



BCBSRI PBM Transition

January 1

2017

A guide to support Blue Cross & Blue Shield of Rhode Island prescribers.

Quick Reference Support
Guide

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Prior Authorization Information

BCBSRI is committed to making the prior authorization process as efficient as possible. [PLEASE SEE THE SECTION ON ELECTRONIC PRIOR AUTHORIZATION TO TAKE ADVANTAGE OF OUR NEW OFFERING.](#)

Electronic submission

- Submit a 2017 coverage request form on www.covermymeds.com.

Hard copy submission

The 2017 Prior Authorization form can be found online at PrimeTherapeutics.com > Resources > Pharmacy + Providers > Prior Authorization.

- Mail Prior Authorization form to:
Prime Therapeutics LLC
Attn.: Clinical Review Dept.
1305 Corporate Center Dr.
Eagan, MN 55121
- **Fax** Prior Authorization form to:
Commercial Fax: 1-855-212-8110
Medicare Fax: 1-800-693-6703

Assistance

- For assistance with a prior authorization, contact Prime:
 - Commercial: 1-855-457-0759
 - Medicare: 1-800-693-6651
- For questions related to the status of an existing prior authorization, call BCBSRI Provider Services at (401) 274-4848 or 1-800-230-9050. *Hours: Monday – Friday 8:00 am to 4:30 pm ET.*

Medicare specifics

- To allow offices to migrate patients to an alternative medicine or renew the prior authorization for the existing medicine, patients will be granted a 30-day transition supply for eligible Part D drugs (unless the prescription is written for fewer days) any time during their first 90 days of coverage.

Commercial specifics

- Prior authorizations set to expire between Jan 2017 – Feb 28 2017 will have a grace period through March 31, 2017, to allow offices to migrate patients to an alternative medicine or renew the prior authorization for the existing medicine.

Electronic Prior Authorization Process through CoverMyMeds

If you already have a CoverMyMeds account – Use your existing log in information to log in as usual.

How to register for an account

- Go to www.covermymeds.com.
- Click on “Create a Free Account.”
- Log in using email and password.

How to create group accounts

- Provider office should choose an administrator to set up the account.
- Administrator will need to create his/her individual account first.
- Administrator should then reach out to CoverMyMeds via phone or chat, and provide their chosen group name and admin email address.
- CoverMyMeds will create the group account and the user will receive an email confirming that the account has been created.
- Administrator will then have the ability to invite co-workers to the group through “Group Settings” features in their dashboard.
- CoverMyMeds will provide the administrator these step-by-step instructions when they successfully create the group account.

Troubleshooting (call or chat with us)

- Live chat and support lines are open from Monday-Friday 8:00 am – 11:00 pm ET, Saturdays 8:00 am - 3:00 pm ET.
- No waiting on hold or going through prompts.
- Call or chat us so we can walk you through your first PA.
- Contact us at 1-866-452-5017.

Support center

- Click on “Help” tab at the top of the page to access the support center
 - <https://www.covermymeds.com/main/support-center/training-materials-and-videos/>
 - Contact information
 - Training videos
 - User’s Guide
 - FAQs

Guidance provided to the pharmacy - Medicare Part B and D

Pharmacy processing requirements (new and refill claims)

- Covered person ID number (12 digits)
 - o 3 alpha characters followed by 9 digits
 - o Example member ID: ABC000000000
- Date of birth
- Gender
- Group number
- Usual and customary
- Days supply
- Pharmacy NPI
- Active/valid prescriber ID (NPI, DEA or state license)
- Date prescription written
- Prescription origin code

Plan Name	BIN	PCN	ID Number Length	Group Number
BlueCHiP for Medicare MAPD Individual	610455	BCRIMA	12 digits	BCRIMA
BlueCHiP for Medicare MAPD Group	610455	BCRIMAG	12 digits	BCRIMA
BlueCHiP for Medicare MAPD and MA Individual Part B	610455	RIPARTB	12 digits	N/A
BlueCHiP for Medicare MAPD Group Part B	610455	RIPARTBG	12 digits	N/A

