning the Coventry Health Care, Inc. pharmacy program are adequately addressed in this manual, please call if you have any questions.

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If you need additional clarification, please contact the telephone numbers listed below:

Network Name	Coventry National Network	First Health® Rx	Advantra® Rx	First Health® Premier
Web Site	www.cvty.com	www.firsthealth.com	www.advantrarx.com	www.firsthealthpremier.com
Pharmacy Program Administrator	Caremark, Inc.	First Health® Rx	Caremark, Inc.	Caremark, Inc.
BIN Number	610029	002286 (610678 for Medicare Part D COB)	610029	610029
<u>Inquiries</u>				
Billing Payment	Caremark, Inc.	First Health Corp.	Caremark, Inc.	Caremark, Inc.
	1-800-378-7040	Located on ID Card	1-800-364-6331	1-800-364-6331
	M-F: 8:30am. – 10pm. (EST) Saturday: 9am – 1pm. (EST)	24 hrs/ 7 days	24 hrs/ 7 days	24 hrs/ 7 days
Claims Submission	Caremark, Inc.	First Health Corp.	Caremark, Inc.	Caremark, Inc.
	1-800-378-7040	Located on ID Card	1-800-364-6331	1-800-364-6331
	M-F: 8:30am. – 10pm. (EST) Saturday: 9am – 1pm. (EST)	24 hrs/ 7 days	24 hrs/ 7 days	24 hrs/ 7 days
Member Benefit & Eligibility	Caremark, Inc.	First Health Corp.	Caremark, Inc.	Caremark, Inc.
	1-800-378-7040	Located on ID Card	1-800-364-6331	1-800-364-6331
	M-F: 8:30am. – 10pm. (EST) Saturday: 9am – 1pm. (EST)	24 hrs/ 7 days	24 hrs/ 7 days	24 hrs/ 7 days
Pharmacy Contracting	Pharmacy Network Services Department	Pharmacy Network Services Department	Pharmacy Network Services Department	Pharmacy Network Services Department
	916-374-3756	916-374-3756	916-374-3756	916-374-3756
	M-F: 7:30am – 4:00pm (PT)	M-F: 7:30am – 4:00pm (PT)	M-F: 7:30am – 4:00pm (PT)	M-F: 7:30am – 4:00pm (PT)

II. COVENTRY HEALTH CARE PLAN SUBSIDIARIES
Pharmacy Program Administrator: Caremark, Inc. (Bin 610029)

<p>(Effective 01/01/2007) Altius Health Plans, Inc. 10421 South Jordan Gateway Suite 400 South Jordan, UT 80495 Prior Authorization: 1-877-215-4100</p>	<p>Coventry Health Care of Iowa, Inc. 4320 N.W. 114th Street Urbandale, IA 50322 Prior Authorization: 1-877-215-4100</p>	<p>Coventry Health Care of Georgia, Inc. 3715 Northside Parkway, Suite 4-300 Atlanta, GA 30327 Prior Authorization: 1-877-215-4100</p>
<p>Carelink Health Plans, Inc. 500 Virginia St., East Suite 400 Charleston, WV 25301 Prior Authorization: 1-877-215-4100</p>	<p>Coventry Health Care of Kansas, Inc. – Kansas City 1001 East 101st Terrace, Suite 300 Kansas City, MO 64131 Prior Authorization: 1-877-215-4100</p>	<p>PersonalCare Insurance of Illinois, Inc. 2110 Fox Drive Champaign, IL 61820 Prior Authorization: 1-877-215-4100</p>
<p>Group Health Plan, Inc. 111 Corporate Office Dr., Suite 400 Earth City, MO 63045 Prior Authorization: 1-877-215-4100</p>	<p>Coventry Health Care of Kansas, Inc. – Wichita 8301 East 21st North, Suite 300 Wichita, KS 67206 Prior Authorization: 1-877-215-4100</p>	<p>WellPath Select, Inc. 6330 Quadrangle Drive, Suite 500 Chapel Hill, NC 27514-9872 Prior Authorization: 1-877-215-4100</p>
<p>HealthAmerica Pennsylvania, Inc./ HealthAssurance Pennsylvania, Inc. 2575 Interstate Drive Harrisburg, PA 17110 Prior Authorization: 1-877-215-4100</p>	<p>Coventry Health Care of Louisiana, Inc. 2424 Edenborn Ave., Suite 350 Metairie, LA 70001 Prior Authorization: 1-877-215-4100</p>	<p>Coventry Health and Life Insurance Company 6705 Rockledge Drive, Suite 900 Bethesda, MD 20817 Prior Authorization: 1-877-215-4100</p>
<p>HealthAmerica Pennsylvania, Inc./ HealthAssurance Pennsylvania, Inc. 11 Stanwix Street, Suite 2300 Pittsburgh, PA 15222 Prior Authorization: 1-877-215-4100</p>	<p>Coventry Health Care of Nebraska, Inc. 13305 Birch St. #100 Omaha, NE 68154 Prior Authorization: 1-877-215-4100</p>	<p>OmniCare Health Plans, Inc. 1333 Gratiot Avenue Suite 400 Detroit, MI 48207 Prior Authorization: 1-877-215-4100</p>
<p>HealthCare USA of Missouri, LLC 100 South Fourth Street, Suite 1100 St. Louis, MO 63102 Prior Authorization: 1-877-215-4100</p>	<p>Coventry Health Care of Pennsylvania, Inc. 2575 Interstate Drive Harrisburg, PA 17110 Prior Authorization: 1-877-215-4100</p>	
<p>Coventry Health Care of Delaware, Inc. Little Falls Center II 2751 Centerville Road, Suite 400 Wilmington, DE 19808 Prior Authorization: 1-877-215-4100</p>	<p>Southern Health Services, Inc. 9881 Maryland Drive Richmond, VA 23233 Prior Authorization: 1-877-215-4100</p>	

II. COVENTRY HEALTH CARE PLAN SUBSIDIARIES (continued)
Pharmacy Program Administrator: First Health Group Corp. (Bin 002286, 610678)

First Health Life & Health Insurance
Company
3200 Highland Avenue
Downers Grove, Illinois 60515
(630) 737-7900

First Health Group Corporation
3200 Highland Avenue
Downers Grove, Illinois 60515
(630) 737-7900

First Health Benefits Administrator
Corporation
3200 Highland Avenue
Downers Grove, Illinois 60515
(630) 737-7900

Cambridge Life Insurance Company
3200 Highland Avenue
Downers Grove, Illinois 60515
(630) 737-7900

**NOTE: BIN 610678 is used only for
submitting secondary claims to
facilitate Medicare Part D COB. See
revised First Health® RX payor
specifications issued October 2005.**

III. MEMBER ELIGIBILITY

Member Eligibility

The Coventry and First Health identification cards are integrated Member ID cards used for both medical and pharmacy benefits. Not all members with Coventry or First Health ID cards use the respective pharmacy networks for their benefits. The Advantra®RX and First Health Premier Medicare Part D ID cards are used only for Medicare Part D pharmacy benefits. The identification card is not an assurance of Member eligibility. Pharmacies should verify eligibility through the Pharmacy Program Administrator's on-line system. For Member eligibility questions, please contact the phone number on the back of the Member's ID card.

