



## Pharmacy Network Provider Manual



## Table of Contents

Section 1: Overview

Section 2: Customer Service

Section 3: Member Eligibility

Section 4: BIN Numbers and PCN Numbers

Section 5: Online Claims Submission

Section 6: Pharmacy Communications

Section 7: BeyondRx Preferred Brand Drug Formulary

Section 8: MAC Appeals

Section 9: Prior Authorization Process

Section 10: Audit Process

Section 11: Termination

## SECTION 1

### OVERVIEW

Welcome to the BeyondRx pharmacy network. BeyondRx is a second generation Prescription Benefit Manager (PBM) and operates under the transparent PBM model. We are committed to providing the best support to our network pharmacies and look forward to a successful relationship with your pharmacy. Enclosed you will find policies and procedures that we hope you will find beneficial as you submit claims for eligible members.

## SECTION 2

### CUSTOMER SERVICE

At BeyondRx, customer service is our highest priority. BeyondRx customer service representatives have a background in pharmacy (i.e. pharmacy technicians, pharmacy students, etc) and undergo extensive training prior to handling customer service calls. For questions regarding eligibility or claims contact our Pharmacy Help Desk.

**Pharmacy Help Desk: 866-247-9996, option 2**  
**E-Mail: info@beyond-rx.com**

**Monday – Friday: 8:00 a.m. to 7:00 p.m. (CDT)**  
**Saturday: 9:30 a.m. to 3:30 p.m. (CDT)**


If your pharmacy calls during non-business hours, a voice message system will record your call. A Customer Service Representative will return your call on the next scheduled business day.

## SECTION 3

### MEMBER ELIGIBILITY

Eligible members need to provide their BeyondRx identification card to the pharmacy prior to the pharmacy dispensing their prescription(s). The BeyondRx identification card provides the BIN number, Rx Group number, Group Name, Cardholder ID number and Cardholder Name that the pharmacy will need to use in the claim submission.

#### FRONT


<b>RxBIN:</b> 610641
<b>RxGroup:</b> MC9999
<b>Group Name:</b> ABC Company
<b>Member ID:</b> ABC12345678
<b>Member Name:</b> John Doe
<b>Person Codes</b>
<b>01 John 02 Jane 03 Jessica</b>

#### BACK


To receive your prescription benefits, present this card to any participating pharmacy.
Only the person named on this card, including eligible dependents, are entitled to prescription benefits at a BeyondRx pharmacy provider. THIS CARD IS NOT EVIDENCE OF INSURANCE.
<b><u>Customer Service</u></b>
<a href="http://www.beyond-rx.com">www.beyond-rx.com</a>
Toll-Free: (866) 247-9996

## SECTION 4

### **BANK IDENTIFICATION NUMBER (BIN) and PROCESSOR CONTROL NUMBER (PCN):**

The BeyondRx BIN number that the pharmacy should use when submitting claims is **610641**. The PCN number is not required for pharmacy submission.

## SECTION 5

### **ONLINE CLAIMS SUBMISSION**

Enrolled pharmacies must submit all claims online for all eligible members. Claims must be submitted electronically within 10 days of the date of service using the standard NCPDP format. The following information must be submitted with each claim.

#### **NCPDP VERSION 5 REQUEST PAYER SHEET TEMPLATE**

Payer Name: <b>BeyondRx</b>	Date: <b>05/04/2007</b>
Processor: <b>Laker Software, Inc.</b>	Switch: <b>All</b>
Effective as of: <b>05/04/2007</b>	Version/Release #: <b>5.1, 5.2, 5.3, 5.4. 5.5</b>
Contact/Information Source: <b>Becky Barnhart</b>	
Certification Testing Window: <b>Not Required</b>	
Provider Relations Help Desk Info: <b>913-661-0299 option 2 or toll free: 866-247-9996 option 2</b>	
Other versions supported: <b>3.2</b>	

BeyondRx  
Participating Pharmacy Network Provider Manual

**BILLING TRANSACTION:**

Fields designed as “Mandatory” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1 and are the only fields designated mandatory. Fields designated as “Required” (R) will always be sent. Fields designated as “Required When” (RW) will be sent when indicated.