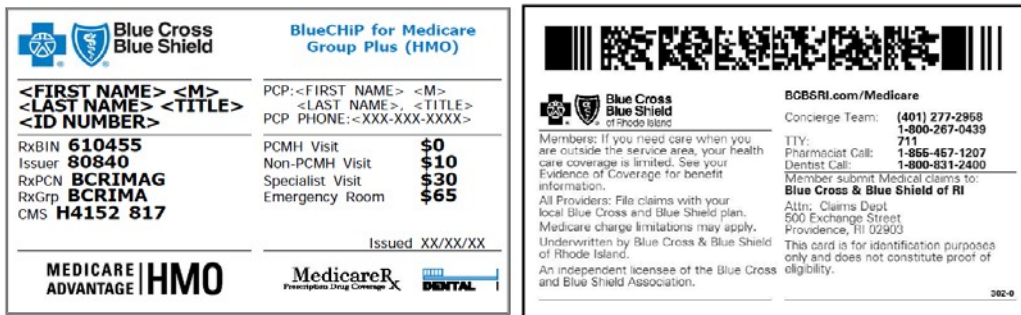
For more information

- Beginning January 1, 2017, for assistance with claims processing on Prime’s platform, please contact the Prime Contact Center at 855-457-1207.
- Prime’s Medicare Part D payer specification sheet is available at:
PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy claim processing > Payer sheet > Medicare Part D D.0 Payer Sheet.

Front & back of BCBSRI BlueCHIP for Medicare MAPD individual ID card:



Front & back of BCBSRI BlueCHIP for Medicare MAPD group ID card:



Front & back of BCBSRI BlueCHIP for Medicare MA individual Part B ID card:



2016 Outstanding claim reversals and processing

For assistance with claims that have a date of fill prior to January 1, 2017, please contact Catamaran at 1-800-788-7871.

Guidance provided to the pharmacy - commercial

Pharmacy processing requirements (new and refill claims)

- Covered person ID number (12 digits)
 - o 3 alpha characters followed by 9 digits
 - o Example member ID: ABC000000000
- Date of birth
- Gender
- Group number
- Usual and customary
- Days supply
- Pharmacy NPI
- Active/valid prescriber ID (NPI, DEA or state license)
- Date prescription written
- Rx origin code
- Date of injury (Required for work-related injury claims only)

Plan Name	BIN	PCN	ID Number Length	Group
Commercial Self Funded and Fully Insured Members	610455	BCRI	12 digits	N/A
Direct Pay/Health Insurance Marketplace	610455	BCRI	12 digits	N/A
Work-Related Injury	610455	BCRI	Length varies Minimum of 9 digits	BCRIWRI

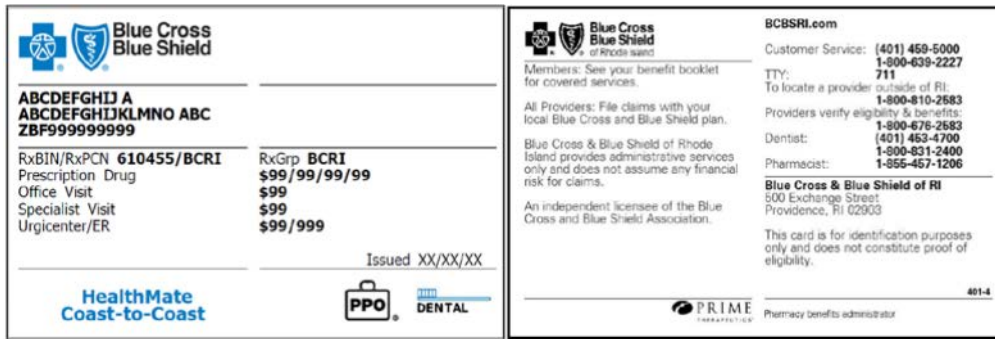
For more information

- Effective January 1, 2017, for assistance with claims processing on Prime’s platform, please contact the Prime Contact Center at 855-457-1206.
- For software setup information, please visit Prime’s website at PrimeTherapeutics.com > Resources > Pharmacy + Provider > Pharmacy Claim Processing | Payer sheets > Commercial D.0 Payer Sheet.

