Pharmacy Provider Guide

MEDAVIE BLUE CROSS™

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1. Introduction to Medavie Blue Cross

With roots back to 1943, Medavie Blue Cross is an industry leader that provides group and individual health, travel, life and disability benefits to more than one million Canadians.

Medavie Blue Cross operates from major locations in Moncton, New Brunswick; Dartmouth, Nova Scotia; Etobicoke, Ontario and Montreal, Quebec as well as six branch offices across the Atlantic Provinces.

A member of the Canadian Association of Blue Cross Plans, Medavie Blue Cross is an independent, not-for-profit company governed by a board of directors made up of representatives of the business and health care communities.

Medavie Blue Cross administers various provincial government programs as well as a national contract on behalf of Veterans Affairs Canada, the Canadian Forces and the Royal Canadian Mounted Police and, with other Blue Cross plans, is one of the owners of Blue Cross Life Insurance Company of Canada.

An innovative and progressive company, Medavie Blue Cross is dedicated to fulfilling its core purpose: *Improving lives through our products and services, people and expertise*.

The purpose of the *Medavie Blue Cross Guide for Pharmacy Providers* is to assist the pharmacy provider in the claiming of pharmaceutical services for our prescription drug programs. Please note that updates to any part of this manual may be made by Medavie Blue Cross from time to time. Please visit our website at **http://www.medavie.bluecross.ca/healthprofessionals** for the most current version of the Provider Guide for Pharmacy Providers.

This guide is not intended to represent or replace information, policies or processes for Federal Programs administered by Medavie Blue Cross such as Veterans Affairs Canada, Canadian Forces and Royal Canadian Mounted Police. Please refer to the documentation for these programs that was provided to you when you registered for approved Medavie Blue Cross provider status. For more information on those programs visit our web site at www.medavie.bluecross.ca or 1-888-261-4033.

2. Commonly Used Terms/Definitions

CPhA Claims Standard - The Canadian Pharmacist Association (CPhA) standard is a simplified and common electronic claim format designed for all claim networks.

Claim - Any method, authorized by Medavie Blue Cross, by which the Pharmacy may request reimbursement from Medavie Blue Cross with respect to pharmaceutical services provided to a Participant.

Concurrent Drug Utilization Review (CDUR) - A process that reviews a Participant's drug claims history at the time of claim submission for potential concern(s).

Control Group - A method of grouping claims for payment purposes.

Co-payment – The dollar amount the plan member is required to pay when prescription drugs are purchased.

Deferred Drug Payment – The pharmacist electronically submits the claim to Medavie Blue Cross for processing only. The Participant is responsible for paying the entire cost of the prescription to the pharmacy at the time of dispensing and is later reimbursed via cheque sent directly from Medavie Blue Cross to the participant

Drug Identification Number (DIN) - A number assigned to a drug product by Health Canada

Extemporaneous Preparations - A drug or mixture of drugs prepared or compounded by a pharmacy according to the order of a prescriber. To be eligible as a benefit, extemporaneous preparations must contain, in therapeutic dosage, one or more drugs that are covered by a Medavie Blue Cross benefit plan and must not duplicate the formulation of a manufactured drug product.

Identification Card - The most up-to-date identification card issued by Medavie Blue Cross to the Participant indicating that the participant is eligible for specific benefits as long as the policy remains in good standing.

Identification Number - Each participant has an 11-digit identification number that should be used when submitting claims.

Interchangeable Drug(s) - Interchangeable Drugs are drugs containing the same active ingredient(s) in the same amount(s) and in the same dosage form as that directed by a prescription and approved by applicable provincial legislation.

Participant - Subscriber, spouse or dependent children covered under the subscriber's plan.

Participant Number - The last two (2) digits of the Participant's Identification Number.

Participating Provider - A pharmacy provider of services and supplies who has entered into an agreement with Medavie Blue Cross to provide eligible services and supplies to Medavie Blue Cross participants and to bill Medavie Blue Cross directly for these eligible benefits.

Personal Information Protection and Electronic Documents Act (**PIPEDA**) - The federal government privacy legislation for the private sector is entitled *The Personal Information Protection and Electronic Documents Act*. This legislation gives individuals a number of rights concerning their own personal information, and places a number of requirements on businesses for protecting this information. Medavie Blue Cross conducts business in compliance with the Act.

Product Identification Number (PIN) - A number assigned by Medavie Blue Cross for the purpose of identifying specific products or categories of products.

Prescription – An order for the preparation and administration of a drug or device for a patient by a licensed prescriber to a pharmacy for the benefit of and use by a Medavie Blue Cross Participant.

Policy Number - A number assigned by Medavie Blue Cross that identifies the plan to which the Participant belongs.

Point of Service (POSv) - An online, real-time claims adjudication system.

Special Authorization - An assessment process where the Participant is required to submit a form for special approval prior to the services/products being rendered or purchased in order for reimbursement to be considered

Subscriber – The individual who has made application and has been accepted by Medavie Blue Cross for coverage.

Supplemental to Government - Medavie Blue Cross benefit plans are supplemental to government health care plans. Medavie Blue Cross will make payment for eligible benefits obtained from an approved provider only in excess of the government health care allowances and only where permitted by the provincial legislation.

Trade Name Medication - Any prescription medication that has a patented trade name (also known as brand name) separate from its generic or chemical designation.

3. Communications

Visit the Health Professionals section of our website at:

1. **http://www.medavie.bluecross.ca/healthprofessionals**
2. From the provider home page, you will have access to publications, forms and bulletins, as well as information on Direct Deposit.
3. For changes or updates to your contact information, a link to our online application form is conveniently located on the provider home page as well. You may also contact us directly from this section of the website.

