



Dear Pharmacist,

MemberHealth®, LLC the administrator of Community CCRxSM and Medicare Advantage plans that are 'powered by CCRx' prescription drug plans will be using a new claims processor beginning **January 1, 2009**. Enclosed are operational materials for use in your pharmacy, including:

- Troubleshooting Guide
- Sample ID cards sheet

All members of Community CCRx Prescription Drug Plans will receive **new ID cards** prior to January 1, 2009. The new card will include the beneficiary's member ID number as well as new RxBIN and RxPCN numbers. The new ID cards also include a new RxGroup number that is required to process claims. **Claims for 2009 that are missing the group number will reject after January 1st.**

Here are some key points to help you prepare for 2009:

- Pharmacies must submit the TelePAID / Medco Software Certification ID in the NCPDP field 110-AK.
- If you need to resubmit a 2008 claim *after* January 1, 2009, you will need to use the patient's 2008 ID card information to note the old BIN and PCN numbers. Submit the claim using the 2008 processor. Details are in the Troubleshooting Guide.
- Beginning January 1, 2009, we will only accept one of the following Prescriber ID qualifiers:
 - 08 (State license number)
 - 12 (DEA)
 - 01 (NPI)
- The Prescriber ID associated with the Prescriber ID qualifiers of 08, 12, and 01 must be populated and will be validated upon adjudication according to state regulations.

Save time and minimize disruption after January 1st — update your Community CCRx patient profiles now!

Need to review the new Payer sheet for 2009? Visit us at www.mhrx.com/pharmacists. Click on the link for Important 2009 Pharmacy Communications.

If you have any questions, our team is ready to answer and assist you.

Please call us at 1-866-684-5395 or visit www.mhrx.com/pharmacists.

Sincerely,

MemberHealth, LLC

**Community
CCR_{SM}**

Local Pharmacists Caring for You.

A Healthy CollaborationSM

2009 TROUBLESHOOTING GUIDE

Claims Processor Change, Plan Coverage Changes



PROCESSING CHANGES: PHARMACY CLAIMS SUBMISSION

- **RxGroup:** Beginning 1/1/2009, pharmacies will need to include the patient's group number for all Community CCRx claims. If the RxGroup field is left blank, the claim will reject. Look for RxGRP on the patient's new ID card.
- **2008 Claims:** To resubmit 2008 Date-of-Service claims after 1/1/09, pharmacies will need to use the patient's old BIN and PCN numbers and submit the claims using the 2008 processor. All 2008 claims submitted to 2009 BIN / PCN will reject with a 67 error – FILLED BEFORE COVERAGE EFFECTIVE, and the following secondary message: SUBMIT/ROUTE TO BIN 012304 PRIOR TO 1/1/2009; FILLED BEFORE COVERAGE EFFECTIVE.
- **No ID Card:** If a patient does not provide you with his/her new card, the pharmacy will need to perform an E1 transaction in order to retrieve the proper billing information.
- **Prescriber Identifier:** In 2009, only the following Prescriber ID qualifiers are accepted:
 - 08 (State License Number)
 - 12 (DEA)
 - 01 (NPI)

BE SURE TO CHECK PATIENT PROFILES AND CURRENT CLAIMS FOR PRESCRIBER IDENTIFIER NOW

- **Home Infusion:** Home Infusion contracted pharmacies must submit a location code of 01 on all Home Infusion claims to be reimbursed at the correct rate. Any other location code will pay at a standard reimbursement. This is a different location code than 2008.



SEE A REJECT MESSAGE? – HERE’S WHAT TO DO!