Multi ingredient compound processing requirements

- Prime will accept multiple ingredient compound submissions utilizing NCPDP’s compound segment for up to 25 ingredients.
- Prime will reject multiple ingredient compound claims when an ingredient within the compound is not covered.
- The participating pharmacy can submit a submission clarification code 08 (process compound for approved ingredient) which will allow the rejected claim to process only covered ingredients.

Featured below is an example of the most common ID card:



2016 Outstanding claim reversals and processing

For assistance with claims that have a date of fill prior to January 1, 2017, please contact Catamaran/Optum at 1-800-788-7871.

Mail Order

Active mail order prescriptions

- Existing mail order prescriptions will automatically transfer to PrimeMail, but patients will need to create a new mail order account with Prime in order to ensure payment and delivery.
- Existing refillable mail order prescriptions will automatically transfer to PrimeMail. Expired orders and orders for controlled substances will not transfer.

New mail order prescriptions

Beginning January 1, 2017, you can use any of the following methods to sign up for mail order:

From the physician office

- ePrescribe prescriptions to: PrimeMail **beginning 1/1/17**
- NPI: 1972698702
- NCPDP: 4534334
- Address: 901 Kinwest Parkway building B Irving, TX 75063
- Send prescriptions electronically ([Physician Fax Form](#)) or fax a prescription request to Prime at 1-877-774-6360.

Through the mail

Mail forms to:

PrimeMail®
 PO Box 650041
 Dallas, TX 75265-0041

Formulary

2017 Formulary URLs

- Large Group 4 Tier *[active Jan 1]*
 - https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSRI/COMMERCIAL/RI4TLRGRP/RI4TLRGRP_Formulary.pdf
- Large Group 5 Tier *[active Jan 1]*
 - https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSRI/COMMERCIAL/RI5TLRGRP/RI5TLRGRP_Formulary.pdf
- Small Group 5 Tier *[active Jan 1]*
 - https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSRI/COMMERCIAL/RI5TSMGRP/RI5TSMGRP_Prescription_Drug_List.pdf
- Health Insurance Marketplace 5 Tier *[active Jan 1]*
 - https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSRI/COMMERCIAL/RI5TIND/RI5TIND_Prescription_Drug_List.pdf
- Traditional *[active Jan]*
 - https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSRI/COMMERCIAL/RITRAD/RITRAD_Formulary.pdf
- Individual:
 - https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2017/2017_RI_5T_HealthInsuranceMarketplace.pdf
- Small group:
 - https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IVL/2017/2017_RI_5T_HealthInsuranceMarketplaceSmallGroup.pdf
- Medicare:
 - Individual
https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSRI/MEDICARE_D/RIMAPDBC/RI_RIMAPDBC_complete_formulary.pdf
 - Group
https://www.myprime.com/content/dam/prime/memberportal/forms/2017/FullyQualified/Other/ALL/BCBSRI/MEDICARE_D/RIMAPDBC/RI_RIMAPDBC_group_complete_formulary.pdf

Lesser of logic

If the price of a medication is less than the member's cost share, the member will be responsible for the lower amount. Therefore, if the total purchase price of a medication is \$15, but the medication is a Tier 4 with a \$100 copay, the member will be responsible for paying the \$15. Total cost of a medication can be found on members' Part D EOB, or from the pharmacy.

