

Pharmacist Resource Center User Guide

Purpose:

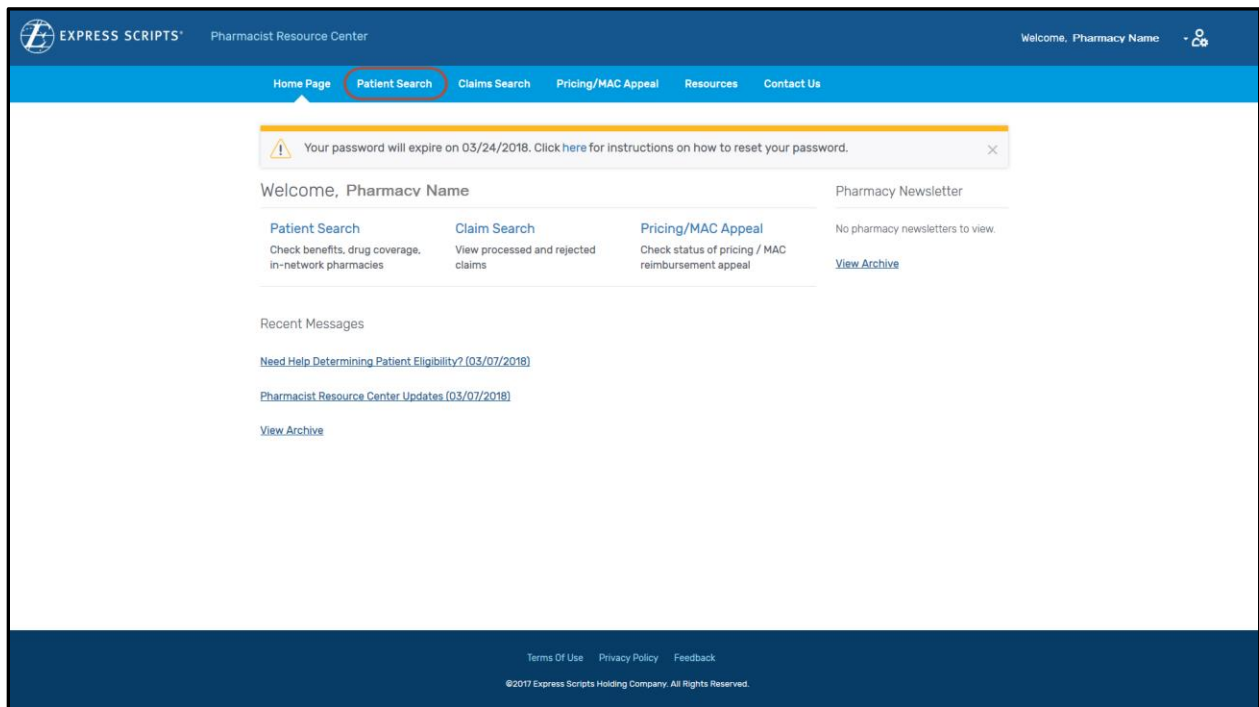
This document is a step-by-step instruction guide for accessing the Pharmacist Resource Center functions. The Pharmacist Resource Center is an online tool that allows you to determine member eligibility and plan benefits.