REJECT CODE & MSG	ISSUE	RESOLUTION
A9 - Missing / Invalid Transaction Count	Part D trans count must = 1	Send only one transaction at a time
E1 - M / I Product / Service ID qualifier	Processor accepts 03 NDC	Enter 03 Product / Service ID qualifier
AK - Missing / Invalid Software Vendor Cert ID	Missing TelePAID software certification ID	Contact your software vendor
21 - M / I Compound Segment and / or M / I Product Service ID	No product ID submitted or submitted '0'	Enter highest cost NDC
RK - Partial Fills not supported	Claim is carrying a partial fill identifier field	Remove partial fill identifier
06 - M / I group number	New 2009 RxGRP is not present / correct	Check ID card: Insert correct RxGRP
65 - Patient is not covered	Incorrect Member ID or no match on the Day of DOB (MMDDCCYY)	Verify patient info is entered correctly
67 - Filled Before Coverage Effective	Submitted 2008 claim to 2009 BIN / PCN	Submit to 2008 BIN / PCN (see chart)
75 - Prior Authorization Required	PA / Step Therapy / Qty Limit (New)	Consult secondary msg for specifics
76 - Plan Limitations Exceeded	Qty Limit or Days Supply too high	Consult secondary msg for specifics

NEW FOR 2009!! – IVR when calling the Pharmacy Tech Center – Minimize your time on the phone with these automated services:

- **Pharmacy Provider Identification:** Enter your NPI to identify your pharmacy before the Pharmacy Service Representative answers the call to speed up issue resolution
- **Claims Submission Information:** Obtain information on successful claims submission
- **Eligibility Inquiry:** Verify the eligibility of a member
- **Claim Reversal:** Reverse a paid claim



Plan Name	Type	RxGroup	2009 RxBIN	2009 RxPCN	ID Number Format
AveraAdvantage™	PFFS (MA)	PFFPRTB	610211	MED	9-digit
AveraAdvantage™	PFFS (MAPD)	PFFMAPD	610211	MED	9-digit
Community CCRx SM	PDP	COMCCRX	610211	PDP	9, 10, & 11-digit alpha numeric
Fresenius	MA	HMOPRTB	610211	MED	11-digit
Fidelis	MAPD	FIDELIS	610211	MED	9-digit (leading zero)
Generations Healthcare	HMO (MA)	HMOPRTB	610211	MED	11-digit
Generations Healthcare (including Oklahoma Retirees)	HMO (MAPD)	HMOMAPD	610211	MED	11-digit
Select Care of Oklahoma (Tribute)	HMO (MAPD)	HMOMAPD	610211	MED	11-digit
Select Care of Texas (TexanPlus®)	HMO (MA)	HMOPRTB	610211	MED	11-digit
Select Care of Texas (TexanPlus®)	HMO (MAPD)	HMOMAPD	610211	MED	11-digit
TexasFirst (TexanPlus®)	HMO (MA)	HMOPRTB	610211	MED	11-digit
TexasFirst (TexanPlus®)	HMO (MAPD)	HMOMAPD	610211	MED	11-digit
Today's Health®	HMO (MA)	HMOPRTB	610211	MED	11-digit
Today's Health®	HMO (MAPD)	HMOMAPD	610211	MED	11-digit
Today's Options® PFFS	PFFS (MA)	PFFPRTB	610211	MED	9-digit
Today's Options® PFFS	PFFS (MAPD)	PFFMAPD	610211	MED	9-digit
Today's Options® PPO	PPO (MA)	PPOPRTB	610211	MED	9-digit
Today's Options® PPO	PPO (MAPD)	PPOMAPD	610211	MED	9-digit

* Does not include BIN/PCN information for wrap and OTC plans

Pharmacy Services Phone Number	Geographic Region	2008 RxBIN *	2008 RxPCN *
1-866-275-0015	National	012304	HERIT
1-866-275-0015	National	012304	HERIT
1-866-684-5395	National	012304	MPD
1-888-284-9029	AL, TN, CA, IL, MN, TX, CT, MA, RI, NY	012304	HERIT
1-877-372-7948 Option 1	MI, NC, and TX	012304	FIDEL
1-877-864-3398	Central OK, Tulsa, OK Area	012304	HERIT
1-877-864-3398	Central OK, Tulsa, OK Area	012304	HERIT
1-888-258-5714	Oklahoma	012304	HERIT
1-877-864-3402	SE Texas	012304	HERIT
1-877-864-3402	SE Texas	012304	HERIT
1-888-284-8690	North Texas	012304	HERIT
1-888-284-8690	North Texas	012304	HERIT
1-877-864-3388	Milwaukee Metro Area	012304	HERIT
1-877-864-3388	Milwaukee Metro Area	012304	HERIT
1-866-275-0015	National	012304	HERIT
1-866-275-0015	National	012304	HERIT
1-866-684-9068	WV, MT, PA, ME, OK, NE, TX, WI, IN	N/A	N/A
1-866-684-9068	WV, MT, PA, ME, OK, NE, TX, WI, IN	N/A	N/A

