

Pharmacist Resource Center User Guide

Purpose:

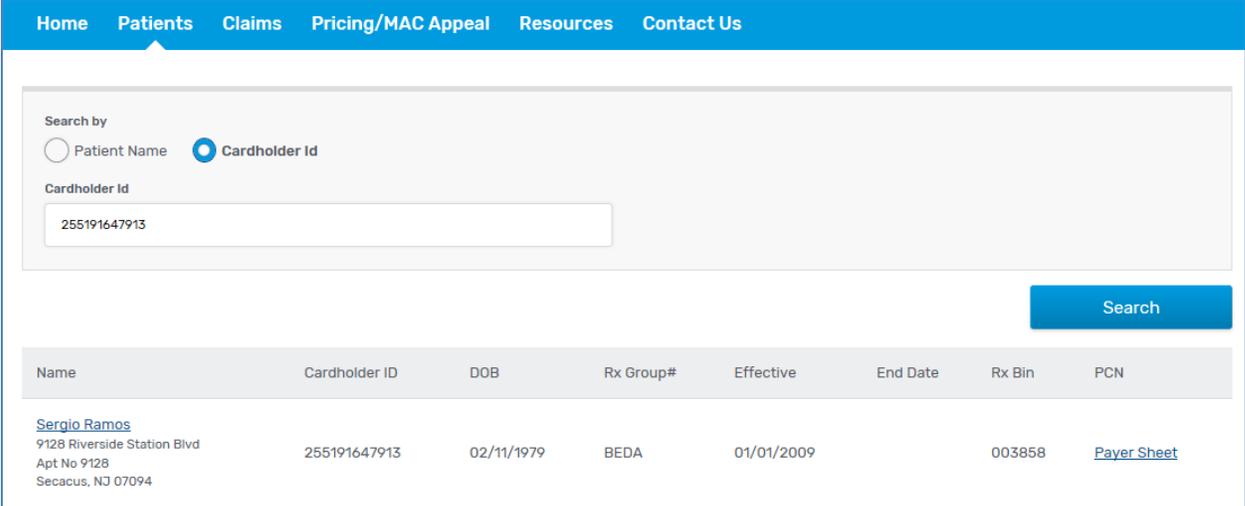
This document is a step-by-step instruction guide for accessing the Pharmacist Resource Center functions. The Pharmacist Resource Center is an online tool that allows you to determine member eligibility and plan benefits.

Table of Contents

| | |
|--|---|
| How do I determine member/enrollee eligibility? | 2 |
| How do I look up Drug Coverage and Pricing? FEATURE UNDER CONSTRUCTION | 4 |
| How do I look up a Paid and Rejected claims? | 5 |
| How do I submit a claim too old override request? Submit the appropriate Delay Reason Code in field 357-NV. | 7 |
| How do I request claims older than 90 days to be reversed? | 9 |

How do I determine member/enrollee eligibility?

- Select menu option “**Patients**”
- 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 “**Search**” button will not be enabled until all information is entered
- After successfully entering the search criteria, you will be able to view all details about eligibility status and benefits for the patient



| Name | Cardholder ID | DOB | Rx Group# | Effective | End Date | Rx Bin | PCN |
|---|---------------|------------|-----------|------------|----------|--------|-----------------------------|
| Sergio Ramos 9128 Riverside Station Blvd Apt No 9128 Secacus, NJ 07094 | 255191647913 | 02/11/1979 | BEDA | 01/01/2009 | | 003858 | Payer Sheet |

- The “**Benefit Overview**” section provides coverage details for the patient
 - i) Plan Type: Medicare, Medicaid, Healthcare Reform, Commercial
 - ii) The relationship field will indicate the relationship of the patient (i.e., member, spouse, child, etc.)
 - iii) The person code field will indicate the person code of the patient (i.e., 001 = member, 002 = spouse, 003 = child, etc.)
 - iv) Refill too soon override codes approved by the patients group
 - v) Deductible, CAP, Out of Pocket and Medicare Part D Stages

[< Go Back](#)

| Household Member | Relationship | Cardholder ID | Effective Date | Group Number |
|-------------------------------|-------------------------------|---------------|----------------|--------------|
| Sergio Ramos (02/11/1979) - M | Member - 01 Person Code: 1 | 255191647913 | 01/01/2009 - | BEDA |