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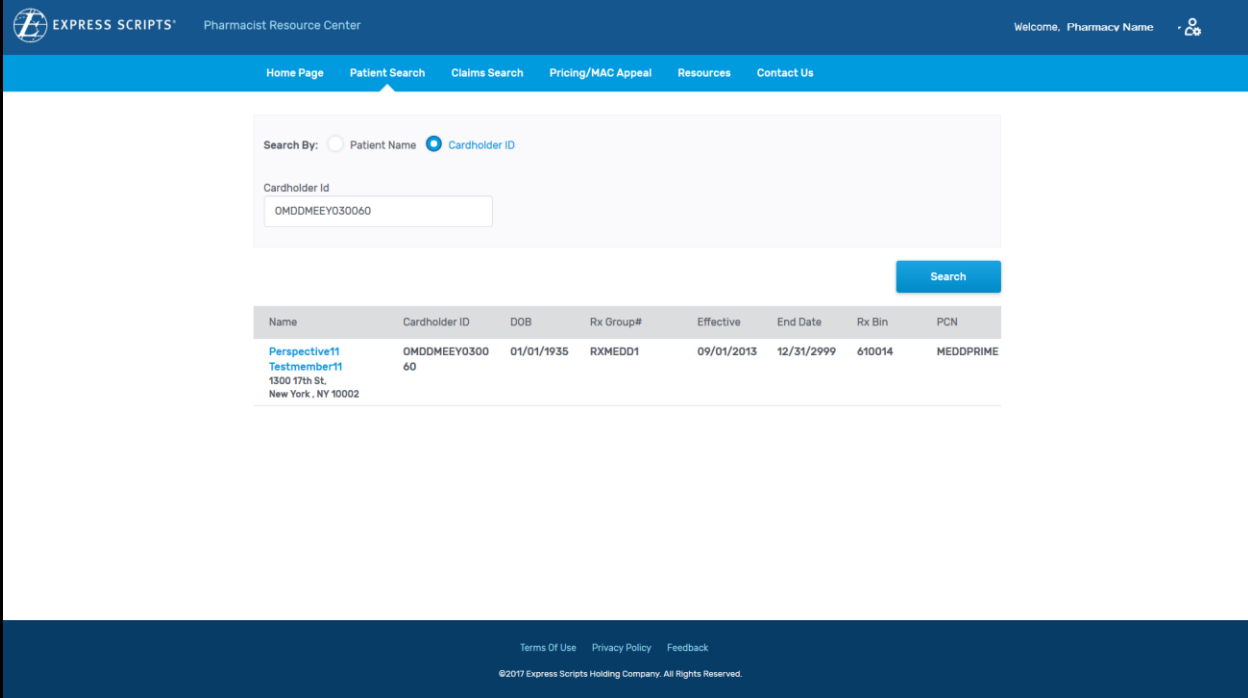
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How do I determine member/enrollee eligibility?

- Select link “Patient Search” from the “Tools” section.



- You have the option to complete a Cardholder ID search or search by the patient name.
- Cardholder ID Search: Enter the cardholder ID (as printed on the member’s prescription card)
- Patient’s Name Search, Enter:
 - Last Name
 - First Name
 - Date of Birth (MM-DD-YYYY)
 - Zip code
- Note: the submit button will not be enabled until all information is entered



EXPRESS SCRIPTS® Pharmacist Resource Center

Welcome, Pharmacy Name

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Search By: Patient Name Cardholder ID

Cardholder Id
OMDDMEEY030060

Search

Name	Cardholder ID	DOB	Rx Group#	Effective	End Date	Rx Bin	PCN
Perspective11 Testmember11 1300 17th St, New York, NY 10002	OMDDMEEY030060	01/01/1935	RXMEDD1	09/01/2013	12/31/2999	610014	MEDDPRIME

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- After successfully entering the search criteria, you will be able to view all details about eligibility status and benefits for the patient.
- The relationship field will indicate the relationship of the patient (i.e., member, spouse, child, etc.).
- The person code field will indicate the person code of the patient (i.e., 001 = member, 002 = spouse, 003 = child, etc.).
- The Benefits Overview section provides coverage details for the patient. Shows if your pharmacy is a participating, the Refill too soon override codes approved by the patients group, the patient's deductible and much more.

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Benefits overview

Select patient name from the drop down below to view benefit information.