M = Mandatory

R = Required

RW = Required When

**Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number		M	<b>610641</b>
1Ø2-A2	Version/Release Number	5.1, 5.2, 5.3, 5.4, 5.5	M	
1Ø3-A3	Transaction Code	B1 – Billing Transaction B3 – Rebill Transaction	M	
1Ø4-A4	Processor Control Number	System Vendor ID	M	Not used
1Ø9-A9	Transaction Count	Ø1 to Ø4.	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1 = National Provider ID (NPI) Ø7 = NCPDP Provider ID	M	
2Ø1-B1	Service Provider ID		M	7 digit NCPDP Provider ID or 10 digit National Provider ID (NPI)
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID	Blank Fill	M	Not used

**Insurance Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID		M	
303-C3	Person Code		RW	When supplied on patient ID card.
306-C6	Patient Relationship Code	1 = Cardholder 2 = Spouse 3 = Child 4 = Other	R	Not used – value on file will be used
301-C1	Group ID		RW	Use when patient is covered under more than 1 Plan.

**Patient Segment: Optional**

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
305-C5	Patient Gender Code	1 = Male 2 = Female	R	
304-C4	Date of Birth		R	
334-1C	Smoker / Non-smoker Code		RW	Submit if available
335-2C	Pregnancy Indicator		RW	Submit if available

BeyondRx  
Participating Pharmacy Network Provider Manual

**Claim Segment: Mandatory**

Does payer/processor support partial fills? We do not support Partial Fills. Reverse and re-transmit with partial/full quantity.

Please explain:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	Ø1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø3 = National Drug Code	M	
4Ø7-D7	Product/Service ID		M	
442-E7	Quantity Dispensed		M	
405-D5	Days Supply		R	
403-D3	Fill Number		R	
406-D6	Compound Code	Ø1 = Not a Compound Ø2 = Compound	R	
408-D8	Dispense As Written (DAW)		R	
414-DE	Date Prescription Written		RW	Submit if available
415-DF	Number of Refills Authorized		RW	Submit if available
42Ø-DK	Submission Clarification Code	Ø –Not Specified 1 – No Override 8 – Process Compound For Approved Ingredients	RW	Submit for payment of compound ingredients that are covered items.
308-C8	Other Coverage Code		RW	When other payer is identified.
429-DT	Unit Dose Indicator		RW	Submit if available
418-DI	Level Of Service		RW	Submit if available
461-EU	Prior Authorization Type Code		RW	Submit when Prior Authorization is required for payment.
462-EV	Prior Authorization Number Submitted		RW	Submit when Prior Authorization is required for payment

**Prescriber Segment: Optional**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	12 = DEA	R	
411-DB	Prescriber ID		R	

BeyondRx  
Participating Pharmacy Network Provider Manual

**COB/Other Payments Segment: Optional**

Does payer/processor support COB? Yes

Which method will you support? Bill Other Payer Amount

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count		M	
338-5C	Other Payer Coverage Type		M (Repeating)	
339-6C	Other Payer ID Qualifier	Ø3 = BIN	R (Repeating)	
340-7C	Other Payer ID		R (Repeating)	BIN of other Payer
443-E8	Other Payer Date		R (Repeating)	
341-HB	Other Payer Amount Paid Count	# of occurrences	R	
342-HC	Other Payer Amt Paid Qualifier	Blank = Not Specified 01 = Delivery 02 = Shipping 03 = Postage 04 = Administrative 05 = Incentive 06 = Cognitive Service 07 = Drug Benefit 08 = Sum of all Reimbursement 98 = Coupon 99 = Other	R (Repeating)	
431-DV	Other Payer Amount Paid		R (Repeating)	
471-5E	Other Payer Reject Count		RW	Claim rejected by Other Payer.
572-6E	Other Payer Reject Code		RW (Repeating)	Claim rejected by Other Payer.

**Workers' Compensation Segment: Optional**

<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	Ø6	M	Workers' Compensation Segment
434-DY	Date of Injury		M	
315-CF	Employer Name		RW	Submit if Available
317-CH	Employer City		RW	Submit if Available
318-CI	Employer State Address		RW	Submit if Available
319-CJ	Employer ZIP/Postal Zone		RW	Submit if Available
327-CR	Carrier ID		RW	Submit if Available
435-DZ	Claim/Reference ID		RW	Submit if Available