Confirmed Eligibility

Under no circumstances should a Member, whose eligibility can be verified by using the on-line system be denied a Covered Service or asked to pay more than is due under the terms of the National Pharmacy Participation Agreement.

Unconfirmed Eligibility

When Member eligibility cannot be verified, the Pharmacy may charge the member the Pharmacy's Usual & Customary Charge. Members may then seek reimbursement from their applicable Coventry Health Care Plan.

Signature Log

Pharmacy shall maintain a signature log on which each Member receiving a Covered Service is required to provide in writing the Payor's name, the prescription number, the date the Covered Service is received by the Member and the Member's signature or his or her designee's signature.

IV. MEMBER IDENTIFICATION CARDS

The Identification Card

Each Member enrolled individually or with dependents, is provided an identification card which contains all of the pertinent Member information. If instructions describing how to enter the Member's information appear on the card, please follow them to avoid any problems or delays in processing the claim.

Do NOT transmit the asterisk in the Member's ID number when submitting the claim (when applicable).

The Member ID number must be used to determine the eligibility status of the subscriber, spouse or dependent. The Member shall present the identification card each time services are requested at a Participating Pharmacy. Be sure to review the Member's ID card for the Pharmacy Program Administrator logo, BIN number and processor control number.

Please note that benefit plans utilizing the First Health® Rx national network may use the Member's Social Security Number as the ID number. Due to confidentiality, some Member ID cards substitute "XXXXXXXXXX" for the ID number. New benefit plans effective January 1, 2005, may have non-SSN ID numbers. Please confirm with the Member the correct ID number.

Below is a sample of Member identification cards (not all inconclusive).

Carelink Health Plans:



CARELINK
A Coventry Health Care Plan

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXX
MEMBER #: XXXXXXXXXX DOB: 03/08/08 PLAN TYPE: HMO BENEFITS CO-PAY: PCP \$10X
XXXXXXXXXXXXXXXXXX GROUP #: 500000000X SPEC 47XXX
GROUP NAME: XXXXXXXXXXXXXXXX ER 070000X
PCP NAME: XXXXXXXXXXXXXXXX UC 070000X
XXXXXXXXXXXXXXXXXX REE 46XXX
XXXXXXXXXXXXXXXXXX RX 0400000X
PCP PHONE #: XXXXXXXX CUSTOMER SERVICE PHONE #: 800-348-2922
10X-XXX-XXXX

MAILING ADDRESS FOR CLAIMS:
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

CAREMARK
Group Code: CVTY

IMPORTANT FACTS

- Customer Service: 1-800-348-2922.
- If you experience a sudden unexpected medical problem that may endanger your life if not treated immediately (for example: severe sudden chest pain, loss of consciousness, or uncontrolled bleeding) go directly to the nearest medical facility.
- All non-emergency care must be delivered by participating providers. To find out if a provider is participating, call Customer Service or visit our web site.
- For mental health or substance abuse services, call 1-800-633-1112.
- For urgent care outside the service area, call 1-866-676-7424 to locate a First Health provider.
- Please visit us at www.carelinkhealthplans.com

Group Health Plan:



GHP
A Coventry Health Care Plan

HMO

MEMBER NAME: 10X 10 10X10 10X10 10 10X 10 10X 10 10X10 10 10X10 7
MEMBER NUMBER: 6XXXXXXX-XX
GROUP NUMBER: 5XXXXXXX
PLAN: 31XXXXXXXXXXXXX
DATE OF BIRTH: 08/08/08
PCP: 9XX 10X 10X 10X 10X 10X 10X 10X 10X
PCP PHONE: 10X-XXX-XXXX

MEMBER RESPONSIBILITY:
PRIMARY: 56XXXX SPECIALTY: 47XXX DRUG: 54XXXXXX
ER: 57XXXX HOSPITAL: 573XXXX URGENT CARE: 577XXXX

Please refer to your Certificate of Coverage for coverage details.

CAREMARK
Group Code: CVTY

Group Health Plan is a Health Maintenance Organization

IN-NETWORK COVERED SERVICES, EXCEPT EMERGENCIES, MUST BE PERFORMED BY PARTICIPATING PROVIDERS, UNLESS AUTHORIZED IN ADVANCE BY GHP.

MEMBER SERVICES PHONE: 1-800-755-3901, 8:00 a.m.-5:00 p.m., Monday - Friday

EMERGENCY: Go to the nearest emergency room or call 911.

URGENT CARE: Call your GHP doctor. For urgent care outside of your service area, please call 1-866-676-7424 to locate a First Health provider.

MENTAL HEALTH OR CHEMICAL DEPENDENCY: Call the GHP Behavioral Health Line at 1-877-227-3520.

PRE-CERTIFICATION: If pre-certification is required for covered services, please call GHP's Medical Management at 1-800-546-4603.

CLAIMS: Mail claims for covered services to: GHP, P.O. Box 7374, London, KY 40742-7374.
Out-of-network benefits are underwritten by Coventry Health & Life Insurance Co.

PLEASE VISIT US AT WWW.GHP.COM



IV. MEMBER IDENTIFICATION CARDS (continued)

HealthAmerica:



HealthAmerica Pennsylvania, Inc.
Health Maintenance Organization

Name: XXXXXXXXXXXXXXXX 6
 I.D. #: XXXXXXXXXXXXX-XX
 Date of Birth: 7XXXXXX Group #: 4XXXXXXXXXX
 Group Name: 23XXXXXXXXXXXXXXXXXXXX
 Primary Care Physician Name: XXXXXXXXXXXXXXXXXXXXXXX
 Primary Care Physician Phone #: XXX-XXX-XXXX
 Office Visit Copayment: \$10X
 Specialist Office Visit Copayment: \$\$\$XX
 (FPAHMO 2005) CAREMARK
Group Code: CVTY

***Emergency:** If you experience a severe medical problem that you believe may endanger your life, health, or bodily function or that of your unborn child (first treated immediately), call 911 or go directly to the nearest medical facility for treatment. If you are admitted to the hospital, we recommend you notify your doctor as soon as reasonably possible.

***All other care, including follow-ups, MUST be provided by a HealthAmerica participating provider, except for qualified student coverage outside the service area. After normal office hours, call your PCP at the number on the front of this card and follow instructions. Some services for students outside the service area must be pre-authorized by the student by calling the Prior Authorization number below. Refer to your Group Contract for details on student coverage outside the service area.**

***Failure to comply with these procedures may result in denial of payment for services.**

SPECIAL CONTACT INFORMATION
 HealthAmerica Member Services: 1-800-491-9264
 HealthAmerica Prior Authorizations: 1-800-499-2322
 HealthAmerica Adm. Claims: HealthAmerica Adm. Claims
 P.O. Box 7088, London, KY 40742
 ValueOptions (behavioral health): 77-696-634-7717 (toll free)
 *Not applicable to self-insured health services through ValueOptions. Check your Group Contract to verify coverage and provider.
***For urgent care outside the service area, call us or 1-866-676-7424 to locate a PPO provider.**
 Visit us at www.healthamerica.cvty.com. Personal health and benefits information at your fingertips - log on for your secure password.