Patient eligibility information

Name: TESTMEMBER11, PERSPECTIVE11

Member #: QMCDHBEY030090

DOB: 01/01/1935

Effective Date: 09/01/2013

End Date: 12/31/2999

Relationship: 1 (1)

Gender: 2

Person Code: 003

Group eligibility information

Name: NEW YORK STD EY

Group #: RXMED01

Group Effective Date: 09/01/2013

Group End Date:

Patient Status: A

Claim Type: S

BIN : 610014

PCN : MEDCPRIME

Retail RX Group : RXMED01

Benefit overview Benefit plan balances

Are you a participating location?: Yes

Coverage Details

Coverage Type:	2
Coverage Type Effective Date:	09/01/2013
Coverage Type End Date:	
Refills too soon overrides:	7
LTC Refills too soon overrides: (what is this?)	01
Refill too soon %: (Amount required to be used prior to refill)	75
Newborn coverage:	000
Dependant age limit:	99
Student age limit:	99
Disaster Coverage Indicator:	2
Compound Coverage Indicator:	6 Unknown

Deductible

Effective Date:		Benefit period:	00
Type:	0	Option:	A
Per Individual Amount:		Retail	Combination
		0.00	0.00
Family Amount:		0.00	0.00

Benefit CAP

Effective Date:		Benefit period:	00
Type:	0	Option:	A
Per Individual Amount:		Retail	Combination
		0.00	0.00
Family Amount:		0.00	0.00

Lifetime CAP

Effective Date:		Benefit period:	00
Type:	0	Option:	A
Per Individual Amount:		Retail	Combination
		0.00	0.00
Family Amount:		0.00	0.00

Out of pocket

Effective Date:		Benefit period:	00
Type:	0	Option:	A
Per Individual Amount:		Retail	Combination
		0.00	0.00
Family Amount:		0.00	0.00

Spending Account

Effective Date:		Benefit period:	00
Type:	0	Option:	Not Applicable
Per Individual Amount:		Retail	Combination
		0.00	0.00
Family Amount:		0.00	0.00

Coordination of Benefits:

eCOB:

- Yes. This benefit does permit electronic COB claims.
- For further information on eCOB or an explanation on the reimbursement of a claim, please contact Pharmacy Services.

Member Submit COB:


- If this plan is the patient's secondary benefit, retail card claims will reject at the pharmacy.
- The COB benefit applies to retail card claims, member submitted paper claims, and mail order claims.
- For further information on Member Submit COB or for an explanation on the reimbursement of a claim, the member should call the Member Service phone number on the back of the card.

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How do I look up Drug Coverage and Pricing?

- In the left hand navigation menu click on the link “Rejected claim inquiry” from the “Tools” section.
- You will need to enter one of the following:
 - Medication Name
 - NDC #
- Then select the radio button for the medication you want to view and select Next


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Drug Coverage

Select **patient name** from the drop down below to view drug coverage.

Patient name:

Drug search results

Here are your search results. Please select the appropriate drug below and indicate the requested days supply and quantity.

Product Service ID/Product Description	Qualifier	Strength	Brand/Generic	Form
<input checked="" type="radio"/> 00006073531 Zocor	NDC	10 mg	MultiSource	Tablet
<input type="radio"/> 00006073554 Zocor	NDC	10 mg	MultiSource	Tablet
<input type="radio"/> 67544005015 Zocor	NDC	10 mg	MultiSource	Tablet
<input type="radio"/> 67544005030 Zocor	NDC	10 mg	MultiSource	Tablet
<input type="radio"/> 67544005045 Zocor	NDC	10 mg	MultiSource	Tablet
<input type="radio"/> 67544005053 Zocor	NDC	10 mg	MultiSource	Tablet
<input type="radio"/> 67544005060 Zocor	NDC	10 mg	MultiSource	Tablet
<input type="radio"/> 00006074031 Zocor	NDC	20 mg	MultiSource	Tablet

- On the Drug Coverage Details Page you will be able to view coverage information and pricing

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Drug Coverage

Select **patient name** from the drop down below to view drug coverage.