BeyondRx  
Participating Pharmacy Network Provider Manual

**Pricing Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
409-D9	Ingredient Cost Submitted		M	Always Submit
426-DQ	Usual and Customary Charge		M	Always Submit
430-DU	Gross Amount Due		M	Always Submit
412-DC	Dispensing Fee Submitted		R	
433-DX	Patient Paid Amount Submitted		RW	Submit if Available
481-HA	Flat Sales Tax Amount Submitted		RW	If sales tax is required
482-GE	Percentage Sales Tax Amount Submitted		RW	If sales tax is required
483-HE	Percentage Sales Tax Rate Submitted		RW	If sales tax is required
484-JE	Percentage Sales Tax Basis Submitted		RW	If sales tax is required
423-DN	Basis of Cost Determination		RW	Submit if Available

**Coupon Segment: Optional**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	09	M	Coupon Segment
485-KE	Coupon Type		M	
486-ME	Coupon Number		M	

**Compound Segment: Optional**

(Max # 25 recommended)

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	10	M	Compound Segment
450-EF	Compound Dosage Form Description Code		M	
451-EG	Compound Dispensing Unit Form Indicator		M	
452-EH	Compound Route of Administration		M	
447-EC	Compound Ingredient Component (Count)		M (Repeating)	
488-RE	Compound Product ID Qualifier	03 = National Drug Code	M (Repeating)	
489-TE	Compound Product ID		M (Repeating)	
448-ED	Compound Ingredient Quantity		M (Repeating)	
449-EE	Compound Ingredient Drug Cost		M (Repeating)	

**\*\* OTHER TRANSACTION INFORMATION \*\***

**Reversals**

Maximum Number of Transactions Supported per transmission	4
What is your reversal window? (If transaction is billed today what is the timeframe for reversal to be submitted?)	30 days

BeyondRx  
Participating Pharmacy Network Provider Manual

**Transaction Header Segment: Mandatory in all cases**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	<b>610641</b>	M	
1Ø2-A2	Version/Release Number	5.1, 5.2, 5.3, 5.4, 5.5	M	
1Ø3-A3	Transaction Code	<b>B2 – Reversal Transaction</b>	M	
1Ø4-A4	Processor Control Number	System Vendor ID	M	Not used
1Ø9-A9	Transaction Count	Ø1 to Ø4.	M	
2Ø2-B2	Service Provider ID Qualifier	Ø7 = NCPDP Provider ID	M	
2Ø1-B1	Service Provider ID		M	7 digit NCPDP Provider ID
4Ø1-D1	Date of Service		M	
11Ø-AK	Software Vendor/Certification ID	Blank Fill	M	Not used

**Patient Segment: Optional**

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
310-CA	Patient First Name		R	
311-CB	Patient Last Name		R	
305-C5	Patient Gender Code	1 = Male 2= Female	R	
304-C4	Date of Birth		R	
334-1C	Smoker / Non-smoker Code		RW	Submit if available
335-2C	Pregnancy Indicator		RW	Submit if available

**Claim Segment: Mandatory**

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	Ø1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	
436-E1	Product/Service ID Qualifier	Ø3 = National Drug Code	M	
4Ø7-D7	Product/Service ID		M	

**\*\* CERTIFICATION REQUIREMENTS \*\***

Does payer/processor require software certification? No  
If so, what level is certification testing required? Not Applicable

**\*\*OTHER INFORMATION\*\***

If Compounded claim contains more than 15 ingredients, transaction timeout period will need to be increased.

**\*\* TEST DATA \*\***

Not available at this time.

## SECTION 6

### **PHARMACY COMMUNICATIONS**

BeyondRx has developed a platform of communication that allows for specific information for all members/physicians/pharmacies and plan sponsors called “In The Know”. This communication device allows for each specific entity to be notified of changes to our formulary, Prior Authorization Programs/Processes, Step Therapy programs, or any other cost savings programs being implemented. Our philosophy on member education involves a three-pronged approach – reaching out to the member, the pharmacy and the physician. By involving all three entities, we increase our chances for success. An example of this approach would be identifying a medication which has a preferred therapeutic equivalent. We would first identify those members currently utilizing the non-preferred medication; we would contact the member, the pharmacy and the physician with materials supporting a switch from the non-preferred to the preferred medication, and then allow the three entities to determine the approach that is best for the member.