HealthCare USA:



HealthCare USA
A Coventry Health Care Plan
10 South Broadway, Suite 1200
St. Louis, MO 63102 • 1-800-566-6444

Member Card


Name: John Q. Sample
 Healthcare USA #: 01234567-01
 Date of Birth: 01/01/98
 Medicaid ID #: 12345678
 Effective Date: 09/01/98
 Primary Care Provider: Thomas Q. Sample, MD
 PCP Phone #: (314) 555-5555
 Pharmacy Group #: 1180011

NOTICE TO MEMBERS:

- Show this card each time you seek medical care.
- All routine health care must be provided by or authorized by your Primary Care Provider (PCP).
- IN CASE OF EMERGENCY:** If the emergency is so urgent that could cause loss of life, limb or senses, get care immediately at the nearest emergency room or CALL 911. Notify the Plan within 24 hours or as soon as medically possible.
- Copays and non-emergency transportation may be excluded according to your eligibility group.

IMPORTANT NUMBERS
 Member Service Question Line (questions or problems): 1-800-566-6444
 Medical Helpline (medical questions or emergencies): 1-800-475-1142
 Mental Health Services (questions or problems): 1-800-377-9096
 Dental Questions (questions or problems): 1-800-566-6444

NOTICE TO PROVIDERS
 Eligibility: 1-800-278-2524
 Authorization: 1-800-882-9666
 Pharmacy Help Desk: 1-877-215-4998



WellPath Select:



WELLPATH
A Coventry Health Care Plan

MEMBER NAME: XXXXXXXXXXXXXXXXXXXXXXXX
 MEMBER #: XXXXXXXXXXXXXXXX PLAN TYPE: 3100000000000000
 GROUP NAME: XXXXXXXXXXXXXXXX GROUP #: XXXXXXXXXXXXXXXX
 PCP NAME: XXXXXXXXXXXXXXXXXXXXXXXX ER 575000X
 PCP PHONE#: XXXXXXXXXXXXXXXX UC 577000X
 10XXXX-XXXX CUSTOMER SERVICE PHONE #: XXXXXXXXXXXXXXXX RX 5400000X
 10XXXX-XXXX 32XXXXXXXXXXXXX VS 4630X
MAILING ADDRESS FOR CLAIMS:
 WellPath Select, Inc. WellPath Electronic Payer ID: 25129
 c/o Coventry Health Care P.O. Box 7102 CAREMARK
Group Code: CVTY
 London, KY 40742

All medical services must be coordinated through your Primary Care Provider.

In case of an Emergency, please seek treatment immediately. We encourage you to contact your PCP as soon as possible to coordinate follow-up care.

Pre-certification prior to hospitalization is required to guarantee maximum benefits.
 3300000000000000

If your benefit plan includes Mental Health or Substance Abuse services, prior approval is required and can be obtained 24 hours a day by calling 1-866-533-6157.

Possession of this card does not entitle bearer to coverage unless currently enrolled in WellPath Select, Inc.

For urgent care outside the service area, call 1-866-676-7424 to locate a First Health provider.

TTD (relay) 1-800-735-2962
 Please visit us at www.wellpathonline.com

Southern Health Services:



SOUTHERN HEALTH SERVICES, INC.
A Coventry Health Care Plan
CARENET

NAME: XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX 7
 FAMS ID#: XXXXXXXX CARENET#: XXXXXXXXXXXXXXXX
 BIRTH DATE: 00/00/0000 EFF DATE: XXXXX1XX
 PCP: XXXXXXXXXXXXXXXX DOCTOR'S PHONE #: XXX-XXX-XXXX
 90XXXXXXXXXXXXXXXXXXXX
MENTAL HEALTH BENEFITS:
 800-975-8919
 CO-PAY: \$15 Inpatient, \$2 Outpatient
 CO-PAY: \$2 Office Visit, \$2810 ER, \$254 RX
 RX Group #: CVTY Caremark Help Desk: 800-421-2342
 CNFAMS1005 FAMS CARD


NOTICE TO MEMBERS

- Show this card each time you seek medical care.
- All routine health care must be provided or authorized by your Primary Care Physician.
- IN CASE OF EMERGENCY:** Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room. Notify the Plan within 24 hours or as soon as medically possible.

IMPORTANT PHONE NUMBERS:
 Customer Service (questions or problems): 1-800-279-1878
 24 Hour Nurse Access Line: 1-877-678-8940

NOTICE TO PROVIDERS:
 For Referrals and Authorizations Call: 1-800-235-2206
 Call Customer Service with eligibility questions: 1-800-449-1944
 Submit Claims to: CareNet, P.O. Box 7702, London, KY 40742
 Payer ID: 25142
 Submit re-submissions and proof of timely filing to:
 CareNet, P.O. Box 7104, London, KY 40742
 Submit appeals to CareNet: 6681 Mayland Drive, Richmond, VA 23233

OmniCare Health Plan:



CO Pays:
 Emergency:\$0
 Office visit:\$0
 Inp. Hospital:\$0
 Rx:\$0
 Chiropractic:\$0
 Physical Therapy:\$0
 DME:\$0

MEMBER: 00000000000000 00000000000000 7
 MEMBER ID: 610000000000-XX
 PCP: 900000000000000000000000
 Phone #: 100-XXX-XXXX

CAREMARK
 Rx Group Code:CV TY

Members: For emergencies, please call 911 or seek services at the nearest hospital emergency room. If you are unsure if your condition is an emergency, call the 24-Hour HOT-LINE at 1-866-711-OMNI (1-866-711-6664). For routine medical visits call your Primary Care Physician. For all benefit questions call Customer Service at 1-866-316-3784. Hearing impaired call 1-866-316-3784.

Providers: Emergency admissions, elective admissions and outpatient surgery must be preauthorized, call 1-866-874-2567(24-Hours). Physician care, outpatient testing and therapy require a referral from the member's Primary Care Physician. Pharmacy authorizations, please call the Coventry pharmacy department at 1-877-215-4100.


Submit claims to: OmniCare HealthPlan, Inc.
 P.O. Box 7150
 London, KY 40742

Payer ID: 25150

Use of this card indicates that you have accepted the terms of your OmniCare Health Plan group coverage.

www.ochp.com

First Health® Rx Network:



DentalGuard® Preferred Select Network

Employer: ABC Company
Group #: 123456
Name: John Colleague
ID #: XXXXXXXX

Visit our website:
www.firsthealth.com
 Login ID: XXXX
 or Call (XXX) XXX-XXXX

First Health® Rx
 RUBIN 002286
 RUPCN 6000002286
 CODE

Your plan contains precertification requirements that apply to certain services. Please refer to your Summary Plan Description for full details.

Failure to Call May Result in Reduced Benefits

For precertification, eligibility, claims and Rx questions, to locate a dental network provider or to locate a provider in The First Health® Network call:
(800) XXX-XXXX

Submit Claims to:
 First Health
 Electronic Claims Payor No. 87043
 P.O. Box XXXXXX
 City, State XXXXX

Presentation of this card authorizes my insurer, plan sponsor, employer, health care professionals (or any of their agents) to release or receive all information about myself or my dependents for administration of this plan or any other plan providing health benefits or related health benefit services.