Benefit Overview In-Network Pharmacies Drug Coverage

| | | | |
|-------------------------------------|--|-------------------|-------------------------|
| Patient Status | Active | Group Name | ADENA CORP- BUY UP PLAN |
| Coordination Of Benefit | Secondary Coverage with Direct Reimbursement | Plan Type | Health Care Reform |
| Coverage Types | Full Family | Claim Type | Card and Mail |
| Refill Too Soon | 75% | BIN | 003858 |
| Refill Too Soon Override | Limited Therapy Change (SCC=05) & Vacation (SCC=03) & Lost Medication (SCC=04) | PCN | Payer Sheet |
| LTC Refill Too Soon Override | No Overrides | | |
| Dependent Age Limit | 99 years | | |
| Student Age Limit | 99 years | | |
| Disaster Coverage | Standing Emergency and Zip code specific | | |
| Compound Coverage | Cover if All ingredients are covered | | |
| Newborn Coverage | 30 days | | |

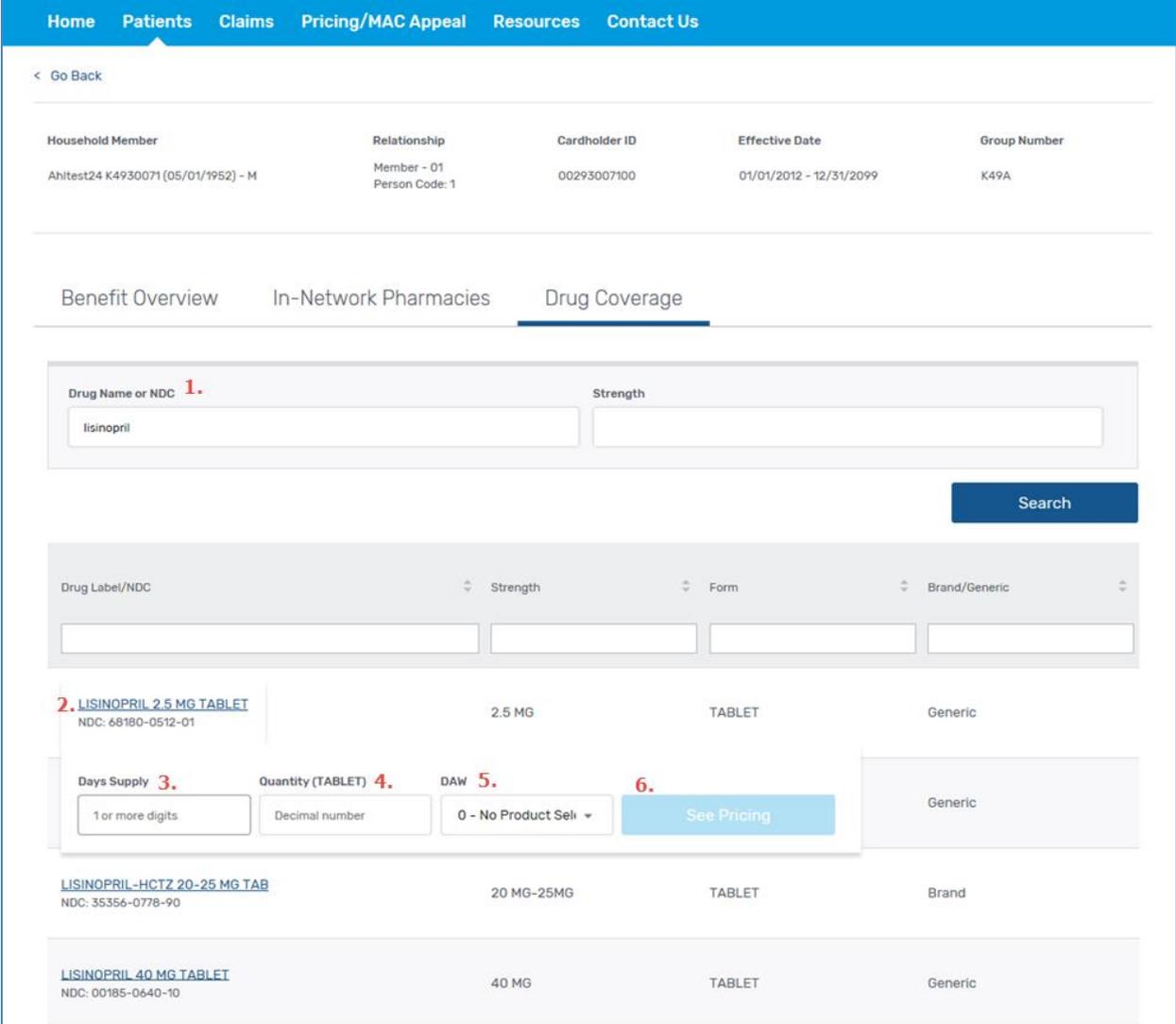
Out of Pocket [?](#)
(In-Network All Medications)