Pharmacies can visit the provider section of the Medavie Blue Cross website to download and view the provider guide, the latest provider announcements, and current and archived provider bulletins.

When necessary, Medavie Blue Cross will send provider bulletins to our approved pharmacy providers with important information regarding policies, benefit changes, new services, etc. These bulletins are mailed to all approved providers. Please keep these important bulletins with your Provider Guide for future reference. Bulletins may be viewed in the provider section of our website as well.

4. Contact Medavie Blue Cross

4.1. Customer Information Centre

The Medavie Blue Cross Customer Information Centre has representatives available to answer your inquiries on participant eligibility, benefits, claim form requests, and any other general information.

To assist the Customer Service Representative in answering your inquiry, please have the following information available:

- Pharmacy Provider Number
- Participant's identification number and policy number
- Payment summary date and dispense date (when inquiring about the payment of a claim)
- Drug Identification Number (if inquiring about benefit status or drug pricing)

Our Customer Service Representatives are available to answer inquiries from 8 a.m. to 8 p.m. local time, Monday through Friday, excluding statutory holidays, and can be reached by sending an e-mail to inquiry@medavie.bluecross.ca or by calling the following toll-free numbers:

Atlantic Provinces: 1-800-667-4511,
Ontario: 1-800-355-9133,
Quebec: 1-888-588-1212,

4.2. Government Administered Programs – Inquiries

If you are inquiring about our Government Administered Programs, Customer Service Representatives are available at the numbers listed below:

Federal Government Programs
(Veterans Affairs Canada, Royal Canadian Mounted Police, Canadian Forces)

For eligibility, claiming, benefit and/or statement inquiries and claim forms, pharmacy providers must contact:

Toll free Provider Service Line: 1-888-261-4033

Veterans Affairs Canada
Policy and drug authorization inquiries for Veterans Affairs Canada clients must be directed to the Treatment Authorization Centre:

Toll free: 1-866-811-6060 (English)
1-866-812-5050 (French)

Provincial Programs (not applicable in Ontario and Quebec)

New Brunswick Prescription Drug Programs	1-800-332-3691
New Brunswick Workplace Health, Safety & Compensation Commission (WHSCC)	1-800-222-9775
Medical Services Insurance (MSI)	1-800-563-8880
Nova Scotia Pharmacare Programs	1-800-544-6191
Nova Scotia Pharmacare – Pharmacy Claims	1-800-305-5026
Nova Scotia Diabetes Assistance Program	1-800-305-5026

5. Pharmacy Registration

Medavie Blue Cross defines an approved pharmacy provider as a retail pharmacy that is licensed and approved by the provincial pharmaceutical licensing body and is registered with Medavie Blue Cross. Pharmacies may apply for approved provider status through the online provider application form on our web site at **http://www.medavie.bluecross.ca/healthprofessionals**. Once registered, the pharmacy is able to submit claims directly to Medavie Blue Cross for medications and supplies for eligible Medavie Blue Cross participants.

6. Changes To Your Contact Information

Please notify Medavie Blue Cross of any changes that may occur at the pharmacy through the online provider application form, conveniently located on the provider home page on the Medavie

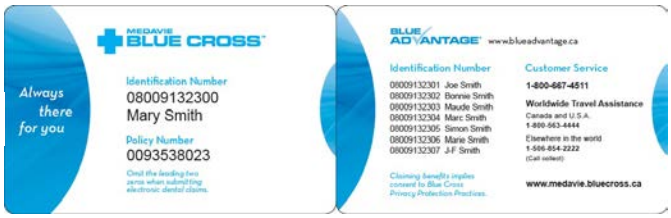
Blue Cross website. You may also fax the changes to 506-869-9673 or contact our Customer Information Centre. The following lists of changes are examples of when Medavie Blue Cross must be notified:

- Changes in business ownership
- Address changes
- Changes to banking information
- Changes to banner affiliation

7. Medavie Blue Cross Identification Card

Medavie Blue Cross members who are eligible for coverage are issued an ID card. Providers should request Medavie Blue Cross ID from the claimant **each time** services are provided to ensure the most up to date information is submitted with the claim. Samples of the ID cards are shown below.

Medavie Blue Cross



Regional

National

Quebec

The following information found on the front of the ID card must be entered exactly as shown when submitting a claim.

- Member's name and address
- Policy number
- Effective date

- Name of policyholder (if identified)
- Member's unique ID number and date of birth

Please note that **each** participant has a unique identification number. The last 2 digits of this unique identification number correspond to the relationship code you enter at the time of claim submission. Medavie Blue Cross's payment system aligns with the unique ID number for each participant therefore it is very important this information be entered correctly.

With the use of the Identification Card, the participant is providing implied consent if access to information is required.

8. Electronic Claim Submissions

Point of Service (POSv) is an online, real-time claims adjudication system. Transactions are supported by the CPhA Claims Processing Standard Version 3.0.

8.1. Claim Submissions

Pharmacies can send claims to Medavie Blue Cross through the POSv system seven days a week from 7 a.m. to 4 a.m. (AST), including statutory holidays. Medavie Blue Cross claims can be submitted for a period of three (3) months from the time of dispensing through the Point of Service (POSv) system.

8.2. Claim Reversals

If a claim is transmitted to Medavie Blue Cross with errors, the claim may be reversed. The reversal function allows the pharmacy to void the original entry. Then, if necessary, a corrected claim may be re-transmitted. Pharmacies can submit Medavie Blue Cross claim reversals through the POSv system for a period of three (3) months from the time of dispensing. If you need assistance with the reversal process, please contact your pharmacy software provider.