CODE This card is not a guarantee of coverage. Date


Advantra® RX:

BAR CODING PLACED HERE IF UTILIZED


Submit Claims to:
 Pharmacy Benefits Manager
 [Caremark Inc.]
 [Medicare D Claim]
 [P.O. Box 686007]
 [San Antonio, TX 78268]

Important Numbers:
 Provider Line: [(800) 364-6331]
 Customer Service: [(866) 823-5177] [24 hrs/7 days a week]
 TDD/TTY phone number: [(866) 236-1069]
 Web Address: www.AdvantraRx.com

Coventry Health and Life Insurance Company

[Dist Partner Logo] 

RxBIN: [610029]
 RxPCN: [CRK]
 RxGrp: [xxx]
 Issuer: [80840]
 ID #: [xxx]
 Name: [First Name Last Name]



CMS-S5670-[xxx]


First Health® Premier:

BAR CODING PLACED HERE IF UTILIZED


Submit Claims to:
 Pharmacy Benefits Manager
 [Caremark Inc.]
 [Medicare D Claim]
 [P.O. Box 686007]
 [San Antonio, TX 78268]

Important Numbers:
 Provider Line: [(800) 364-6331]
 Customer Service: [(866) 865-0662] [24 hrs/7 days a week]
 TDD/TTY phone number: [(866) 236-1069]
 Web Address: www.FirstHealthPremier.com

First Health Life & Health Insurance Company

[SPAP logo] 

RxBIN: [610029]
 RxPCN: [CRK]
 RxGrp: [xxx]
 Issuer: [80840]
 ID #: [xxx]
 Name: [First Name Last Name]



CMS-S5768-[xxx]

V. BILLING PROCEDURE

NCPDP Standards

Claims for Covered Services provided to Members by Participating Pharmacies must be submitted for adjudication to the appropriate Pharmacy Program Administrator using Coventry Health Care, Inc. approved on-line billing procedures. Caremark Inc. and First Health® Rx adhere to NCPDP standards for electronic claims submission. A list of NCPDP reject codes is included at the end of this section. Free form messages have also been developed for some conditions and are relayed with rejected or accepted claims to provide additional claim information.

Submit All Prescriptions

All claims transactions should be submitted on-line at the point of sale (POS) in order to properly process Member benefits. Pharmacies may transmit POS claims within thirty (30) days of the date of service. This includes prescriptions for which the Usual and Customary Charge or the contracted rate is less than the Copayment and no reimbursement is due to Pharmacy. This also includes prescriptions for (1) Members of any Coventry Health Care Plan product with high deductibles or (2) 100% Member responsibility because the Member's outpatient prescription drug benefit has been exhausted. In the event a claim cannot be submitted via POS, some benefit plans allow paper claims. Claims submitted to the Pharmacy Program Administrator on paper are processed in accordance with the requirements of the benefit plan and carry no guarantee of payment.

On-Line Access

All POS claims must be submitted using NCPDP v.5.1 transaction standards as specified in the applicable Pharmacy Program Administrator payor specifications. Other versions should not be submitted and may result in claim rejection. Access to the Pharmacy Program Administrator's electronic claims submission system (on-line) can be obtained by contacting your software vendor. The software vendor will likely have a service agreement with National Data Corporation (NDC), WebMD/Envoy, or Medi-America. The Caremark Inc. BIN Number is 610029. You may download a copy of the Caremark payor specifications at www.caremark.com/wps/portal/_s.155/3398. The First Health® Rx Bin number is 002286. You may request a copy of the First Health® Rx payor specifications at FirstHealthRx@firsthealth.com.

On-Line System Availability

The Pharmacy Program Administrator claims processing system is available for on-line processing 24 hours a day.

The Pharmacy Program Administrator claims processing system has minimal non-scheduled downtime. It is possible, however, that hardware or software problems at the Pharmacy, switch company, or remote locations could prohibit electronic claims submissions for a period of time. In this event, the Pharmacy will need to submit manual claims if its electronic billing method lacks the capability to report the proper date of service.

V. BILLING PROCEDURE (continued)

If the system is down and the Member, physician, and drug eligibility cannot be determined, the Pharmacy may collect the Usual and Customary Charge for the prescription. The member may then seek reimbursement from their Coventry Health Care Plan.

Timeliness of Claims Submission

Unless otherwise required by law, claims submitted on-line must be received by the Pharmacy Program Administrator, for all Coventry Health Care Plans within thirty (30) days of the date of service; manual pharmacy claims within ninety (90) days. Pharmacy claims greater than ninety (90) days old may be denied.

Accuracy of Claim Submission

It is imperative that Participating Pharmacies submit accurate claim information. Precise reporting of member number, Physician number, quantity, NDC and days supply will assure that members receive the Benefits outlined in their Benefit plan and that Pharmacies are accurately reimbursed. It is crucial to submit the correct metric decimal quantity and the 11-digit National Drug Code (NDC) for the actual package size of the Covered Service being dispensed as written on the prescription.

Group Code

The Group Code of CVTY must be used to submit claims on-line to Caremark, Inc. for any Coventry Health Care Plan. For claims submitted on-line to First Health® Rx, the Group Code is listed on the Member's ID Card and may vary by benefit plan.

Refill Frequency

The frequency with which a Prescription can be refilled is monitored by the claims processing system. Members may have their prescriptions refilled when there is a ten (10) day supply of medication remaining from a previous fill. Claims submitted for refills before this "ten day grace period" will be rejected with NCPDP reject code 79 "Refill Too Soon". The member is then responsible for the cost of the Prescription.

If, however, a claim is rejected because the Prescription instructions have changed or the days supply on the original Prescription was entered incorrectly:

For claims processed on-line by Caremark (BIN 610029), the Pharmacy must call 1-800-378-7040 for assistance in processing a claim.

For claims processed on-line by First Health Rx (Bin 002286/610678), the Pharmacy must call the number on the back of the Member's ID card for assistance in processing a claim.

V. BILLING PROCEDURE (continued)

Prescriber Number

Report the Prescribing Providers or health care professional's correct **DEA number** (if available) as the provider number. This number is used to identify the Prescribing Provider that generated the prescription.

Pharmacy ID Number

Use your 7-digit NCPDP (formerly NABP) number assigned to the dispensing location as your provider number for billing purposes and the Provider ID Qualifier of "7"(NCPDP number).

National Drug Code (NDC)

The NDC is an 11-digit number consisting of 5 digits for the manufacturer, 4 digits for the product number, and 2 digits for the package size. Please "zero fill" the NDC when submitting claims for payment. For example, if the NDC appearing on the container is 781-26-01, the NDC should be reported as 00781-0026-01. As such, 17314-4315-1 should be reported as 17314-4315-01. If the NDC is 18393-272-42, report 18393-0272-42.

Dispense as Written

Enter the appropriate "Dispense as Written" indicator into the DAW field of the on-line claim billing record.

PHYSICIAN (DAW=1)

This code is used **only** when a Physician indicates "DAW" for a brand product subject to MAC reimbursement level and should not be used for any other purpose. The claim will process based on the pharmacy's contracted reimbursement rate, and the copay value that is passed back will be the brand copay amount and ancillary charge when applicable.

MEMBER (DAW = 2)

This code is used when the member has requested a brand-name product subject to a MAC reimbursement level. The claim will process based on the MAC reimbursement level. The copay value passed back will include the additional cost incurred by the member for receiving the brand product. The message "Copay includes ancillary charge" may also be passed back as a free-form message.

DAW = 3, 4, 5, or 6

When these codes are submitted, the pharmacy will be responsible for the difference between brand cost and generic cost.