Patient name:

Coverage and copay

Product Description:	Zocor Tablet 10 Mg	Product Service ID:	00006073531
Generic Name:	SIMVASTATIN	Qualifier:	NDC
Generic Available?	Yes	GCN #:	026532
		Form:	Tablet

Retail Pharmacy Benefit

	Requested	Plan Max
Days' Supply:	34	34
Quantity:	30	N/A
Refills Allowed:		No
	Brand	Generic
Approximate Patient Cost*:	40.82	2.28
Approximate Amount Applied to Deductible*:	0.00	0.00

- *These balances do not reflect any costs for claims that are still being processed.
- *The balances shown represent both Medical and Pharmacy claims combined.

*You can [recalculate](#) by changing the quantity and days' supply.

Important Coverage Messages

Brand

Your plan provides coverage for ZOCOR 10MG with certain quantity limits. Additional quantities can be obtained by paying an additional co-payment. The maximum quantity covered for each co-payment is 30 tablets.

Your plan provides coverage for this medication in certain situations. For additional information, please contact the toll-free Member Services number located on your ID card.

This medication is covered under your plan; however, it is a non-preferred product.

Please note that if this medication were filled today, the dispensing quantity may be limited.

Generic

Your plan provides coverage for ZOCOR 10MG with certain quantity limits. Additional quantities can be obtained by paying an additional co-payment. The maximum quantity covered for each co-payment is 30 tablets.

Your plan provides coverage for this medication in certain situations. For additional information, please contact the toll-free Member Services number located on your ID card.

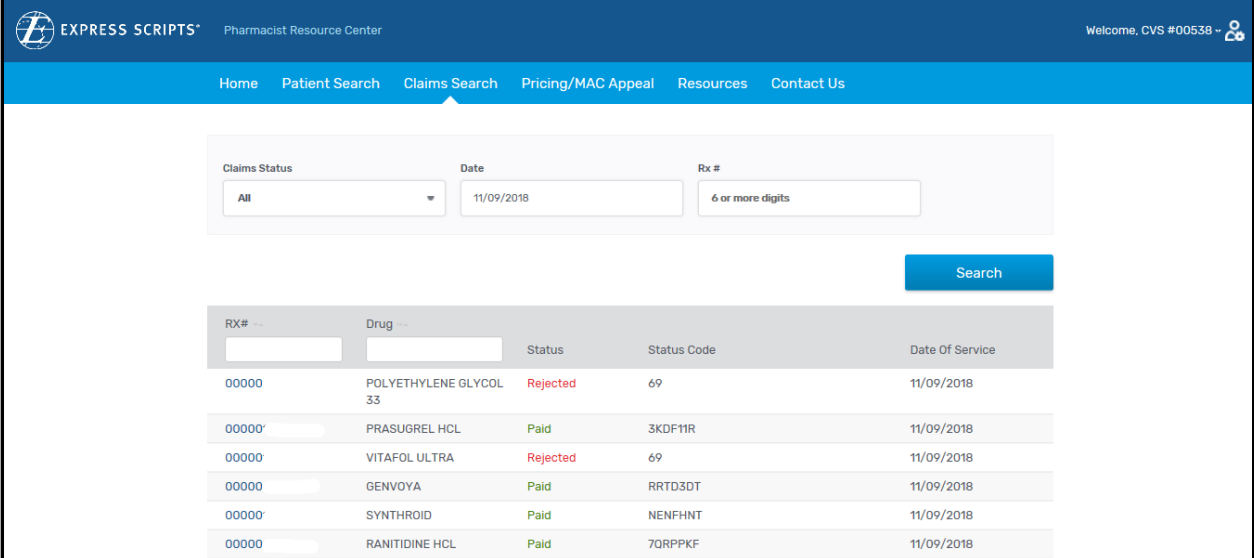
Please note that if this medication were filled today, the dispensing quantity may be limited.

