



MaxorPlus Pharmacy Provider Manual

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320 SOUTH POLK, SUITE 200 • AMARILLO, TEXAS 79101
PHONE: (800) 658-6146 • FAX: (806) 324-5486

WWW.MAXORPLUS.COM

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General Information

MaxorPlus is a full-service pharmacy benefit management company providing services to clients in all fifty states.

This Pharmacy Manual is incorporated into and hereby made a part of the MaxorPlus Operating Agreement (“**Agreement**”) between Pharmacy and MaxorPlus. This Provider Manual supersedes and replaces all prior versions of the MaxorPlus Pharmacy Manual.

The intent of this Pharmacy Manual is to provide participating Pharmacies with the information they need to care for MaxorPlus’ Eligible Members. Pharmacies must comply with the additional policies and procedures contained in this Pharmacy Manual or any amendments to this Pharmacy Manual. Failure to comply with the most current version of the Provider Manual shall be a breach of the Agreement and grounds for termination.

Key Contacts

The MaxorPlus Pharmacy Help Desk is available 24 hours per day, seven days a week, including holidays. For issues regarding claims processing, please call the Help Desk at (800) 687-0707. For other issues, please see the applicable contact information below.

Other Contact Information

Pharmacy Contracting: (806) 687-0707

Pharmacy Audit: pharmacyaudits@maxor.com

MAC Appeals macappeals@maxor.com

Network Participation

MaxorPlus has established the following criteria with respect to participating Pharmacies. Each Pharmacy must establish, to the reasonable satisfaction of MaxorPlus, as a condition precedent, and as a condition for continued participation in MaxorPlus' pharmacy network(s), that the Pharmacy meets the criteria set forth below:

1. The Pharmacy

- Must have a current license from the applicable state pharmacy licensing agency and this license must remain in good standing during the term of the Agreement.
- Must have a current DEA license for controlled substances to fill and dispense medications and this license must remain in good standing during the term of the Agreement. Controlled substance prescriptions must be ordered by a licensed physician with a current and valid DEA license for controlled substances.
- Must demonstrate a sanction free status with federal, state, and local authorities at all times during the term of the Agreement.
- Must possess professional liability insurance coverage in such minimum amounts as designated by MaxorPlus. In no event will the amount of general and professional liability insurance be less than that required by Law or by Plan criteria.

2. Quality Assurance, Outcome Measures, and Eligible Member Satisfaction with Services

- The Pharmacy must demonstrate Eligible Member satisfaction acceptable to MaxorPlus through the measurement and monitoring of responses to surveys and satisfactory resolution of Eligible Member and Plan sponsor complaints and/or grievances, if any.
3. The Pharmacy must have on file a completed, dated and signed Agreement and pharmacy application.
 4. The Pharmacy must complete a MaxorPlus provider application and provide MaxorPlus notice of any changes to any information provided within ten (10) business days of such change.
 5. The Pharmacy must provide MaxorPlus with any information pertaining to restrictions or suspensions on all licenses during the term of this Agreement.

Recredentialing

Pharmacies are recredentialled periodically in accordance with state and federal regulations, Plan and MaxorPlus requirements, and to ensure compliance with the terms of participation. Failure to provide requested information in a timely manner could result in termination from the network.

Termination

In addition to the termination rights set forth in the Agreement, failure to comply with all MaxorPlus terms and conditions (either contained in this Pharmacy Manual of the Agreement) and applicable state and federal rules and regulations could result in termination from network participation.

Maximum Allowable Cost (MAC)

MaxorPlus uses a MAC pricing program to reimburse Pharmacy for some multisource products. The program provides reasonable reimbursement for all pharmacies while encouraging pharmacies to dispense lower cost, generic drugs.

MaxorPlus uses acquisition cost data from multiple national sources to calculate its MAC prices. The list is reviewed regularly to ensure up-to-date pricing is maintained.

Should Pharmacy feel that MaxorPlus' MAC pricing is inappropriate for one or more products, appeals can be sent to macappeals@maxor.com for review. The Pharmacy will be notified of the outcome of the review and any price adjustment will be made as required by Law.