DAW = 7 or 8

When these codes are submitted, the appropriate Coventry Health Care Plan will be responsible for the difference between the brand cost and generic cost.

V. BILLING PROCEDURE (continued)

Quantity

It is crucial to submit the correct metric decimal quantity and the 11-digit National Drug Code (NDC) for the actual package size of the Covered Service being dispensed as written on the prescription. The metric quantity of the Pharmaceutical Product should be reported as the number of gm or ml for liquids or topicals. If the metric quantity is a fraction, round **up** to the nearest whole number (i.e. for 42.4g round up to 43).

On-Line Adjustment of Claims

All claims are adjudicated based on information submitted to the Pharmacy Program Administrator. If a claim is adjudicated based on incorrect information, it is the responsibility of the Pharmacy to adjust the claim. A claim submitted in error may be adjusted by submitting a standard reversal transaction of the claim. This procedure may be used for a claim before or after payment has been made.

By means of on-line claims reversal, Participating Pharmacy will credit to the appropriate Coventry Health Care Plan the charges for Covered Services which, after seven (7) days have not been provided to the member.

Compound Prescriptions

A claim for a compound prescription should be submitted using the NDC (National Drug Code) of the most expensive legend ingredient. (At least one of the ingredients must be a legend drug). Your software should flag the prescription as a "Compound Prescription" and the compound ingredient cost must be manually entered by the pharmacy. The Pharmacy Program Administrator will not accept invalid NDCs for any compounds. The claim may be submitted manually if the pharmacy system is unable to process compound prescriptions on-line.

Prior Authorization

The Pharmacy Program Administrator automatically, in accordance with NCPDP standards, relays a message code when Prior Authorization is required. Prior Authorization is provided by the appropriate Coventry Health Care Plan or the Pharmacy Program Administrator to a Participating Pharmacy allowing processing of a claim requiring prior authorization. See Section VII for more information on Prior Authorization procedures.

Claims Age Edit

If the dispensing date is greater than 30 days prior to the date of processing the claim, the on-line system may reject the claim as "Claim Too Old" for point of service.

V. BILLING PROCEDURE (continued)

Days Supply

The number of days the supply of the medication must be accurately reported. For prescriptions in which the dosage is variable, the days supply reported should reflect the MAXIMUM DOSAGE, reporting the MINIMUM NUMBER OF DAYS. If the number of days supply cannot be determined, as for topicals or inhalers, use professional judgement and estimate the appropriate days supply.

The number of days-supply submitted should reflect the frequency of the dosing interval for Covered Services not dosed daily or more often. Examples include:

- Fosamax® 70 mg (4 tablets per 28 days supply)
- Prozac® Weekly™ 90 mg (4 caplets per 28 days supply)
- Seasonale® – 91 quantity (91 days)

A 30-day supply is standard for most benefits. However, some benefits permit up to a 90-day supply in one fill.

Manual Claim Process

A Universal Claim Form (UCF) may be used for billing a Covered Service, as in the following situations: a Member's eligibility cannot be verified; an NDC number is not on file; the on-line claims processing system is down and the pharmacy billing system cannot back date to fill date.

The following information must be supplied. Claims submitted with incomplete or inaccurate information will be rejected.

1. The member's ID number.
2. Your pharmacy's provider number (7 digit NCPDP number)
3. Date prescription was dispensed
4. Pharmacy Rx number
5. New Prescription Order (N) or Refill (R)
6. Metric Quantity dispensed
7. Number of days the supply of medication should last
8. National Drug Code (NDC) (11 digits; xxxxx-xxxx-xx)
9. Prescriber's DEA number (if applicable), or Prescriber name
10. DAW (Report the appropriate code if a DAW is indicated)
11. Ingredient cost (per Coventry Health Care, Inc. National Pharmacy Participation Agreement)

V. BILLING PROCEDURE (continued)

Include all required billing information and mail the claim to:

Network	Address:
Coventry National	COVENTRY HEALTH CARE, INC. c/o Caremark Inc – Claims Department. 7034 Alamo Downs Parkway San Antonio, Texas 78238
First Health® Rx	<p style="text-align: center;"><u>Mail Handlers Benefit Plan (Only):</u> MHBP PO Box 23824 Tucson, AZ 85734</p> <p style="text-align: center;"><u>All other First Health® Rx:</u> First Health PO Box 8400 London, KY 40742</p>
Advantra® Rx	Caremark, Inc. – Medicare Part D Claim P.O. Box 686007 San Antonio, TX 78268
First Health® Premier	Caremark, Inc. – Medicare Part D Claim P.O. Box 686007 San Antonio, TX 78268

V. BILLING PROCEDURE (continued)

NCPDP Reject Codes

01 Missing/Invalid Bin	26 Missing/Invalid Fee/Mark-Up	58 Non-Matched Primary Prescriber
02 Missing/Invalid Version #	27 Missing/Invalid Amount Due	59 Non-Matched Clinic ID
03 Missing/Invalid Trans. Code	28 Missing/Invalid Date RX Written	65 Patient is Not Covered
04 Missing/Invalid Processor Control #	29 Missing/Invalid # Refills Authorized	66 Patient Age Exceeds Maximum Age
05 Missing/Invalid Pharmacy #	30 Missing/Invalid P.A./M.C. Code	67 Filled Before Coverage Effective
06 Missing/Invalid Group #	31 Missing/Invalid P.A./M.C. Number	68 Filled After Coverage Expired
07 Missing/Invalid Cardholder ID	32 Missing/Invalid Level Of Service	69 Filled After Coverage Terminated
08 Missing/Invalid Person Code	33 Missing/Invalid Rx Origin Code	70 NDC Not Covered
09 Missing/Invalid Birthdate	34 Missing/Invalid Rx Denial Override	71 Prescriber Is Not Covered
10 Missing/Invalid Sex Code	35 Missing/Invalid Primary Prescriber	72 Primary Prescriber Is Not Covered
11 Missing/Invalid Relationship Code	36 Missing/Invalid Clinic ID	73 Refills Are Not Covered
12 Missing/Invalid Welfare-Customer Code	37 Missing/Invalid Authorization #	74 Deductible Exceeds Payable
13 Missing/Invalid Other Coverage Code	38 Missing/Invalid Basis of Cost	75 Prior Authorization Required
14 Missing/Invalid Eligibility	39 Missing/Invalid Diagnosis Code	76 Plan Limitations Exceeded
15 Missing/Invalid Date Filled	50 Non-Matched Pharmacy #	77 Discontinued NDC Number
16 Missing/Invalid Rx Number	51 Non-Matched Group #	78 Cost Exceeds Maximum
17 Missing/Invalid New-Refill Code	52 Non-Matched Cardholder ID	79 Refill Too Soon
18 Missing/Invalid Metric Quantity	53 Non-Matched Person Code	80 Drug Diagnosis Mismatch
19 Missing/Invalid Days Supply	54 Non-Matched NDC Number	81 Claim Too Old
20 Missing/Invalid Compound Code	55 Non-Matched NDC Package Size	82 Claims Is Post-Dated
21 Missing/Invalid NDC Number	56 Non-Matched Prescriber ID	83 Claim Has Been Paid
22 Missing/Invalid Disp. As Written Code	57 Non-Matched P.A./M.C. Number	84 Claim Has Not Been Paid/Captured
23 Missing/Invalid Ingredient Cost		85 Claim Not Processed
24 Missing/Invalid Sales Tax		86 Submit Manual reversal
25 Missing/Invalid Prescriber ID		87 Reversal Not Processed
		99 Host Processing Error

VI. Payment

Payment Cycle

Coventry Health Care, Inc. and/or Plan(s) reimburses pharmacies based on the Pharmacy Program Administrator and BIN numbers. Each BIN number may have its own separate check, payment cycle, remittance advice, and payor specifications.