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This information is intended to serve as a general overview of the plan sponsor's prescription benefit program. Please note that the coverage and pricing terms of this or any prescription benefit are subject to change. Please consult the plan sponsor for complete information. Note that individual retail pricing may vary and pricing may vary while patient resides in a long term care facility.

How do I look up a Paid and Rejected claims?

- In the left hand navigation menu, click on the link “Rejected claim inquiry, Processed Claim Inquiry or Claim Search (if on new version of web page)”.
- You will see a list of claims that processed today.



RX#	Drug	Status	Status Code	Date Of Service
00000	POLYETHYLENE GLYCOL 33	Rejected	69	11/09/2018
00000	PRASUGREL HCL	Paid	3KDF11R	11/09/2018
00000	VITAFOL ULTRA	Rejected	69	11/09/2018
00000	GENVOYA	Paid	RRTD3DT	11/09/2018
00000	SYNTHROID	Paid	NENFHNT	11/09/2018
00000	RANITIDINE HCL	Paid	70RPPKF	11/09/2018

- If you would like to view a specific day or specific claim you can select the date using the “Date” dropdown box or enter the RX #.
- After selecting the RX number, you will be able to view:
 - Claim information as shown below for both Rejected and paid claims
 - Messages (If applicable)

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HOUSEHOLD MEMBER	CARDHOLDER ID	EFFECTIVE - EXPIRY DATE	GROUP NUMBER
		01/01/2014 - 12/31/2015	

DRUG NAME	POLYETHYLENE GLYCOL 33 17G/DOSE
FORMULARY	No
RX#	0000L
FORM	POWDER
DATE OF SERVICE	11/09/2018
QTY	527.000
DAYS SUPPLY	30
PHARMACY SERVICE TYPE	01-Community/Retail Pharmacy Services
MME ACCUMULATED (MG)	0.00

! Rejected Claim

Claim Rejected on 02:22 PM 11/09/2018

REJECT CODE	69 - DATE OF SERVICE AFTER COVERAGE TERMINATED	ADDITIONAL INFORMATION	COVERAGE ENDED 12/31/2015, ASK PATIENT FOR NEW CARD
REJECT DESCRIPTION	The patient is not active.		

Possible Resolutions

Perform a patient search to locate active coverage.

If no active coverage is found advise the member to contact their health plan or benefit office for further assistance. The phone number can be located on the back of their ID card.

How do I submit a claim too old override request?

- Submit the appropriate Delay Reason Code in field 357-NV.
- Although Express Scripts accepts values 1, 2, 7, 8, 9 and 10, some plans MAY not support all of the codes.
- If the claim continues to reject for 81 Claim Too Old:
 - In the left hand navigation menu select “Contact the Help Desk or Contact Us” under the “Tools” section.
 - Click on the link, “Claim Too Old/Reversal Request form.” and the form will be displayed.

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Contact the Help Desk

Claim Inquiry

Please enter information for one patient in the fields below and click on the submit button when complete. Claim inquiries for additional patients need to be entered on subsequent pages. **Fields marked with an * are required.**

Your Information

*Name:

*Phone Number: - -

*E-mail Address:

*Fax Number:

Store Information

*Service Provider ID or Chain ID#:

*Store/Chain Name:

*City:

*State:

Claim Information

*Cardholder ID:

*Group #:

*Patient First Name:

*Patient Last Name:

*Date of Birth: - -

Prescription Information

*Prescription Number 1:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 2:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 3:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 4:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 5:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 6:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 7:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 8:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 9:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 10:	<input type="text"/>	*Date of Service:	<input type="text"/> - <input type="text"/> - <input type="text"/>

*Reason for Claim Reject:

- You must enter the following information:
 - Your name
 - Your telephone number
 - Your e-mail address
 - Your fax number
 - Patient card holder ID
 - Patient group number
 - Patient first name
 - Patient last Name
 - Patient Date of Birth
 - You can enter up to 10 claims for one member per request
 - Once the above information has been entered you will need to select the reason for submitting the Claim too old request, click the "Submit" button.