Compounds

- Compound prescription claims should be submitted by entering compounding indicator “2” and listing all the NDC’s ingredients in the compound, the quantity used for each NDC and the submitted ingredient cost for each NDC.
- A prescription will not be considered a compound prescription if the medication is reconstituted or if the only ingredient added to the prescription medication is water, alcohol or a sodium chloride solution.
- The NDC used to prepare the compound must be the NDC that has the lowest cost AWP.
- Pharmacy cannot split a compound or replace a compound with non-compound (standalone) claims intended to be a replacement for the rejected compounded claim in order to get around the compound rejects/limits or to get reimbursed more. This includes compound kits, unapproved NDCs, high cost topicals similar to the ingredients in the compound that rejected.
- Plan-excluded drugs and invalid NDCs are not eligible for reimbursement.
- Pharmacy must maintain compound log documentation to document quantities and NDCs of the ingredients used to prepare the compound.
- NDCs submitted for the compound must be the exact formulation of what is dispensed in the compound.
- Evidence of unprofessional or unsafe compounding found during the Pharmacy audit process or otherwise may be reported to the applicable State Board of Pharmacy or the FDA, and/or may result in termination of Pharmacy’s Agreement.

Compound Billing

Inappropriate compound billing practices include:

- Billing for non-existent prescriptions.
- Billing an NDC not used to dispense the prescription.
- Billing an NDC or drug that was never ordered.
- Billing for a different dosage form than what was used in the compound.
- Prescription splitting to receive higher reimbursements.
- Billing for a quantity other than what was actually used to prepare the compound.
- Obtaining changes to prescription orders to avoid rejects/limits.
- Billing claims in a manner that bypasses rejects/limits/messaging requiring further review. Example: billing claims multiple times in a month to avoid obtaining a PA or reaching Plan dollar thresholds.
- Billing claims for a new order prior to verifying the prescriber/Eligible Member's relationship.
- Billing compound claims where there is not literature that supports the clinical use.
- Billing compound claims that resulted in the Pharmacy giving or receiving payment to or from any prescriber for referrals.

Audit

MaxorPlus maintains a pharmacy audit program to:

- Help ensure the validity and accuracy of pharmacy claims for our clients (including CMS)
- Help ensure compliance with the Agreement between MaxorPlus and Pharmacy
- Educate network pharmacies regarding proper submission and documentation of pharmacy claims

According to the Agreement between MaxorPlus and Pharmacy, MaxorPlus, any third-party auditor designated by MaxorPlus or any government agency allowed by Law is permitted to conduct audits of any and all Pharmacy books, records and prescription files related to services rendered to Eligible Members.

Claim-specific audit objectives include, but are not limited to, correction of the following errors:

- Dispensing unauthorized, early or excessive refills
- Dispensing an incorrect drug
- Billing the wrong Eligible Member
- Billing an incorrect physician
- Using an NCPDP/National Provider Identifier (NPI) number inappropriately
- Calculating the day supply incorrectly
- Using a dispense-as-written code incorrectly
- Overbilling quantities
- Failing to retain/provide the hard copy of prescriptions or a signature log/delivery manifest

MaxorPlus will notify Pharmacy of its intent to audit and provide specific directions regarding the process. MaxorPlus' on-site audits are conducted in a professional, Health Insurance Portability and Accountability Act (HIPAA)-compliant manner, with respect for patients and Pharmacy staff.

Long-term Care (LTC) Pharmacy audits

MaxorPlus has the right to audit an LTC Pharmacy's books, records, prescription files and signature logs for the purpose of verifying claims information. LTC Pharmacies are required to have signed prescribers' orders available for review for an audit. These orders may be in the form of traditional signed prescriptions, copies of signed prescribers' orders from the Eligible Member's medical chart or other documentation that contains all required elements of a prescription. Time to retrieve these documents will be considered as part of MaxorPlus' audit requirements. LTC Pharmacies should have a signature log or patient receipt, a delivery manifest, a copy of a medication administration record (MAR) that shows the prescription was administered and the name and signature of the person who administered the medication, along with the date and time the medication was given.