Payments for claims processed through BIN 610029 will be included with your Caremark payment and Caremark remittance advice. Please contact Caremark with any questions regarding payment or remittance for these claims.

Payments for claims processed through BIN 002286 and 610678 will be included with your First Health® Rx payment and First Health® Rx remittance advice. Please contact First Health® Rx with any questions regarding payment or remittance for these claims. Payments for claims processed by First Health through other BIN numbers will be paid separately.

VII. PRIOR AUTHORIZATION PROCEDURE

Prior Authorization is a method of utilization management to verify the medical necessity for use of certain Pharmaceutical Products. Prior authorization must be obtained for these Pharmaceutical Products prior to dispensing. Without a valid prior authorization in the Pharmacy Benefit Administrator's claims adjudication system, the claim will not process for payment. Dispensing of a Pharmaceutical Product requiring prior authorization without a valid approval in place will not be grounds for a backdated prior authorization by a Plan or Affiliate Payor. If a Pharmacy dispenses a Pharmaceutical Product without first verifying the authorization status of the Pharmaceutical Product requiring prior authorization, through claims adjudication or otherwise, the Pharmacy risks not receiving payment for such Pharmaceutical Product.

Prior Authorized Drugs - To process a claim for Pharmaceutical Products classified as requiring Prior Authorization for coverage: If authorization has not taken place before the Pharmacy receives the prescription the Pharmacy should contact the Prescribing Provider, or agent of the Prescribing Provider. The Prescribing Provider, or agent of the Prescribing Provider will need to contact the appropriate call center, by phone or by fax, to provide the necessary clinically relevant patient specific information needed to verify the medical necessity of the Prior Authorized Pharmaceutical Product.

Not Covered Drug – Pharmaceutical Products adjudicated with the not covered status of NCPDP rejection code 70 are excluded from the benefit design and are not covered.

Quantity Level Limit – Certain Covered Services have quantity limits associated with their proper use. Claims exceeding these limits will reject when submitted for payment. If there are special circumstances where a Member needs to exceed these predetermined quantity limits, the Prescribing Provider or agent of the Prescribing Provider will need to call to clinically justify this need. Prior authorization must be granted for an exception to any quantity limit from the appropriate call center prior to dispensing the Covered Service.

Ample Supply - To process a prescription claim when the prescription directions or dosage have changed since the previous fill: A Prior Authorization overrides the Ample Supply edit (NCPDP rejection code 79). An authorization for this condition is valid one time only and should be obtained from the Pharmacy Benefit Manager.

Travel Supply - To process a Covered Service requiring a larger quantity of Pharmaceutical Products to cover the medication needs of a member during a vacation period: An authorization for this condition is valid one time only and should be obtained from the Pharmacy Benefit Administrator.

Cost Exceeds Maximum - To process a claim for a Covered Service which exceeds the maximum cost as determined by the Plan or Affiliate Payor (NCPDP rejection code 78), first verify the claim information. If an error has occurred, correct the information and resubmit the claim. If the information is correct, please contact the appropriate call center for further instructions.

Except as noted above, Coventry Health Care, Inc., the Plan and/or Affiliate Payor has defined an authorized duration of use for Prior Authorized Covered Services of six months to one year. The length of prior authorization will be communicated to the Prescribing Provider or agent of the Prescribing Provider at the time the authorization is granted. The length of authorization will vary by Covered Service.

In summary, to request a Prior Authorization or to check the status of an existing authorization, please contact the appropriate Coventry Health Care Plan and/or Affiliate Payor (please refer to the phone numbers listed in Section II or the toll-free telephone number on the back of the Member's ID card) or the Pharmacy Benefit Administrator depending upon the type of authorization.

VIII. DRUG FORMULARY POLICY

Please refer to the respective Coventry Health Care Plan Formularies or the **First Health**® Rx Drug Formulary which fully defines the Drug Formulary Policy.

If a member presents a Prescription Order for a Pharmaceutical Product listed in the Coventry Health Care Drug Formularies or **First Health**® Rx Drug Formulary as not covered, the Participating Pharmacy shall contact the Prescribing Provider and request a change to an approved Drug Formulary Product. If the Prescribing Provider denies the request or the Participating Pharmacy is unable to reach the Prescribing Provider after a reasonable effort or period of time, the non-formulary product may be dispensed, and will be reimbursed based upon the submitted NDC of the product dispensed.

The following is a list of websites for the Coventry Health Care Plan Formularies:

- Carelink Health Plans, Inc. and Coventry Health and Life Insurance products in WV:
www.carelinkhealthplans.com/framesetdef.asp?Community=Provider
- Coventry Health Care of Delaware, Inc. and Coventry Health and Life Insurance products in MD and DE
www.chcde.com/framesetdef.asp?Community=Provider
- Coventry Health Care of Georgia, Inc. and Coventry Health and Life Insurance products in GA:
www.chcga.com/framesetdef.asp?Community=Provider
- Coventry Health Care of Iowa, Inc. and Coventry Health and Life Insurance products in IA:
www.chciowa.com/framesetdef.asp?Community=Provider
- Coventry Health Care of Kansas, Inc. and Coventry Health and Life Insurance products in KS:
www.chckansas.com/framesetdef.asp?Community=Provider
- Coventry Health Care of Louisiana, Inc. and Coventry Health and Life Insurance products in LA:
www.chclouisiana.com/framesetdef.asp?Community=Provider
- Coventry Health Care of Nebraska, Inc. and Coventry Health and Life Insurance products in NE:
www.chcnebraska.com/framesetdef.asp?Community=Provider
- Coventry Health and Life Insurance Company insurance products in OK:
www.chcoklahoma.com/framesetdef.asp?Community=Provider
- Group Health Plan, Inc. and Coventry Health and Life Insurance products in MO and IL:

www.ghp.com/framesetdef.asp?Community=Provider

- HealthAmerica Pennsylvania, Inc., HealthAssurance Pennsylvania, Inc., and Coventry Health and Life Insurance products in OH:

www.healthamerica.cvt.com/framesetdef.asp?Community=Provider

- HealthCare USA of Missouri, LLC:

www.chchcusa.com/framesetdef.asp?Community=Provider

- OmniCare Health Plans, Inc.

www.omnicarehealthplan.com/framesetdef.asp?Community=Provider

- PersonalCare Insurance of Illinois, Inc.

www.personalcare.org/framesetdef.asp?Community=Provider

- Southern Health Services, Inc.

www.southernhealth.com/framesetdef.asp?Community=Provider

- WellPath Select, Inc.

www.wellpathonline.com/framesetdef.asp?Community=Provider

- First Health® Rx

www.firsthealth.com/pdf/form_pdg_standard.pdf

- Advantra® RX

www.advantrarx.com/jccf/tiles.do?def=plan.druglist

- First Health® Premier

www.firsthealthpremier.com/jccf/tiles.do?def=plan.druglist

IX. AUDITING OF CLAIMS

Participating Pharmacies in any Coventry Health Care, Inc. network may be subject to on-site and/or desk audits in which Coventry Health Care, Inc., a subsidiary or affiliated Plan, designee, or an applicable Affiliate Payor or government agency may inspect all records of the Pharmacy relating to the Agreement, applicable Participating Pharmacy Administrative Manual, and Participation Form, if applicable.