## SECTION 7

### **BEYONDRX PREFERRED BRAND DRUG FORMULARY**

The BeyondRx Preferred Brand Drug Formulary Listing has been developed to ensure members receive the best health-effective products in a cost-effective manner. The BeyondRx Preferred Brand Drug Formulary Listing is reviewed on a consistent basis by our Pharmacy and Therapeutics (P&T) Committee. Our P&T Committee evaluates clinical information based on studies from pharmaceutical companies and medication with FDA approved indications. Only after the product is deemed safe and effective will the product be entertained for formulary status.

BeyondRx promotes its Preferred Brand Drug Formulary to physicians, members, and participating pharmacies. “In the Know” letters and/or point of service (POS) messaging are used to communicate formulary information.

## SECTION 8

### **BEYONDRX MAXIMUM ALLOWABLE COST (MAC)**

The BeyondRx MAC is reviewed and updated no less than quarterly, but as prices change we update more often – even daily when necessary. The BeyondRx MAC list is available upon request. To receive a copy of the BeyondRx MAC list complete the Non-Disclosure Agreement on our website at [http://beyond-rx.com/PNE/MACCONF\\_PHARMACY.pdf](http://beyond-rx.com/PNE/MACCONF_PHARMACY.pdf) or call our Pharmacy Help Desk at 866-247-9996, option 2 to request a copy. Include the name of the individual that is to receive the list and fax the form back to BeyondRx at 913-232-5994. A copy of the most recent MAC list will be sent to the appropriate contact.

## SECTION 9

### **PRIOR AUTHORIZATION PROCESS**

In some situations a claim may require authorization by BeyondRx before it will be paid. If your pharmacy receives a claim rejection, contact our office at 866-247-9996, option 2. BeyondRx quickly and appropriately reviews the claim requiring the prior authorization and then responds back to your pharmacy.

Certain drugs require prior authorization before the claim can be paid. Prior authorization means that the member's physician will need to submit a pre-authorization request form to BeyondRx for the approval of the medication(s) before it can be filled under the member's benefits. Upon receipt of the completed pre-authorization request form, a decision is made within 72 hours. If approved, the member will pay the appropriate amount based on their plan benefit. If denied, the member can still purchase the drug; however the drug will not be covered under the member's benefit plan and the member is responsible for the full cost. The pharmacy will be notified of any decisions.

Claims submitted for a drug that requires prior authorization will be denied unless the prior authorization has been entered into the BeyondRx system. The denial response message will state: "PRIOR AUTHORIZATION REQUIRED".

## SECTION 10

### **AUDIT PROCESS**

#### **On-site Audits**

The pharmacy is notified in writing when an audit is going to be performed. If the pharmacy is part of a chain, the corporate Audit contact is notified via e-mail of the upcoming audit.

BeyondRx will contact independent stores directly by phone to schedule an audit date. For chain pharmacies, the audit will be scheduled either through the store directly or through the corporate Audit contact, depending on the chain's preferred method.

An internal audit results report is sent directly to the independent stores and the corporate Audit contact for chain pharmacies. The initial audit results report will include any discrepancies identified, instructions on how to remedy the discrepancies and the pharmacy will have 30 days from the date of notification to contest any discrepancies that allow subsequent documentation.

A final results report is sent to independent stores and to the corporate Audit contact for chain pharmacies based on the documentation submitted by the pharmacy within the 30 day period from the initial results notification. This report indicates the amount identified that will be withheld or reimbursed.

#### **Desk Audits**

The pharmacy is notified in writing or contacted by phone when an audit is going to be performed. If the pharmacy is part of a chain, the corporate Audit contact is notified via e-mail. This notification indicates the claims to be submitted for review.

Any initial audit results report is sent directly to independent stores and to the corporate Audit contact for chain pharmacies. The initial audit results report will include any discrepancies identified, instructions on how to remedy the discrepancies and the pharmacy will have 30 days from the date of notification to contest any discrepancies that allow subsequent documentation.

A final results report is sent to the independent stores and to the corporate Audit contact for chain pharmacies based on the documentation submitted by the pharmacy within the 30 day period from the initial results notification. This report indicates the amount identified that will be withheld or reimbursed.

## SECTION 11

### **TERMINATION**

BeyondRx Pharmacy Network Agreements commence the date of the agreement and continue for one year from that date. Agreements are renewed yearly for periods of one year unless either the pharmacy or BeyondRx gives the other written notice to terminate within 30 days prior to the expiration of the current term. Either party may terminate their agreement without cause upon sixty (60) days written notice.