If a reversal is done before a cheque and payment summary statement generation, the original and reversing lines will appear on your next payment summary statement. If a reversal is done after a cheque and/or payment summary statement has been generated, the reversal will appear on your next payment summary statement.

8.3. Days' Supply Policy

Medavie Blue Cross will reimburse claims for a 30-100 days' supply when dispensed by the pharmacy. In some instances, if deemed appropriate, Medavie Blue Cross may limit reimbursement to a supply of a shorter number of days. Days' supply dispensed is dependent on Medavie Blue Cross' Days' Supply Program. Specifically, this means:

- Prescriptions for most high cost specialty drugs and narcotics will be limited to 30 days
- Prescriptions for lower cost drugs will be limited to 30 days during a three month stabilization period

- Prescriptions for lower cost drugs that have met the above stability criteria will be reimbursed for 100 day prescriptions

Low to Medium Cost Drug Codes:

- "SD - exceeds 1 month supply limit", if a claimant is not stabilized on a drug the pharmacist may be prompted to dispense a 30 day supply, if the days' supply is greater than 30 days.

- "EK - Extend prescription to 3 month supply", If a claimant is stabilized on a drug the pharmacist may be prompted to dispense a 100 day supply.

- "KN - 3 month supply limit exceeded", if the prescription has a days' supply greater than 100 days, the pharmacist may be prompted to dispense a 100 days' supply.

High Cost Specialty Drug Codes:

- "SD - exceeds 1 month supply limit", if the days' supply is greater than 30 days the pharmacist will be prompted to dispense a 30 day supply.

- "OF - initial trial days' supply exceeded", Initial claims for specialty drugs may be subject to a trial supply. In this instance, the pharmacist will be prompted to dispense a maximum days' supply of 14 days. After the trial the full prescriptions can be dispensed.

Override Code:

- "ER - override days' supply limit for period", the pharmacist can override the days' supply limit with this intervention code (i.e. Travel outside Canada, physician prescription limitations).

Exceptions to the Days' Supply Program are as follows:

- Inappropriate quantities based upon the professional discretion of the pharmacist and physician
- Federal or provincial legislation restricts maximum days' supply
- Groups with quantity and/or dollar maximums on certain medications
- Groups who have chosen to opt out of the Days' Supply Program

The limits outlined above are default values for Medavie Blue Cross drug plans and actual limits may vary. Please contact our provider contact centre for assistance with day supply limits.

Medavie Blue Cross realizes there are instances when a prescription may be dispensed for a longer period of time. Medavie Blue Cross may reimburse for more than a 100-day supply if the quantity is deemed appropriate based upon the professional discretion of the pharmacist and the physician. We ask that the pharmacy indicate on the prescription, or label the reason for the larger quantity (i.e. travel outside Canada). As we have system controls in place for days supply in POS, clients should pay the pharmacy directly for their prescription and submit the claim to Medavie Blue Cross or visit a quick pay office where applicable.

8.4. Submitting for Extemporaneous Preparations

In order for a compound to be adjudicated, one of the active ingredients in the compound must be an eligible benefit under the Participant's prescription drug benefit plan. Pharmacies must submit the compound using the DIN assigned to the active ingredient in order to receive reimbursement for the eligible compound. Should you require a DIN for one of the active ingredients or would like to verify which of the active ingredients is a benefit for a client, please contact our Customer Information Centre.

8.5. Compounding Codes

When submitting a claim for a compound mixture, please use the appropriate CPhA standard code for the corresponding mixture.

Unlisted Compound Code	**Description**
0	Compounded topical cream
1	Compounded topical ointment
2	Compounded external lotion
3	Compounded internal use liquid
4	Compounded external powder
5	Compounded internal powder
6	Compounded injection or infusion
7	Compounded ear/eye drop
8	Compounded suppository
9	Compounded other

8.6. Submitting Claims for Products with PIN numbers

Pharmacies that wish to submit claims for some products that have not been assigned a DIN number by Health Canada (i.e.: diabetic, ostomy supplies) may submit claims for these products using the Product Identification Number (PIN) assigned by Medavie Blue Cross. Should you require more information on our PIN numbers, please call our Customer Information Centre.

8.7. Product Selection

When a prescriber, pharmacy, or patient has requested that a specific brand of medication be dispensed (i.e., the trade name only), the following must be entered in the appropriate CPhA Product selection field when submitting claims:

1 = Prescriber's choice of no substitute
2 = Patient's choice of no substitute
3 = Pharmacist's choice of no substitute
4 = Existing therapy

Medavie Blue Cross may allow for payment of trade name medications, for those products where a lower cost alternative is available, when the prescriber has indicated, in writing, "No Substitution." However, certain plans may have a mandatory lowest cost alternative substitution policy under which the plan will reimburse only the cost of the lowest cost interchangeable product, even if the prescriber has indicated "No Substitution". In these circumstances, if the subscriber chooses the trade name, they will be required to pay the

difference in cost between the trade name and the lowest cost alternative in addition to their co-payment.

8.8. Deferred Payment Drug Plans

Medavie Blue Cross has groups with Deferred Payment Drug Plans. If you have a Medavie Blue Cross client who has a Deferred Payment Drug Plan, the following response message will be received when transmitting claims electronically: *"Deferred pmt – Patient to pay pharmacist".*

The Participant must pay in full for the amount of the prescription. Medavie Blue Cross will directly reimburse the Participant for the amount eligible under their plan after coinsurance and deductible amounts. If the claim has been submitted via POSv, the Participant is not required to send their receipts to our office for reimbursement.