| | Prescription Claims | Healthcare Claims | Total Applied | Limit | Remaining |
|--------------------------|---------------------|-------------------|---------------|--------|-------------------------|
| Sergio (DOB 02/11/1979) | \$0 | \$0 | \$0 | \$3500 | \$3500 Not Satisfied |
| Marimar (DOB 01/01/1965) | \$0 | \$0 | \$0 | \$3500 | \$3500 Not Satisfied |
| Richard (DOB 01/01/1995) | \$0 | \$0 | \$0 | \$3500 | \$3500 Not Satisfied |
| Family | \$0 | \$0 | \$0 | \$7000 | \$7000 Not Satisfied |

Benefit Start Date: 2014-01-01 Duration: 12 Months

How do I look up Drug Coverage and Pricing? FEATURE UNDER CONSTRUCTION

- Once you have searched for the patient and selected the “**patient name**” from the Patient Search screen select the “**Drug Coverage**” tab
 - Search for the medication by “**Name**” or “**NDC #**”
 - Select the medication name
 - Enter the day supply
 - Enter the qty
 - Note: must enter the qty specified such as milliliters or grams
 - Select the DAW code
 - Then the “**See Pricing**” button will enable



Home Patients Claims Pricing/MAC Appeal Resources Contact Us

< Go Back

| Household Member | Relationship | Cardholder ID | Effective Date | Group Number |
|-------------------------------------|-------------------------------|---------------|-------------------------|--------------|
| Ahltest24 K4930071 (05/01/1952) - M | Member - 01 Person Code: 1 | 00293007100 | 01/01/2012 - 12/31/2099 | K49A |

Benefit Overview In-Network Pharmacies **Drug Coverage**

Drug Name or NDC **1.** Strength

lisinopril

Search

Drug Label/NDC Strength Form Brand/Generic

2. LISINOPRIL 2.5 MG TABLET
NDC: 68180-0512-01 2.5 MG TABLET Generic

Days Supply **3.** Quantity (TABLET) **4.** DAW **5.** **6.** See Pricing

1 or more digits Decimal number 0 - No Product Sel Generic

LISINOPRIL - HCTZ 20-25 MG TAB
NDC: 35356-0778-90 20 MG-25MG TABLET Brand

LISINOPRIL 40 MG TABLET
NDC: 00185-0640-10 40 MG TABLET Generic

- On the Drug Coverage Details page you will be able to determine if the medication is covered and how much the patient will be responsible for along with any amounts applying to Deductible, CAP and Out of Pocket

Home Patients Claims Pricing/MAC Appeal Resources Contact Us

< Go Back

| Household Member | Relationship | Cardholder ID | Effective Date | Group Number |
|-------------------------------|-------------------------------|---------------|----------------|--------------|
| Sergio Ramos (02/11/1979) - M | Member - 01 Person Code: 1 | 255191647913 | 01/01/2009 - | BEDA |

Benefit Overview In-Network Pharmacies **Drug Coverage**

[Back to Drug Search](#)

Brand
 LISINOPRIL 5 MG TABLET
 N/A

| | | |
|----------------------------|------------------------|--|
| Coverage Status | Not Covered ⓘ | Benefit Details |
| Days Supply Priced | N/A | Deductible |
| Quantity Priced | N/A | Applied N/A Limit N/A Remaining N/A |
| DAW | N/A | Out Of Pocket |
| | Update | Applied N/A Limit N/A Remaining N/A |
| Form | TABLET | Cap Remaining |
| Drug ID | 43353-0298-30 | |
| Formulary | No | Cost to Patient |
| Plan Allows Refill? | No | Patient Pay Amount |
| | | |
| | | N/A |

Coverage Alerts:

Product/Service Not Covered

How do I look up a Paid and Rejected claims?