PROCESSING CHANGES: MEMBER ID CARDS

ISSUE	ACTION
Member did not receive / doesn't have a new ID Card	Run an E1 transaction through the TrOOP Facilitator to capture the Member information and verify he/she is enrolled in CCRx plan; Response will provide correct Member ID, BIN, PCN, and Group Number Advise member to contact us to obtain a new ID card
Member rejecting as unknown / not found with Reject Code '09' M/I Birth Date	Be certain that the Member birth date including days (MMDDCCYY) is correctly entered (NEW)
Claim rejecting for 06 - M/I Group Number	Be certain that the RxGRP number is accurately included in the claim

PLAN YEAR: COVERAGE CHANGES

There are some significant formulary deletions and additions coming in 2009. Please refer to www.mhrx.com/pharmacists for more specific 2009 formulary disruption guidance.

Deleted drugs with alternatives:

- **Protonix:** omeprazole (G), Nexium (NPB), Aciphex (PB)
- **Actonel, Fosamax Plus D:** Boniva (PB), alendronate (G)
- **Avandia, Avandaryl and Avandamet:** Actos (PB), Duetact (PB), ActoPlus Met (PB)
- **Symbyax:** Zyprexa (PB), Fluoxetine (G)
- **AndroGel:** Testim gel (PB)

Aciphex (PB) added as alternative to Protonix

Brand name drugs removed from the formulary due to the availability of a generic:

- Fosamax, Lamictal, Risperdal tabs, Toprol XL, Precose, Trileptal

CFC inhalers deleted:

- **Formulary Alternatives:** Xopenex HFA (PB), Ventolin HFA (PB)
- CFC Inhalers removed from market internationally because of effects on Ozone layer.



UPDATED PAYER SHEETS

2009 Payer Sheets can be found by visiting www.mhrx.com/pharmacists. Click on the link for Important 2009 Pharmacy Communications.

Sample Prescription ID Cards

AveraAdvantage (MA)

Avera Advantage™ Premier
MA Only

Pyramid Life Insurance Company
Medicare Advantage Private Fee-for-Service Organization
Issuer ID: 80840
John Q. Sample
Member ID: 123456789

Member Co-pays

• PCP	\$XX	• Rx Bin	610211
• Specialist	\$XX	• Rx PCN	MED
• Emergency Care	\$XX	• Rx Group	PFFPRTB
• Urgent Care	\$XX		

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AveraAdvantage (MAPD)

Avera Advantage™ Premier powered by CCRx
MAPD

Pyramid Life Insurance Company
Medicare Advantage Private Fee-for-Service Organization
Issuer ID: 80840
John Q. Sample
Member ID: 123456789


MedicareRx
Prescription Drug Coverage X

Member Co-pays

• PCP	\$XX	• Rx Bin	610211
• Specialist	\$XX	• Rx PCN	MED
• Emergency Care	\$XX	• Rx Group	PFFMAPD
• Urgent Care	\$XX		

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Community CCRx (PDP)


<Co-Brand logo>


Pyramid Life Insurance Company

RxBin 610211
RxPCN PDP
RxGRP COMCCRX

Issuer 80840
ID < BENEFICIARY ID #>
Name <FIRSTNAME> <MI> <LASTNAME>
S5803 <PBP#>

MedicareRx
Prescription Drug Coverage X

Generations Healthcare (State Retirees)