At this time, Co-ordination of Benefits through POSv is not an option with Deferred Payment Drug Plans where Medavie Blue Cross is considered the first payer. Subscribers wishing to coordinate with a second plan must wait until written confirmation is received from Medavie Blue Cross for the amount covered before submitting to the second carrier. Please note, your pharmacy software may automatically complete the co-ordination of benefit steps for clients. If this occurs, please update your system appropriately.

8.9. Special Authorization

A number of Medavie Blue Cross drug plans include a process known as Special Authorization, which allows for access to medications that may be restricted from other benefit plans due to cost. While most medications prescribed by doctors are eligible for automatic coverage under a Medavie Blue Cross plan, certain medications are only available through the Special Authorization pre-approval process.

This process helps manage costs, while at the same time ensures employees have access to treatments that may otherwise be limited or ineligible under more traditional health plans.

How Special Authorization Works

When Special Authorization is required for coverage of a certain medication, a form must be completed by the Participant and authorized by the treating physician, then mailed or faxed to Medavie Blue Cross. The request is confidentially reviewed by a health care professional according to established payment criteria. When a decision is made regarding the medication, the Participant will be notified by Medavie Blue Cross.

Special Authorization requests are approved for a specific period of time. Long-term Special Authorization approvals may be granted for some medications if a participant requires an ongoing prescription for a chronic health need.

For your convenience, Special Authorization Request Forms are available in the Health Professionals section beneath the Pharmacy heading on our website at http://www.medavie.bluecross.ca/healthprofessionals. Clients may obtain Special Authorization Request Forms from their group administrators or from Medavie Blue Cross.

Special Authorization at the Pharmacy

Prescription claims may be submitted to Medavie Blue Cross via the Point of Service (POSv) system. If the medication is one that requires Special Authorization, one of the following response codes and messages will be returned to the pharmacy:

- "DO – Future Refills Require Special Authorization", a limit of one initial prescription, to a maximum 30-day supply, may be provided. We would appreciate your assistance in informing the subscriber that authorization from Medavie Blue Cross will be required prior to the next refill.

- "CP – Special Authorization is Required", please advise subscribers that Special Authorization is required and a Special Authorization Form should be completed and forwarded to Medavie Blue Cross. If the subscriber chooses to have a prescription filled before receiving Special Authorization approval, they must pay for the prescription in full and send in the receipt with the completed Special Authorization form to Medavie Blue Cross for reimbursement consideration.

Once approval has been granted for a Special Authorization request, future claims for that specific DIN and approved time period will seamlessly adjudicate at the pharmacy.

Please note, only claims that have been rejected with the above response messages are considered under the Special Authorization process. If you have received another type of rejection message and require further information, please contact Medavie Blue Cross.

8.10. Coordination of Benefits

Medavie Blue Cross bases coordination of benefits (COB) rules on the following guidelines developed by the Canadian Life and Health Insurance Association (CLHIA):

- If the client is identified as the primary cardholder (Participant 00) under a Medavie Blue Cross policy, the claim must be submitted to Medavie Blue Cross as the first payer.

- If the client is an adult and is not the primary cardholder under a Medavie Blue Cross policy but is a subscriber with similar coverage under another policy, the claim must be submitted to the other insurance carrier as first payer.

- Dependent children are primarily covered under the parent who has the earlier birthday in the calendar year (month and day). If the month the both parents is the same, the earlier day of the month then applies. In the event that both parents' birth dates are the same, the primary carrier responsible for the claims shall be the carrier covering the parent whose first name begins with the earlier letter in the alphabet.

In situations of separation or divorce and there is no joint custody of the child, the following order applies:

1. The plan of the parent with custody of the child,
2. The plan of the spouse of the parent with custody of the child,
3. The plan of the parent not having custody of the child,
4. The plan of the spouse of the parent not having custody of the child.

When parents are separated/divorced and there is joint custody, the order of payment is determined using the rules outlined above. (Dates of birth of biological parents first, then it goes back to the spouse of the parent who is first payor)

The policy of the biological parent with the earlier birth month in the calendar year. (use rules above)

a. The policy of the other biological parent.
b. The policy of the new spouse of the parent who is first payor.
c. The policy of the other spouse who is second payor.

NOTE: If neither of the birth parents has coverage but their new spouses do - the spouse of the parent with the earlier birth date in the calendar year pays first: the birthday rule is always applied to the birth dates of the birth parents only, even if the birth parents have no coverage of their own.

<u>Submitting for Coordination of Benefits</u>

Claims submitted to Medavie Blue Cross may be coordinated with public and privately administered plans. Should our records indicate another carrier is primary to Medavie Blue Cross, pharmacies will receive the following message: ***C6 "Patient has other coverage"***.

When you receive this response, the following steps will help you process the claim for your customer:

1. Submit the total cost of the prescription to the primary carrier or policy other than Medavie Blue Cross.

   If the primary carrier or policy is a reimbursement plan, the customer must pay in full for the prescription and forward his/her receipts to the primary carrier before submitting to Medavie Blue Cross. After receiving payment from the primary carrier, the client may submit a claim to Medavie Blue Cross to be reimbursed for any remaining eligible expenses.

2. Resubmit the total cost of the prescription to the secondary carrier or policy identifying ingredient cost, mark-up, and professional fee, with the dollar amount paid by the primary carrier or policy indicated in the "*Previously Paid*" field.

If the participant no longer has the other coverage, the participant or the pharmacist **must** notify Medavie Blue Cross so that we may update the coverage information on our files. Once

updated, future claims can be submitted to Medavie Blue Cross as the first payer. Failure to provide this information could result in these claims being reversed during an audit.