- Select the “**Claims**” option
- The “**Date**” field will default to today’s date. Once you select “**Search**” you will see a list of claims that your pharmacy submitted

Home Patients **Claims** Pricing/MAC Appeal Resources Contact Us

Claims Status: All | Date: 06/01/2019 | Rx #: 6 or more digits

Search

| RX# | Drug | Status | Status Code |
|------------------------------|---------|----------|-------------|
| 213561231231 | ALOPRIM | Rejected | 69 |
| 213561231231 | ALOPRIM | Rejected | 31 |
| 213561231231 | ALOPRIM | Rejected | 69 |

- 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
 - Additional Reject Messages (If Applicable)
 - Reject support Document (If Applicable)

Home Patients **Claims** Pricing/MAC Appeal Resources Contact Us

< Go Back

| | | | |
|---|-------------------------------|--------------------------------|----------------------|
| Household Member Wfxzvmtyes Kkjbciiih (09/08/1989) - M | Cardholder ID 152379672591 | Effective Date 01/01/2019 - | Group Number L4TA |
|---|-------------------------------|--------------------------------|----------------------|

| | |
|-----------------------|---------------------------------------|
| Drug Name | ALKERAN 50 MG |
| Formulary | Yes |
| RX# | 232561231235 |
| Form | VIAL |
| Date Of Service | 06/01/2019 |
| Qty | 110.000 |
| Days Supply | 100 |
| Pharmacy Service Type | 01-Community/Retail Pharmacy Services |
| MME Accumulated (Mg) | 0.00 |

Rejected Claim

Claim Rejected on 06:02 AM 06/10/2019

Additional Reject Information
MAX DAYS SUPPLY ALLOWED IS 60

Reject Code(S)
[7X - DAYS SUPPLY EXCEEDS PLAN LIMITATION](#)

The reject codes that are hyper linked will have a support document to assist with resolving the rejection. For all others please call 1-800-922-1557 for additional assistance

| Home Patients Claims Pricing/MAC Appeal Resources Contact Us | | | |
|--|---------------------------------------|----------------|--------------|
| Go Back | | | |
| Household Member | Cardholder ID | Effective Date | Group Number |
| Xtsxfsgfbn Stiyhukba (04/29/1990) - F | 410412458444 | 01/01/2019 - | L4TA |
| Drug Name | ACTHREL 100 MCG | | |
| Formulary | No | | |
| RX# | 215645615645 | | |
| Form | VIAL | | |
| Date Of Service | 06/01/2019 | | |
| Qty | 30.000 | | |
| Days Supply | 30 | | |
| Pharmacy Service Type | 01-Community/Retail Pharmacy Services | | |
| MME Accumulated (Mg) | 0.00 | | |
|  Paid Claim | | | |
| Claim payment was included in the check dated . Check #0 | | | |
| Patient Paid | 100.00 | | |
| Pharmacy Reimbursed | 0.00 | | |
| Date Processed | 06/01/2019 | | |
| Authorization Number | AERWC9F | | |
| Deductible | 100.00 | | |

How do I submit a claim too old override request? Submit the appropriate Delay Reason Code in field 357-NV.

- That while 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 top navigation menu select “Contact Us”.
- Click on the link, “Claim Too Old/Reversal Request form.” And the form will be displayed.

[Home](#)
[Patients](#)
[Claims](#)
[Pricing/MAC Appeal](#)
[Resources](#)
[Contact Us](#)

In addition to the toll-free telephone service, the Express Scripts help desk can now be reached via email. Before sending us a message, you may want to read our FAQs - chances are someone else has asked a similar question.

You may send feedback using the link below:

- General Inquiry - *general questions, HIPAA, eligibility, etc..*
- **Claim Inquiry - *claim too old, claim reversal request***

Please use this feature for issues not requiring immediate resolution. You should receive a response within 24 hours but final resolution may require additional time and research.

Contact Numbers

| | |
|--|---------------------------------|
| Pharmacy Help Desk | Non-DoD TRICARE: 1-800-922-1557 |
| General inquiries regarding claims processing, claims adjustments should be directed to: | DoD TRICARE: 1-877-363-1304 |

| | |
|----------------------------------|----------------|
| Network Contracting & Management | 1-888-571-8182 |
|----------------------------------|----------------|

[Home](#)
[Patients](#)
[Claims](#)
[Pricing/MAC Appeal](#)
[Resources](#)
[Contact Us](#)

< Go Back

Claim Inquiry

Pharmacy

| | |
|---|---|
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |
| Phone Number | Fax Number |
| <input type="text" value="999-999-9999"/> | <input type="text" value="999-999-9999"/> |
| Email | |
| <input type="text"/> | |
| NPI# | |
| <input type="text"/> | |