Medicare 2017 formulary highlights

7 Medicare Advantage products for 2017

- \$1-2 increase/decrease in tier 1 or tier 2 copay
- No change to tiers 3, 4, 5
- No deductible for Standard with Drugs
 - Value (\$290-most popular) and Advance (\$200) still have deductible
- Initial coverage limit increase to \$3,700 (\$3,310 in 2016)
- Gap coinsurance decrease
 - 40% brands and 51% generics (45% and 58% in 2016)
- Transition fill of 30-day supply for eligible non-formulary or drugs with UM
 - Excludes Part D exclusions (OTCs, drugs to treat weight loss, ED, cosmetic), BvsD drugs (oral antiemetics, nebulizers), drugs with high non-D utilization (Lidocaine patches, Cialis 2.5/5mg)

No change in tier structure

- BlueCHIP for Medicare Individual plans remain a 5 tier formulary
- BlueCHIP for Medicare Group plans remain a 4 tier formulary

Positive formulary changes

- Rosuvastatin (generic Crestor) Tier 2 (effective 11/1/16)
- Removed PA on Alprazolam, Oxycontin, Celecoxib, Simvastatin 80mg, Vytarin 80mg

Negative formulary changes

- Symbicort Tier 3
- Relion Novolin non-formulary
- OneTouch: only covered test strip/glucometer
- PA on Fiorinal/Fioricet products, Topical Androgens, Antipsychotics for new starts only

OneTouch meters and test strips

- OneTouch meters and test strips are the preferred brand for Blue Cross & Blue Shield of Rhode Island and are 100% covered.
- This benefit includes the following products:

Meters	Test Strips
OneTouch [®] Ultra [®] 2 System	OneTouch [®] Ultra [®] test strips (25 count box)
OneTouch [®] UltraMini [™] System Kit Silver Moon [™]	OneTouch [®] Ultra [®] test strips (50 count box)
OneTouch [®] UltraMini [™] System Kit Pink Glow [™]	OneTouch [®] Ultra [®] test strips (100 count box)
OneTouch [®] UltraMini [™] System Kit Limelight [™]	OneTouch [®] Verio [®] test strips (25 count box)
OneTouch [®] UltraMini [™] System Kit Jet Black [™]	OneTouch [®] Verio [®] test strips (50 count box)
OneTouch [®] UltraMini [™] System Kit Blue Comet [™]	OneTouch [®] Verio [®] test strips (100 count box)
OneTouch [®] UltraMini [™] System Kit Purple Twilight [™]	
OneTouch [®] Verio [®] IQ System Kit	
OneTouch [®] Verio [®] Sync System Kit	
OneTouch [®] Verio [®] System Kit	
OneTouch [®] Verio Flex [®] System Kit	

Starting January 1, 2017, OneTouch meters and test strips will be the *only* meter and test strips covered under the BlueCHIP for Medicare Advantage plans at no cost to patients.

Part D Vaccines

- Can be processed as a pharmacy claim only
- Examples: Zostavax, Tdap

Part B Vaccines

- Can be processed by pharmacy or medical provider
- Examples: Influenza, Pneumococcal

Vaccine processing

Processing requirements for Blue Cross & Blue Shield of Rhode Island Medicare Part B drugs:

Participating pharmacies must submit Part B covered drugs to the Part B BIN and PCN outlined below.

When processing a claim for Part B:

- If the claim is submitted to the Part D BIN/PCN, Prime will reject the claim with the following messages:
 - o SUBMIT TO PART B BIN: 610455, PCN: RIPARTB. NOT COVERED UNDER PART D LAW
 - o A second transaction will then be required for the Part B covered drug.
 - o Pharmacies must review point-of-sale (POS) messaging to ensure that claims are submitted appropriately.

BCBSRI Escalation Paths

Prior authorizations

For an urgent PA status request or question about the prior authorization process, call:

- Commercial: 1-855-457-0759
- Medicare: 1-800-693-6651

Mail order

For mail order questions, call:

- Commercial: 1-855-457-1204
- Medicare: 1-855-457-1205

Pharmacy help desk

For pharmacy (non-benefit) questions, call:

- Commercial: 1-855-457-1206
- Medicare: 1-855-457-1207

For any benefit questions or other provider related issue, call BCBSRI Provider Services at (401) 274-4848 or 1-800-230-9050. Hours: Monday - Friday 8:00 am to 4:30 pm ET.