When adjudicating claims where Medavie Blue Cross is not the primary payer, Medavie Blue Cross will pay the lesser of:

- What it would have paid had it been the primary payer (the net amount after subscriber liabilities such as deductible and co-pay); or
- The total eligible expense, less the previously paid amount (as submitted by the provider)

When the amount paid by the primary carrier or policy is equal to "$0.00", due to non-benefits or deductible amounts, the pharmacy must indicate one of the following intervention codes to ensure that the full amount of the claim is considered.

Code	Definition
DA	This is a secondary claim. The original was submitted to the provincial plan.
DB	This is a secondary claim. The original was submitted to the other carrier or policy.

8.11. Concurrent Drug Utilization Review (CDUR)

At the time of adjudication through Point of Service (POSv), Medavie Blue Cross conducts a Concurrent Drug Utilization Review (CDUR) process. The CDUR process provides important information to the pharmacist for assessing patient therapy and potential interactions. Medavie Blue Cross's CDUR process is not a claims adjudication system, but rather a process to share information that may be unknown to the pharmacist.

During the adjudication of the claim, Medavie Blue Cross performs three types of CDUR checks. The only time you will receive these messages is when there may be a potential drug-to-drug interaction, duplicate therapy with an active drug dispensed from another pharmacy, or when an active narcotic/controlled substance/ benzodiazepine has been dispensed from another pharmacy. The CDUR process will compare the prescription to active prescriptions on the patient's history by referencing the days supply and the date dispensed fields to identify all active drugs.

Please Note: Only pharmacies with CPhA Version 3.0 software will be able to receive the CDUR messages. If you are using CPhA Version 3.0 Claim Standard and you are not receiving the CDUR messages, please contact your software vendor.

CDUR Messages

The three CDUR modules are:

- The **Drug-to-Drug Interaction module** detects potential drug interactions between drugs being claimed and drugs previously dispensed by another pharmacy. The pharmacy will only receive a message if the drug has been dispensed from another pharmacy.

- The **Therapeutic Drug Duplications module** alerts the pharmacist to possible duplicate drug therapy for medications previously dispensed by another pharmacy.

- The **Potential Abuse or Misuse Module** will advise the pharmacist of potential abuse or misuse of narcotics, controlled substances and/or benzodiazepines when previously dispensed by another pharmacy.

Examples of the CDUR response messages are shown below:

Drug to Drug Interaction
ME*01*2006/01/31*5552345678*NOVO-DIGOXIN

ME	=	CPhA Version 3 code for drug interaction
01	=	severity code for the potential interaction*
2006/01/31	=	date dispensed at other pharmacy (yyyy/mm/dd)
5552345678	=	phone number of pharmacy where previously dispensed
NOVO-DIGOXIN	=	tradename

Severity Level 01	=	High Significance
Severity Level 02	=	Moderate Significance
Severity Level 03	=	Unknown Significance

Security Level 01 interactions will be seen first followed by Severity Level 03 interactions and then by Severity Level 02 interactions.

Therapeutic Drug Duplication

MZ*2006/01/31*5552345678*QUINOBARB

MZ	=	CPhA Version 3 code for duplicate therapy
2006/01/31	=	date dispensed at other pharmacy (yyyy/mm/dd)
5552345678	=	phone number of pharmacy where previously dispensed
QUINOBARB	=	tradename

Potential for Abuse or Misuse

NE*2006/01/31*5552345678*CODEINE

NE	=	CPhA Version 3 code for narcotics
2006/01/31	=	date dispensed at other pharmacy (yyyy/mm/dd)
5552345678	=	phone number of pharmacy where previously dispensed
CODEINE	=	trade name

8.12. Standardization of Package Sizes

When claiming for the following products, all quantities must be submitted in the following form. If you are unsure of the quantity unit in which to submit the claim, please contact our Customer Information Centre.

FORM	QUANTITY	FORM	QUANTITY
Aerosols	per dose	Liquids	per ml
Bars	per gram	Nebules	per ml
Capsules	per capsule	Ointment	per gram
Creams	per gram	Oral Contraceptives	as 21 or 28
Enemas	per ml	Patches	per patch
Gels	per gram	Powder Injectable	per vial
Inhalers	per dose / ml	Powders	per gram
Insulin	per ml	Soaps	per gram
Kit	per kit	Suppositories	per suppository
Liquid Injectable	per ml	Tablets	per tablet

Exceptions

There are some exceptions to the above information in which certain medications should be submitted using the number of kits or packages, for example, as the unit of quantity. If you are unsure of the quantity unit in which to submit the claim, please contact our Customer Information Centre.

8.13. Provider Payment

Payments for eligible products are produced and sent to providers every two weeks; however holiday closures may affect the payment summaries so please allow extra mailing and/or direct deposit time for receiving your provider payment. Pharmacies may choose to receive these payments via direct deposit or by cheque. A detailed payment summary statement will also be provided to assist with reconciliations.

To have payments electronically deposited into a designated account, a Direct Deposit Application form must be completed and submitted to Medavie Blue Cross. These forms are available to download from our website on the Health Professionals page.

8.14. Maximum Allowable Cost (MAC)

Maximum Allowable Cost (MAC) Pricing is when Medavie Blue Cross applies a maximum reimbursable amount for a group of drugs within a therapeutic class. The maximum amount reimbursed is set to the most cost-effective drug within the therapeutic class – otherwise known as the reference drug. When you submit a claim that is subject to MAC pricing, you will receive the response code QR: “Maximum allowable cost (MAC) paid”. Depending on your pharmacy software, the QR response message may include the name of the reference drug. The member may choose any drug in the therapeutic category. However, if they select a more expensive alternative, they will be responsible for paying the difference in cost between the drug dispensed and the reference drug.