State Retiree

RX Bin: 610211
RX PCN: MED
RX GRP: HMOMAPD

ISSUER ID# 80840
JOHN Q SAMPLE
ENROLLEE # 99999999901 (11009)
PCP NAME PCP DOCTOR
PCP PHONE (000) 000-0000


MedicareRx
Prescription Drug Coverage X

COPAYMENTS _____

OV	ER/UC	IP
\$0/\$10	\$50/\$25	\$0

H3706 PBP# 803

Generations Healthcare (MA)


Value

RX Bin: 610211
RX PCN: MED
RX GRP: HMOPRTB


ISSUER ID# 80840
JOHN Q SAMPLE
ENROLLEE # 99999999901 (10007)
PCP NAME PCP DOCTOR
PCP PHONE (000) 000-0000

COPAYMENTS _____

OV	ER/UC	IP
\$0/\$25	\$50/\$25	\$195/ADM

H3706 PBP# 009

Generations Healthcare (MAPD)


Classic powered by CCRx

RX Bin: 610211
RX PCN: MED
RX GRP: HMOMAPD

ISSUER ID# 80840
JOHN Q SAMPLE
ENROLLEE # 99999999901 (10001)
PCP NAME PCP DOCTOR
PCP PHONE (000) 000-0000


MedicareRx
Prescription Drug Coverage X

COPAYMENTS _____



OV	ER/UC	IP
\$0/\$25	\$50/\$25	\$195/ADM

H3706 PBP# 001


**SelectCare of Texas
(TexanPlus) (MA)**

		Value
ISSUER ID# 80840	RX Bin: 610211	
JOHN Q SAMPLE	RX PCN: MED	
ENROLLEE # 999999999-00 (95100)	RX GRP: HMOPRTB	
PCP NAME DOCTOR, PCP Q., M.D.		
PCP PHONE (123) 456-7890		
COPAYMENTS		
OV	IP	ER/UC
\$0/\$25	\$300/ADM	\$50/\$25
		MH/SA IP
		\$300/ADM
		VISION
		\$25
		H4506 PBP #010



**SelectCare of Texas
(TexanPlus) (MAPD)**

		Classic powered by CCRx
ISSUER ID# 80840	RX Bin: 610211	
JOHN Q SAMPLE	RX PCN: MED	
ENROLLEE # 999999999-00 (70100)	RX GRP: HMOMAPD	
PCP NAME DOCTOR, PCP Q., M.D.		
PCP PHONE (123) 456-7890		
		
Employer Grp: City of Houston		
COPAYMENTS		
OV	IP	ER/UC
\$10/\$25	\$300/ADM	\$50
		MH/SA IP
		\$300/ADM
		VISION
		\$25
		H4506 PBP #806


**TexasFirst
(TexanPlus) (MA)**

		Value
ISSUER ID# 80840	RX Bin: 610211	
JOHN Q SAMPLE	RX PCN: MED	
ENROLLEE # 99999999901 (63150)	RX GRP: HMOPRTB	
PCP NAME PCP DOCTOR		
PCP PHONE (000) 000-0000		
COPAYMENTS		
OV	IP	ER/UC
\$0/\$20	\$75/Days 1-7	\$50/\$25
		MH/SA IP
		\$75/Days 1-7
		VISION
		\$25
		H5656 PBP# 003



**TexasFirst
(TexanPlus) (MAPD)**

		Classic powered by CCRx
ISSUER ID# 80840	RX Bin: 610211	
JOHN Q SAMPLE	RX PCN: MED	
ENROLLEE # 99999999901 (61100)	RX GRP: HMOMAPD	
PCP NAME PCP DOCTOR		
PCP PHONE (000) 000-0000		
		
COPAYMENTS		
OV	IP	ER/UC
\$0/\$20	\$75/Days 1-7	\$50/\$25
		MH/SA IP
		\$75/Days 1-7
		VISION
		\$25
		H5656 PBP# 001

Today's Health (MA)