Patient

| | |
|---|----------------------|
| Cardholder Id | Group Number |
| <input type="text"/> | <input type="text"/> |
| First Name | Last Name |
| <input type="text"/> | <input type="text"/> |
| Date Of Birth | |
| <input type="text" value="MM/DD/YYYY"/> | |

Claim

Reason

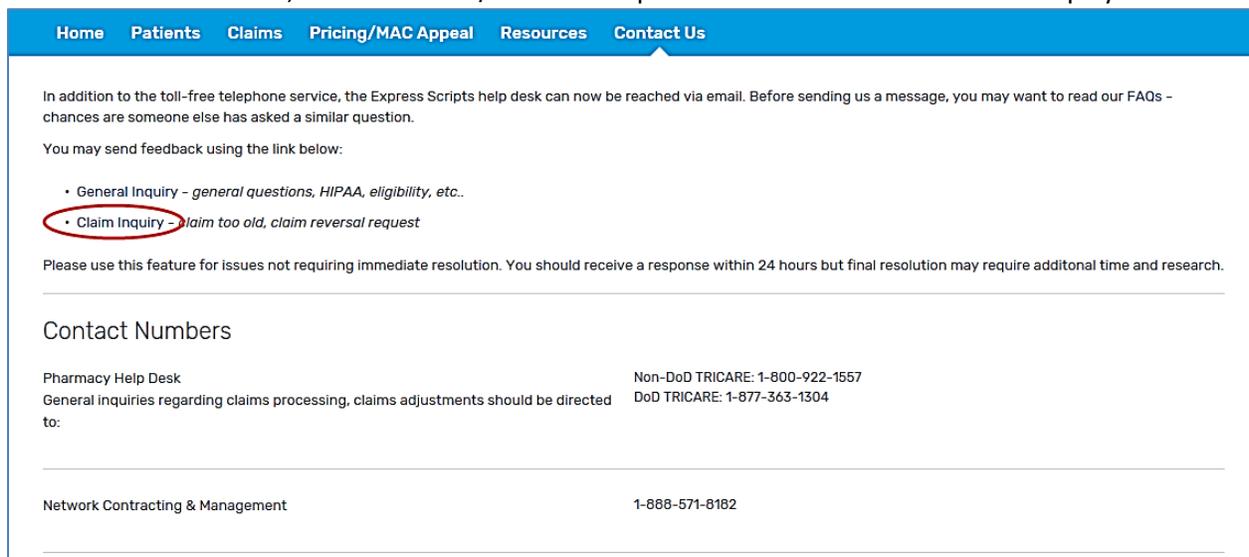
| | |
|---|---|
| Rx # | Date of service |
| <input type="text" value="6 or more digits"/> | <input type="text" value="MM/DD/YYYY"/> |

- 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
- Once the above information has been entered you will need to select the reason for submitting the Claim too old request select the “Submit” button.

How do I request claims older than 90 days to be reversed?

- In the top navigation menu select “Contact Us”.
- Click on the link, “Claim Too Old/Reversal Request form.” And the form will be displayed.



Home Patients Claims Pricing/MAC Appeal Resources Contact Us

In addition to the toll-free telephone service, the Express Scripts help desk can now be reached via email. Before sending us a message, you may want to read our FAQs – chances are someone else has asked a similar question.

You may send feedback using the link below:

- General Inquiry - *general questions, HIPAA, eligibility, etc..*
- **Claim Inquiry -> claim too old, claim reversal request**

Please use this feature for issues not requiring immediate resolution. You should receive a response within 24 hours but final resolution may require additional time and research.

Contact Numbers

| | |
|--|--|
| Pharmacy Help Desk General inquiries regarding claims processing, claims adjustments should be directed to: | Non-DoD TRICARE: 1-800-922-1557 DoD TRICARE: 1-877-363-1304 |
| Network Contracting & Management | 1-888-571-8182 |

[< Go Back](#)

Claim Inquiry

Pharmacy

First Name

Bill

Last Name

Stanley

Phone Number

999-999-9999

Fax Number

999-999-9999

Email

william_stanley@express-scripts.com

NPI#

1013174366

Patient

Cardholder Id

Group Number

First Name

Last Name

Date Of Birth

MM/DD/YYYY

Claim

Reason

Select Appropriate Reversal Reason

+

-

Rx #

6 or more digits

Date of service

MM/DD/YYYY

Cancel

Submit