

For our Pharmacy Providers in Saskatchewan

Summer 2000

NEWS AND VIEWS

Welcome to the Summer 2000 edition of our quarterly newsletter for registered pharmacy providers to the Non-Insured Health Benefits (NIHB) Program through First Canadian Health.

Again, First Canadian Health would like to thank you for your support as you continue to provide quality health services to Registered Indians, Eligible Inuit and Eligible Innu clients of the NIHB Program.

As always, your comments and questions are welcome. Please call our First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre's Customer Service Representatives at **1-888-511-4666**, or send your correspondence to our mailing address.

SPOTLIGHT ON..... PROVIDER RELATIONS DEPARTMENT

First Canadian Health's Provider Relations Department is responsible for all First Canadian Health communications to providers, including NIHB Newsletters and Provider Information Kits. This Department is also responsible for all pharmacy provider registration activities and for delivering the provider audit program to ensure compliance with NIHB program guidelines.

Attached is a revised page for Sub-Section 6.2 of the Pharmacy Provider Information Kit (PPIK). Please remove the existing page from the PPIK and insert the revised page.

NIHB DRUG BENEFIT LIST/UPDATE

Please find attached the Summer 2000 Update to the NIHB Drug Benefit List. This is a summary of changes to the NIHB Drug Benefit List which have occurred since the annual reprint dated April 1, 2000. It includes lists of additions, replacement DINs, limited use benefits and discontinued drugs.

Should you have any questions, please contact the First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre at **1-888-511-4666**.

PRIOR APPROVALS

When calling Medical Services Branch to obtain a prior approval for any item, please ensure that the precise date of

service (for one time item) or date of service period (for multiple dispenses) is given to the benefit analyst. In addition, please use these dates for claiming purposes. These dates are important as they are used on the prior approval and will determine if your claim will be paid in the following ways:

1. On a prior approval with no start and end date (for one time item), the date of service on the claim must be the same or after the date of the prior approval or the claim will be rejected.
2. On a prior approval with a start and end date (for multiple dispenses or if a prior approval is granted after the date of dispense with justification), the date of service on the claim must be within the start and end date on the prior approval or the claim will be rejected.

The applicable dates will appear on the confirmation letter.

This prevents claims from being rejected due to message R26: "PRIOR APPROVAL SERVICE DATE VIOLATION."

Attached is a revised page for Section 3 of the Pharmacy Provider Information Kit (PPIK). Please remove the existing page from the PPIK and insert the revised page.

MAXIMUM DAYS SUPPLY

The maximum days supply in section 2.1.3 of the Pharmacy Provider Information Kit (PPIK) has been revised to reflect the current NIHB policy whereby reimbursement will only be made up to a maximum of 100 days supply for long-term maintenance therapy. The NIHB System administered by First Canadian Health (FCH) reflects this policy.

Attached is a revised page for Sub-Section 2.1.3 of the Pharmacy Provider Information Kit (PPIK). Please remove the existing page from the PPIK and insert the revised page.

SASKATCHEWAN PILOT PROJECTS

Effective July 1, 2000, and further to the agreement between MSB and the Saskatchewan Pharmaceutical Association, Trial Prescription Program and Refusal to Dispense Program pilot projects will be implemented for all pharmacy providers.

Trial Prescription Program

The Trial Prescription Program is designed to minimize waste of medication resulting from patient intolerance, discontinuation of drug and reduce the incidence of drug-

related problems through increased patient monitoring and follow-up by the pharmacist. Under the Trial Prescription Program, patients receive an initial 7-day supply of an NIHB eligible medication in order to determine if the drug is tolerated. If the drug is tolerated, the balance of the quantity will be dispensed. Requests for exception drugs will be handled in the usual manner.

The general Trial Prescription Program criteria are as follows:

- Must be a new medication for the patient and no more than one Trial is allowed for each new medication the patient receives (within last 24 months).
- The medication prescribed must be on the Saskatchewan list of drugs that qualify for payment under the Trial Prescription Program.
- The first claim must be submitted with CPhA intervention code "MT" and the balance of the prescription must be submitted as the second claim, with CPhA intervention code "ND". If not, the claim will be processed with regular verification rules.
- The quantity dispensed for the first claim in the Trial must be 7 day supply, no more, no less.
- The date of service for the second claim must be at least 4 days after first claim and within 14 days of the first claim.

CPhA reject codes (4 new ones and 4 existing ones) have been added to accommodate the Trial Prescription Program.

New CPhA reject codes:

- **NY:** INSUFFICIENT QTY FOR TRIAL DAYS PERIOD
- **NX:** QUANTITY EXCEEDS TRIAL DAYS PERIOD
- **OD:** NO TRIAL RX ON RECORD, BALANCE REJECTED
- **OE:** TRIAL BALANCE ALREADY DISPENSED

Existing CPhA reject codes:

- **OA:** TRIAL BALANCE GIVEN TOO SOON
- **NQ:** DRUG NOT ELIGIBLE FOR PRESCRIPTION
- **NT:** NOT SUITABLE – SIMILAR ITEM ON RECENT TRIAL PRESCRIPTION
- **NZ:** TRIAL BALANCE GIVEN TOO LATE

For details on these CPhA reject codes, please refer to the attached revised pages for your NIHB Pharmacy Provider Information Kit (PPIK).

Claims for drugs dispensed under the Trial Prescription

Program pilot project will be paid according to the terms and conditions negotiated in the agreement.

Refusal to Dispense Program

The Refusal to Dispense Program is designed to handle situations where, as a result of a Drug Utilization Review (DUR) message, pharmacists decide that it is in the best interest of the patient that the prescription not be dispensed.

The program allows a dispensing fee to be claimed for a claim rejected with a DUR message, in cases where the pharmacist accepts the DUR rejection and refuses to dispense. To claim the fee, the pharmacist must re-submit the claim with identical claim details as on the rejected claim, using the CPhA intervention code "UL" (Rx not filled - Pharmacist decision).

For DUR-rejected claims which are re-submitted with the intervention code "UL", NIHB will only pay the usual and customary fee up to the maximum of the negotiated fee. Any other amounts submitted on the claim (drug cost and markup) will not be paid.

If you have any questions on the pilot projects, please contact the First Canadian Health NIHB Toll-Free Inquiry Centre at 1-888-511-4666.

Attached are revised pages for Sub-Section 5.6 of the Pharmacy Provider Information Kit (PPIK) reflecting the pilot projects. Please remove the existing pages from the PPIK and insert the revised page.

FIRST CANADIAN HEALTH ADDRESS

Please note that First Canadian Health has an updated mailing address. Please direct any written communication to the following address:

**First Canadian Health (FCH)
NIHB Claims Processing Department
5770 Hurontario Street, 10th Floor
Mississauga, Ontario
L5R 3G5**