Table 1 Drug categories and drugs included in MAC*

	DRUG CATEGORIES	DRUGS AVAILABLE	REFERENCE
Package 1	**Gastrointestinal Conditions**	**Proton Pump Inhibitor** Dexilant (dexlansoprazole)/ Losec (omeprazole)/ Nexium (esomeprazole)/ Pantoloc (pantoprazole sodium)/ Pariet (rabeprazole)/ Prevacid (lansoprazole)/ Tecta (pantoprazole magnesium)	**Generic Pariet (rabeprazole)**
	High Cholesterol	**Statin** Crestor (rosuvastatin)/ Lescol (fluvastatin)/ Lipitor (atorvastatin)/ Mevacor (lovastatin)/ Pravachol (pravastatin)/ Zocor (simvastatin)	**Generic Crestor (rosuvastatin)**
Package 2	**High Blood Pressure**	**Angiotensin Converting Enzyme Inhibitor (ACE)** Accupril (quinapril)/ Altace (ramipril)/ Capoten (Captopril)/ Coversyl (perindopril)/ Inhibace (cilazapril)/ Lotensin (benazepril)/ Mavik (trandolapril)/ Monopril (fosinopril)/ Vasotec (enalapril)/ Zestril/Prinivil (lisinopril)	**Generic Altace (ramipril)**
		Dihydropyridine Calcium Channel Blocker (CCB) Adalat XL (nifedipine)/ Norvasc (amlodipine)/ Plendil/Renedil (felodipine)	**Generic Norvasc (amlodipine)**
	Depression	**Selective Serotonin Reuptake Inhibitor (SSRI)** Celexa (citalopram)/ Cipralex (escitalopram)/ Luvox (fluvoxamine)/ Paxil (paroxetine)/ Prozac (fluoxetine)/ Zoloft (sertraline)	**Generic Celexa (citalopram)**
		Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) Effexor (venlafaxine)/ Pristiq (desvenlafaxine)	**Generic Effexor (venlafaxine)**

*The categories and/or reference drug/price is subject to change.

The following billing procedures will be required:

a) The claim for the prescription as written by the prescriber is submitted and then reversed/canceled.
b) The hard copy must reference the prescription numbers for the original claim and modified claim.
c) The claim for the new prescription with the changes made is submitted.

9. Guidelines for Paper Claim Submissions

Pharmacy providers are encouraged to utilize electronic claims processing available through POSv. However, paper claiming is available for those instances where an electronic claim is not feasible. The Medavie Blue Cross Special Claim Form is the recommended paper claiming medium; however, we will accept an Ontario Pharmacy Association claim form as well.

Paper Claim Submissions

A Special Claim Form is recommended to be used for submitting paper claims to Medavie Blue Cross. You may access the Special Claim Form online from the Medavie Blue Cross website at http://www.medavie.bluecross.ca/healthprofessionals. The form is located below the Pharmacy heading on the Health Professionals page.

The Special Claim Form has been designed so that five (5) separate individual claims may be submitted on the same claim form. Please note that the dispensing date area will allow only one month and one year to be used at a time for each claim form.

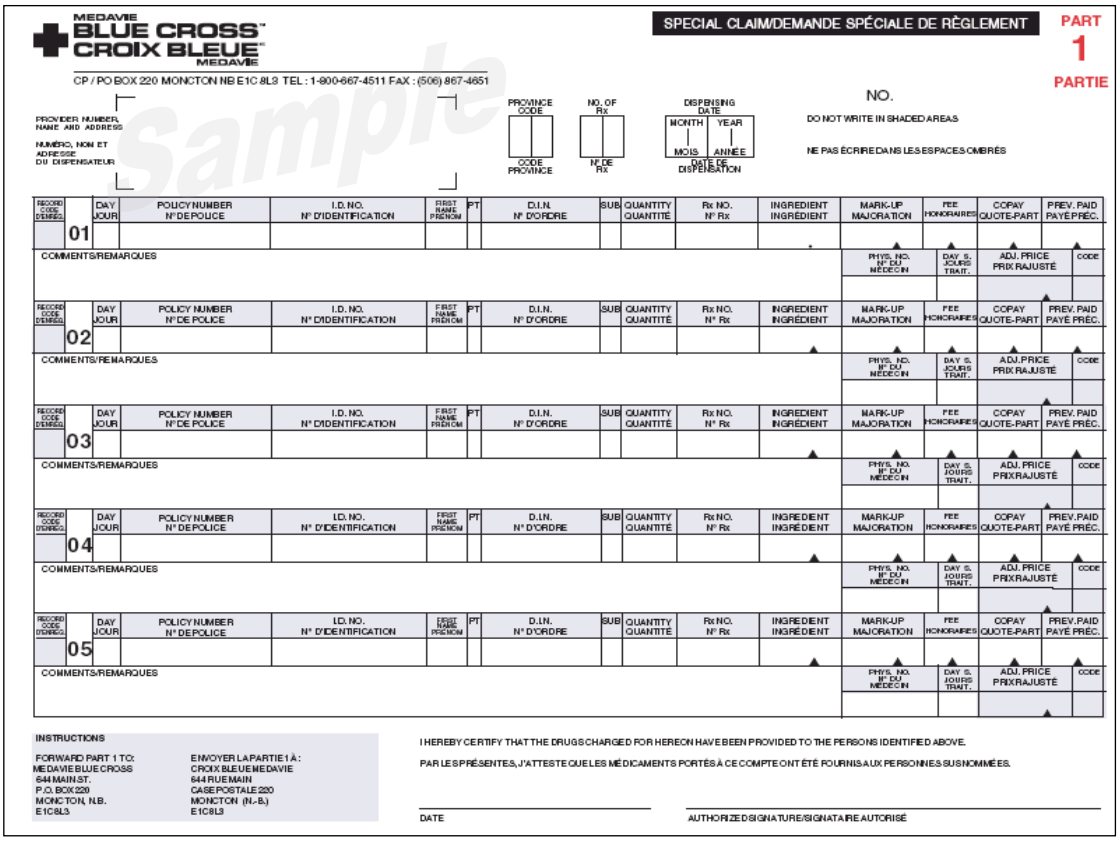
When using the Special Claim form for a COB claim, the breakdown of the total cost of the prescription must be indicated in the ingredient cost, mark-up (if applicable) and dispense fee fields. As well, the following information must be included in the "Comments" section:

- name of the primary insurance carrier
- policy and identification number of the primary insurance carrier
- total amount paid by the primary insurance carrier
- "COB Billing" indicated

Descriptions of the fields that are on the Special Claim Form and that are required to be filled out for successful claim submission are listed below:

- The pharmacy's complete name, address and pharmacy provider number.
- The alpha characters (NB/NF/NS/PE/ON/PQ) to identify the province where you are located.
- The number of prescriptions being claimed. Lines that have been deleted should not be included. Both blocks must be completed (ex. 02, 09, 12).
- The month and year when the submitted claims were dispensed. A two-character number is required for both the month and year (ex. 03/07 for March, 2007).
- The day the prescription was dispensed. A two-character number is required. E.g. 02, 09. If resubmitting, indicate the original dispensing date.
- The participant's policy or group plan number as indicated on their identification card.
- The participant's eleven-digit identification number as indicated on their identification card.
- The first three letters of the participant's first name.
- The relationship of the participant to the cardholder using one of the following letters: C=Cardholder, S=Spouse, D=Dependent.
- The DIN, PIN or GP number for the prescription product. If submitting for a compound, indicate the DIN of the eligible therapeutic ingredient.
- The substitution code when applicable.
- The number of units dispensed. See Standardization of Package Sizes (section 8.13) for further information on quantity units.
- The prescription number being used to dispense the medication.
- This area must contain the ingredient cost of the item dispensed.
- The percentage mark-up on the ingredient cost where applicable. A dollar value must be used, not a percentage.
- The professional fee.
- The amount of the co-payment.
- The prescriber ID number.
- The days supply dispensed.

9.1. Medavie Blue Cross Special Claim Form Sample



MEDAVIE BLUE CROSS™ CROIX BLEUE™ MEDAVIE

SPECIAL CLAIM/DEMANDE SPÉCIALE DE RÈGLEMENT

PART 1 PARTIE

CP / PO BOX 220 MONCTON NB E1C 8L3 TEL : 1-800-667-4511 FAX : (506) 867-4651

Sample

PROVIDER NUMBER, NAME AND ADDRESS
NUMÉRO, NOM ET ADRESSE DU DISPENSATEUR

PROVINCE CODE / CODE PROVINCE

NO. OF Rx / N° DE Rx

DISPENSING DATE / DATE DE DISPENSATION (MONTH / MOIS, YEAR / ANNÉE)

NO.

DO NOT WRITE IN SHADED AREAS

NE PAS ÉCRIRE DANS LES ESPACES OMBRÉS

RECORD CODE / CODE D'ENREG.		DAY / JOUR	POLICY NUMBER / N° DE POLICE	I.D. NO. / N° D'IDENTIFICATION	FIRST NAME / PRÉNOM	PT	D.I.N. / N° D'ORDRE	SUB	QUANTITY / QUANTITÉ	Rx NO. / N° Rx	INGREDIENT / INGRÉDIENT	MARK-UP / MAJORATION	FEE / HONORAIRES	COPAY / QUOTE-PART	PREV. PAID / PAYÉ PRÉC.
	01														
COMMENTS/REMARQUES												PHYS. NO. / N° DU MÉDECIN	DAY S. / JOURS TRAIT.	ADJ. PRICE / PRIX RAJUSTÉ	CODE
	02														
COMMENTS/REMARQUES												PHYS. NO. / N° DU MÉDECIN	DAY S. / JOURS TRAIT.	ADJ. PRICE / PRIX RAJUSTÉ	CODE
	03														
COMMENTS/REMARQUES												PHYS. NO. / N° DU MÉDECIN	DAY S. / JOURS TRAIT.	ADJ. PRICE / PRIX RAJUSTÉ	CODE
	04														
COMMENTS/REMARQUES												PHYS. NO. / N° DU MÉDECIN	DAY S. / JOURS TRAIT.	ADJ. PRICE / PRIX RAJUSTÉ	CODE
	05														
COMMENTS/REMARQUES												PHYS. NO. / N° DU MÉDECIN	DAY S. / JOURS TRAIT.	ADJ. PRICE / PRIX RAJUSTÉ	CODE

INSTRUCTIONS

FORWARD PART 1 TO:
MEDAVIE BLUE CROSS
644 MAIN ST.
P.O. BOX 220
MONCTON, N.B.
E1C 8L3

ENVOYER LA PARTIE 1 À :
CROIX BLEUE MEDAVIE
644 RUE MAIN
CASE POSTALE 220
MONCTON (N.-B.)
E1C 8L3

I HEREBY CERTIFY THAT THE DRUGS CHARGED FOR HEREON HAVE BEEN PROVIDED TO THE PERSONS IDENTIFIED ABOVE.

PAR LES PRÉSENTES, J'ATTESTE QUE LES MÉDICAMENTS PORTÉS À CE COMPTE ONT ÉTÉ FOURNIS AUX PERSONNES SUSNOMMÉES.