If the Pharmacy is selected for an on-site audit, Coventry Health Care, Inc. will use reasonable efforts to notify the pharmacy by letter approximately two weeks prior to the audit, however, not less than specified in the Agreement.

In general, original prescription hard copies of each prescription must be maintained for three years, or longer as required by law, and made available upon request. Original prescription hard copies and any updated copies, including telephone and electronic prescriptions, must contain all data elements required by applicable laws (e.g., prescriber name, name and strength of the Pharmaceutical Product to be dispensed, original date of service, patient name and quantity) and all prescriber's instructions (e.g., DAW, refill, use and dosage) that support the Pharmacy's claim submission to the Pharmacy Program Administrator. The Pharmacy must note subsequent changes or refill authorizations approved by the prescriber on the hard copy prescription, or in an electronic format acceptable by the applicable State Board of Pharmacy.

The following list includes, but is not limited to, claim submission parameters subject to review:

1. **Incorrect DAW Code Submitted**
Pharmacy submitted a DAW Code = 1, physician did not indicate "dispensed as written" on the prescription.
2. **Overbilled Quantity**
The quantity claimed exceeded the quantity indicated on the prescription.
3. **Incorrect Days Supply**
The days supply submitted does not correspond to the days supply indicated on the prescription.
4. **Incorrect Patient Information**
Pharmacy submitted an identification number for a member different from the patient appearing on the prescription.
5. **Prescription Not on File**
The actual hard copy prescription was not on file at time of audit.
6. **Incorrect Prescriber**
The pharmacy submitted the name or DEA number of a prescriber different from the one that actually prescribed the medication.

IX. AUDITING OF CLAIMS (continued)

The following chart lists claims exceptions and actions to be enforced for inaccurate claim submission:

Discrepancy	Exceptions	Action
Incorrect DAW Code	None	Pharmacy charged back approved Brand Inged. Cost minus (-) MAC Cost
Overbilled Quantity	None	Pharmacy charged back cost of quantity claimed minus (-) cost of actual quantity prescribed
Incorrect Days Supply	None	Pharmacy charged back cost of days supply claimed minus (-) cost of actual days supply prescribed
Incorrect Patient Information	None	Pharmacy charged back dispensing fee. PHC reverses claim; Pharmacy must resubmit claim with correct patient information.
Prescription Not on File	None	Pharmacy charged back entire cost of claim.
Incorrect Prescriber	If prescription originates from hospital or clinic setting without a prescriber name printed on blank.	Pharmacy charged back dispensing fee.



X. Medicare Part D

The following information applies to the Advantra[®]Rx and First Health[®] Premier Medicare Part D products. This information may be different than the information provided in other areas of this manual. Unless specifically changed in this section, all other applicable sections of this manual will apply to Advantra[®]Rx and First Health[®] Premier.

Processor Information:

Pharmacy Program Administrator: Caremark

RxBIN: 610029

RxPCN: CRK

Payor Specifications available at: www.caremark.com/wps/portal/s.155/3398

NCPDP V.5.1 Transactions

B1 = Original Claim

B2 = Reversal

B3 = Re-Bill

E1 = Eligibility

N1 = Information (TrOOP Information)

Transaction Limit/Claim = 1 claim per transactions (verses 4)

Home Infusion/Long-Term Care/Indian Health Service/Tribal/Urban Indian

In addition to NCPDP v5.1 transaction via the Pharmacy Program Administrators electronic claims transaction system, the following types of Pharmacies may submit ANSI X12 837 transactions to the Pharmacy Benefit Administrator: Home IV Infusion, Long-Term Care, Indian Health Service, Tribal, and Urban Indian. For additional information on submitting the ANSI X12 837, including payor specifications, 835 mapping, and address to send the transactions, please visit www.caremark.com/wps/portal/s.155/3398. Please note that Caremark is not accepting NCPDP Batch format claims.

All Pharmacies sending ANSI X12 837 must do so for all claims submitted to Caremark. Caremark will produce one 835 Remittance Advice per ANSI X12 837 file submitted.

For more information on submitting ANSI X12 837 claims, please contact 800-364-6331.

X. MEDICARE PART D (continued)

Home Infusion Therapy Pharmacies

For Home Infusion claims, Caremark will accept compound billing based on the most expensive legend drug per NCPDP specifications. CMS rules and regulations specify that the Pharmaceutical Product may be submitted as a Covered Service, but not the services or supplies associated with the administration of that drug (under Part D). Caremark is requesting that the Home Infusion pharmacies send an indicator on the claim of '01' to which translates to 'home'.

Patient Location Codes

Caremark is in the process of updating system requirements to include patient location codes in the adjudication process for Medicare Part D claims. We anticipate this update will be implemented at the end of February 2006.

Pharmacies need to submit patient location codes effective January 1, 2006, in order for the February system update to implement effectively. Patient Location codes must be entered in field 307-C7 (Patient Location) for every claim submission in order for appropriate adjudication and payment. As recommended by The National Council for Prescription Drug Programs (NCPDP), Caremark will accept the following values: 01 = Home, 03 = Nursing Home (LTC Facility), 05 = Rest Home. To ensure that Pharmacies with multiple contracts receive the correct pricing, Pharmacies need to submit the correct Patient Location codes in order to obtain the correct pricing. Pharmacies processing claims with a Patient Location = <blank> or 00 will default to retail pricing, when applicable.

Definition of Long-Term Care (LTC) Facility

The CMS definition of a LTC Facility encompasses not only skilled nursing facilities (SNFs), as defined in section 1819(a) of the Social Security Act, but also any medical institution or nursing facility for which payment is made for institutionalized individuals under Medicaid, as defined in section 1902(q)(1)(B) of the Social Security Act. CMS has previously advised that this definition generally includes ICFs/MR and inpatient psychiatric hospitals, along with skilled nursing and nursing facilities. Only submit a Patient Location = 03 Nursing Home for claims dispensed to Members residing in a LTC Facility that meets this definition.

Partial Fills

NCPDP v5.1 for "partial" fill of Covered Services will be enabled. Filing limit for completion of the "partial" fill is 60 days from the initial partial fill. For Members with "flat" copayments, the member will pay the full copayment at the time the initial partial fill is dispensed. For Members with a percentage coinsurance, the percentage charge will be based on the actual quantity dispensed for each partial fill.

Prior Authorization Required

Pharmacists may receive an NCPDP error 75 – Prior Authorization Required. For authorization, pharmacies should direct Members to have their Prescribing Providers call 1-800-551-2694. Physicians may also fax to 800-639-9158.

Unit Dose

Unit Dose package sizes are covered only for Members residing in a Long-Term Care Facility. For Members not residing in a Long-Term Care Facility, Unit Dose package sizes will deny with the NCPDP error 70 – NDC NOT COVERED with the supplemental message "Unit Dose Drugs Not Covered for Non-LTC Beneficiaries".