		Value
ISSUER ID# 80840	RX Bin: 610211	
JOHN Q SAMPLE	RX PCN: MED	
ENROLLEE # 99999999901 (55100)	RX GRP: HMOPRTB	
PCP NAME PCP DOCTOR		
PCP PHONE (000) 000-0000		
COPAYMENTS		
OV	IP	ER/UC
\$7/\$30	\$250/Days 1-7	\$50/\$35
		MH/SA IP
		\$250/Days 1-7
		VISION
		\$25
		H8742 PBP# 003

Today's Health (MAPD)

		Classic powered by CCRx
ISSUER ID# 80840	RX Bin: 610211	
JOHN Q SAMPLE	RX PCN: MED	
ENROLLEE # 99999999901 (51100)	RX GRP: HMOMAPD	
PCP NAME PCP DOCTOR		
PCP PHONE (000) 000-0000		
		
COPAYMENTS		
OV	IP	ER/UC
\$7/\$30	\$250/Days 1-7	\$50/\$35
		MH/SA IP
		\$250/Days 1-7
		VISION
		\$25
		H8742 PBP# 001

Today's Options PFFS (MA)

TODAY'S OPTIONSSM Premier
MA Only

Insurance Carrier
Medicare Advantage Private Fee-for-Service Organization
Issuer ID: 80840
John Q. Sample
Member ID: 123456789

Member Copays
 • PCP \$XX • Rx Bin 610211
 • Specialist \$XX • Rx PCN MED
 • Emergency Care \$XX • Rx Group PFFPRTB
 • Urgent Care \$XX

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Today's Options PFFS (MAPD)

TODAY'S OPTIONSSM Premier powered by CCRx
MAPD

Insurance Carrier
Medicare Advantage Private Fee-for-Service Organization
Issuer ID: 80840
John Q. Sample
Member ID: 123456789

Member Copays
 • PCP \$XX • Rx Bin 610211
 • Specialist \$XX • Rx PCN MED
 • Emergency Care \$XX • Rx Group PFFMAPD
 • Urgent Care \$XX

MedicareRx
Prescription Drug Coverage X

M0018 123

Today's Options PPO (MA)

TODAY'S OPTIONSSM Select
MA Only

Insurance Carrier
Medicare Advantage Preferred Provider Organization
Issuer ID: 80840
John Q. Sample
Member ID: 123456789

Member Copays
 • PCP \$XX • Rx Bin 610211
 • Specialist \$XX • Rx PCN MED
 • Emergency Care \$XX • Rx Group PPOPRTB
 • Urgent Care \$XX

M0018 123

Today's Options PPO (MAPD)

TODAY'S OPTIONSSM Select powered by CCRx
MAPD

Insurance Carrier
Medicare Advantage Preferred Provider Organization
Issuer ID: 80840
John Q. Sample
Member ID: 123456789

Member Copays
 • PCP \$XX • Rx Bin 610211
 • Specialist \$XX • Rx PCN MED
 • Emergency Care \$XX • Rx Group PPOMAPD
 • Urgent Care \$XX

MedicareRx
Prescription Drug Coverage X

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Fresenius (MA)

**Fresenius Medical Care
Health Plan**

Underwritten by American Progressive Life & Health
Insurance Company of New York

ISSUER ID# 80840


Enrollee Name: JOHN Q SAMPLE
Group Number: 65000
Member ID: 9999999901
Effective Date: 01/01/09

Members must use In Plan Dialysis Facilities

RX Bin: 610211
RX PCN: MED
RX GRP: HMOPRTB

H5909 PBP# 001

**SelectCare of Oklahoma
(Tribute) (MAPD)**

 **Tribute** powered by CCRx

ISSUER ID# 80840

JOHN Q SAMPLE

ENROLLEE # 9999999901 (60000)

PCP NAME PCP DOCTOR
PCP PHONE (000) 000-0000

COPAYMENTS

OV	IP	ER/UC	MH/SA IP
20%	\$1068/ADM	20%	\$1068/Days 1-60

H3708 PBP# 001

RX Bin: 610211
RX PCN: MED
RX GRP: HMOMAPD

MedicareRx
Prescription Drug Coverage X