DATE

AUTHORIZED SIGNATURE/SIGNATAIRE AUTORISÉ

10. Audit Policies & Procedures

10.1. Audit Mission

Medavie Blue Cross regularly carries out a cost-effective claims audit function to identify and resolve potential billing errors, cases of abuse/over-utilization, and fraud in order to maintain the future financial viability of our benefit programs for our subscribers and policyholders.

10.2. Audit Purpose

Pharmacies entering into the Member Pharmacy Agreement with Medavie Blue Cross agree that any person authorized by Medavie Blue Cross may have access to, take extracts from, and make copies of any pharmacy records respecting the provision of pharmaceutical services provided to a participant and the cost of those pharmaceutical services. With the use of the Identification Card, the participant is providing implied consent if access to information is required.

Please note that, as a condition of employment, all employees of Medavie Blue Cross must sign a confidentiality agreement. In signing the agreement, employees acknowledge that they must hold any information pertaining to their job functions strictly confidential.

By being granted approved provider status as well as submission of manual or electronic claims to Medavie Blue Cross, the pharmacy provider acknowledges and grants Medavie Blue Cross audit rights for the purposes of administration of contractual obligations to Medavie Blue Cross subscribers.

The purpose of the audit function is:

- To ensure that the terms and conditions of the Medavie Blue Cross Member Pharmacy Agreement are being met.

- To provide assurance that claims which have been paid by Medavie Blue Cross on behalf of subscribers have been paid according to the terms of the Agreement.

- To ensure that participant have received the eligible benefit that was claimed and reimbursed.

Determination of the above may be done through onsite audits, requests for claim details from providers, contact with Participant, and analysis of internally generated reports.

10.3. Audit Protocol

On site pharmacy audits are conducted to verify and confirm compliance in the financial transaction of eligible claim reimbursement between the pharmacy, the client and Medavie Blue Cross.

Medavie Blue Cross follows these steps when scheduling and conducting onsite audits:

- When all pre-audit analysis has been completed, the auditor will contact the provider to establish an appropriate time to conduct the on site audit and/or prescription verification.

- It is important that the provider not feel inconvenienced by the audit function, however, from an audit perspective, the visit must occur as soon as possible, usually two to three days, after making the initial contact with the provider. If regular business hours are not convenient, an offer will be made to conduct the audit after hours.

- When making the initial contact with the provider, the auditor will advise the provider that it is not necessary for the provider to be present during the onsite review if all the necessary documentation is accessible to the auditor. However, the provider may choose whether to be present during the audit.

- During the initial contact the provider will be made aware that a small work area is required to enable the auditor to review documentation (invoices, prescriptions) and make any necessary photocopies. A portable scanner, supplied by the auditor, will be used to copy the required records. These activities should be conducted in an area removed from the public. If this is not possible, the auditor will ensure the provider is comfortable having work performed in the presence of customers. If this is not acceptable, the auditor will establish a time to return when no customers are present.

- Upon arrival at the pharmacy, the auditor will confirm identification as the Medavie Blue Cross employee expected by the provider through the provision of photo identification and a business card.

- The auditor will conduct the audit as unobtrusively as possible.

Upon the completion of the onsite review, the auditor will schedule a meeting with the provider to discuss the next step in the audit process, answer questions, and address any discrepancies discovered. The auditor will send the audit results in the form of a letter to the provider. The content of the letter is dependent on the results of the onsite audit. The auditor will give the provider an estimated timeframe for the completion of all analysis.

The post-audit letter content will outline any noted discrepancies and provides an opportunity for the pharmacist to explain the discrepancies.

11. Medavie Blue Cross Locations

Major locations

Moncton
Medavie Blue Cross
644 Main St., PO Box 220
Moncton, NB E1C 8L3
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

Dartmouth
Medavie Blue Cross
230 Brownlow Ave., Dartmouth,
PO Box 2200 Halifax, NS B3J 3C6
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

Montreal
Medavie Blue Cross
550 Sherbrooke Street West, Suite 12
Montreal, QC H3A 6T6
Toll Free: 1-888-588-1212
Open Monday to Friday, 8:30 a.m. to 5 p.m. (EST)

Ontario
Medavie Blue Cross
185 The West Mall, Suite 1200 PO Box 2000
Etobicoke, ON M9C 5P1
Toll Free: 1-800-355-9133
Open Monday to Friday, 8:30 a.m. to 5 p.m. (EST)

Branch offices

Saint John, NB
47A Consumers Dr.
Saint John, NB E2J 4Z7
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

Fredericton, NB
1055 Prospect St., Unit 2
Fredericton, NB E3B 5B9
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5p.m. (AST)

Halifax, NS
1894 Barrington St
Barrington Tower, Scotia Square
Halifax, NS B3J 2A8
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (AST)

St John's, NL
66 Kenmount Rd., Suite 102
Kenmount Business Centre
St John's, NL A1B 3V7
Toll Free: 1-800-667-4511
Open Monday to Friday, 8 a.m. to 5 p.m. (NST)

Charlottetown, PE
90 University Ave., Suite 120
Atlantic Technology Center
Charlottetown, PE C1A 9S2
Toll Free: 1-800-463-4343
Open Monday to Friday, 8:30 a.m. to 5 p.m. (AST)

12. Comments

If you have any comments on the Medavie Blue Provider Guide or any suggestions on additional information that you feel should be included in the Guide, please send us an email at provider@medavie.bluecross.ca or feel free to forward your comments to:

Provider and Professional Affairs
Medavie Blue Cross
644 Main St., PO Box 220
Moncton, New Brunswick
E1C 8L3