X. MEDICARE PART D (continued)

Emergency Supplies

A 72-hour emergency supply is permitted at the dispensing pharmacist's discretion. The 72-hour emergency supply allows the Member to receive a non-formulary Pharmaceutical Product that requires Prior Authorization prior to review. To submit an emergency supply, enter 99118822773 in the Prior Authorization Number Submitted field (462-EV). One emergency supply override is allowed per Member per drug class per year. If the drug comes in a package that is unable to be broken down (e.g., inhaler, antibiotic suspension), the entire package quantity may be dispensed.

Refill Frequency

The frequency with which a Covered Service can be refilled is monitored by the claims processing system. Members may have their Covered Services refilled when less than 25% of the total supply of Pharmaceutical Product remains from a previous fill. Claims submitted for refills before 75% of the total supply of the Covered Service is used up will be rejected with NCPDP reject code 79 "Refill Too Soon". The Member is then responsible for the cost of the Pharmaceutical Product.

Medicare Part B Drugs

Claims for Pharmaceutical Products covered by Medicare Part B will deny.

Additional Information

For additional information about Advantra®Rx, including formulary, benefits, Prior Authorization guidelines and products, visit www.advantrarx.com. For additional information on First Health® Premier, including formulary, Prior Authorization guidelines, benefits, and markets, visit www.firsthealthpremier.com.

Pharmacies may also contact the Pharmacy Help Desk at (800) 364-6331.

Member Grievance and Appeals

Pharmacies must utilize standardized notices developed by CMS to notify Medicare Part D enrollees of the right to receive, upon request, a detailed written notice from their Medicare Part D Plan Sponsor regarding the enrollee's prescription drug coverage, including information about the exceptions process. The standardized notices may be posted in or disseminated by the pharmacy.

For additional information about the Advantra® MA-PD Plans available in select areas, visit the following websites:

PA – (Health America Health Assurance) <http://www.pa.chcadvantra.com/>

WV – (Carelink) <http://www.wv.chcadvantra.com/>

OH – (Carelink) <http://www.oh.chcadvantra.com/>

Iowa <http://www.ia.chcadvantra.com/>

Kansas City <http://www.kc.chcadvantra.com/>

MO – (Group Health Plan): <http://www.ghpmedicare.com/>

Pharmacies may also call the Advantra MA-PD Pharmacy Help Desk at (877) 215-4100.

XI. COORDINATION OF BENEFITS WITH MEDICARE PART D PLANS

When Medicare Part D is Secondary

The Medicare Modernization Act extended Medicare Secondary Payor ("MSP") laws applicable to MA organizations to Part D sponsors. Accordingly, Part D sponsors will have the same responsibilities under MSP laws as do MA plans, including collection of mistaken primary payment from insurers, group health plans, employer sponsors, enrollees, and other entities; and the interaction of MSP rules with State laws.

In order to provide a consistent set of rules for the order of payment on Part D claims and establish a basis for the accurate calculation of the TrOOP balance, CMS establishes that Part D plans and all secondary payers on Part D claims should adhere to the following order of payment standards. All payers are legally required to adhere to MSP laws and any other federal and state laws establishing payers of last resort (e.g., TRICARE). In all other situations, the Rules for Coordination of Benefits adopted in the most current National Association of Insurance Commissioners Coordination of Benefits Model Regulation should be followed.

Participating Pharmacies are expected to comply with MSP laws and regulations in coordinating benefits between other group health or worker's compensation coverage and Part D Plans.

When Commercial Group Health is Secondary

Some commercial benefit plans may coordinate as a secondary payor with Medicare Part D PDP and MA-PD Plans. Pharmacies will receive unique RxBIN / RxPCN information for secondary and tertiary payment from the Medicare Part D plan via an on-line transaction. This RxBIN / RxPCN **will be different and distinct** from the Member's primary RxBIN / RxPCN displayed on the Member's ID card. Members may not have secondary or tertiary RxBIN / RxPCN information available on their ID card. Use the RxBIN / RxPCN information transmitted to you from the applicable Medicare Part D processor to submit secondary COB claims. If you have any questions, please contact the phone number on the back of the Member's ID card.

If a Member has Medicare Part D as their primary coverage, always submit a claim to Medicare Part D FIRST, even if the drug is not covered or listed on the drug formulary. The v.5.1 COB segment includes optional fields to indicate other responsible parties to the non-primary payor as well as the date upon which payment or denial was made. Payment or reject information must be sent in the fields for OTHER PAYOR AMOUNT PAID COUNT (Field 341-HB), OTHER PAYOR AMOUNT PAID QUALIFIER (Field 342-HC), and OTHER PAYOR AMOUNT PAID (Field 431-DV) or OTHER PAYOR REJECT COUNT (Field 471-5E), and OTHER PAYOR REJECT CODE (Field 472-6E), respectively. Value 08, SUM OF ALL REIMBURSEMENT, in OTHER PAYOR AMOUNT PAID QUALIFIER should be used only to indicate the total reimbursement from the other payor and NOT when submitting line item details of reimbursement components.

When zeroes are sent in the OTHER PAYOR AMOUNT PAID (Field 431-DV), the pharmacy system is notifying the processor of no payment dollars received. Pharmacy systems should be cautioned that this segment should not be sent unless needed and the OTHER PAYOR AMOUNT PAID field should not be defaulted (zero filled), as it would lead the processor to an incorrect conclusion of other payment paid.

XII. CONTRACTING CONTACT INFORMATION

Participating Pharmacies with questions regarding the participation agreement or need to communicate changes to the pharmacy or group information—for example, adding new stores to a group, updating pharmacy addresses or remittance addresses—contact pharmacy network contracting:

Send a detailed e-mail to: FirstHealthRx@firsthealth.com

Mail documentation to: Call the Pharmacy Network Department:

First Health (916) 374-3756
Attention: Pharmacy Network
750 River Point Drive
West Sacramento, CA 95691

*****Always be sure to include the pharmacy NCPDP number with all communications.*****

Some First Health claims may be processed through a different BIN number and pay on a different claims reimbursement cycle determined by the Affiliate Payor and specified in the applicable Participation Form attached to the National Participating Pharmacy Agreement. Below is a list of these programs:

First Health Medicare Discount Card Network

For claim, eligibility, and other plan inquiries regarding the First Health Medicare discount card network, please call toll-free 800-261-5989. Participating Pharmacies located in the states listed below may join the network by calling pharmacy network contracting at 916-374-3756.

First Health Medicare-Approved Discount Card Network—NY BIN 011495

First Health Medicare-Approved Discount Card Network—PA BIN 011487

First Health Medicare-Approved Discount Card Network—MI BIN 011503

Additional information may be obtained at: medicarediscount.fhsc.com.

MI EPIC Program / MIRx discount card

For claim, eligibility, and other plan inquiries regarding the Michigan EPIC program and Michigan Rx discount card program, please call toll-free 866-589-7982. To join the network, please call pharmacy network contracting at 916-374-3756.

MI EPIC BIN 009506

MI Rx discount card BIN 011503

MO Senior Rx

For claim, eligibility and other plan inquiries regarding the Missouri senior Rx program, please call toll-free 800-437-8482. Participating Pharmacies located in MO may join the network by calling pharmacy network contracting at 916-374-3756.

MO senior Rx BIN 011511

