

WINTER 2005



A New Look for Emergis

On December 1, 2004, our company name changed from BCE Emergis Inc. to Emergis Inc. Our new name marks a new chapter, as we become a fully independent company. We will continue to work collaboratively with the health provider communities to provide innovative electronic solutions to the Canadian healthcare industry.

Our communication materials have been redesigned to include our new logo. In addition, our company website has a new look. For information on our Pharmacy Benefit Management Services please visit: www.emergis.com/pharmacysupport.

We will continue to improve our website to include relevant content for the pharmacy community.



We are interested in your feedback and can be contacted by email: pharmacy.services@emergis.com



INTRODUCING EMERGIS' E-SAMPLING PROGRAM



Emergis is pleased to introduce an e-Sampling Program in collaboration with participating pharmaceutical manufacturers, which allows pharmacies to provide medication samples to patients at no charge.

How the program works:

Patients receive a preprinted Sampling coupon from their physician. When the coupon is authorized by the physician, the patient can redeem the coupon for the specified medication, dosage and quantity at the pharmacy of their choice. The cost of the medication and the usual and customary dispensing fee are billed directly to Emergis, and the patient is not required to pay for the sample medication. Only one voucher is to be redeemed per patient.

How to process the Sampling coupon:

Every Sampling coupon will look slightly different; however, the Assure™ logo will appear on all coupons. Each coupon contains drug card information in the same format as the Assure™. Some pharmacy software may require the Certificate ID and Issue Number to be combined in the certificate ID field.

Claim processing for a Sampling coupon works in the same manner as a regular prescription. The claim information is transmitted for adjudication to Emergis and the pharmacist receives the real time adjudication result. Following submission of the sample claim, please remove the sample coupon billing information from the patient's profile to prevent an unnecessary reject in the future.

How will participating pharmacies receive payment:

The pharmacies will receive payment in the same way as the existing payment set-up with Emergis. You cannot collect cash from your patient or bill to the patient's existing plan(s) when a Sampling coupon is presented to you. The program covers the cost of the drug (including mark-ups) and the pharmacy's usual and customary dispensing fee with Emergis.

What documentation is required to be kept on file:

The coupon presented by the patient can only be used for that specific patient and is not transferable. Each coupon can only be used once and only one coupon is to be processed per patient. The specified medication, dosage and quantity claimed must match the physician's prescription and cannot exceed any maximum specified on the coupon. Changes to the medication or strength are not permitted. The quantity dispensed may be less than the quantity on the Sampling coupon; however, the balance cannot be billed at a later date. Claims for additional supplies of the sample medication are subject to charge backs. Please attach the coupon to your computer-generated hardcopy for audit purposes.

Most sampling programs by manufacturers only involve physicians and patients. By participating in this program, the sampling process involves counseling by the pharmacist and checking for potential drug interactions. Please contact the Emergis Pharmacy Support Center at 1-800-668-1608 if you have any questions about our e-Sampling program.

PRIOR DAY VOID UPDATE



An on-line claim may be voided electronically up to 90 days after the dispense date. The claim void or reversal transaction is used to cancel a claim that has been successfully processed by Emergis. The window for retransmitting a claim is seven days after the dispense date. If a claim is accidentally voided from outside the seven day window, Emergis may “open a window” for the pharmacy to retransmit the claim. This is evaluated on a case-by-case basis, as this service may not be provided in all circumstances.

How to request opening a window for retransmitting a claim:

- Contact the Emergis Support Centre at 1-800-668-1608 to obtain a HEAT ticket reference number for your request.
- You may then fax our Audit department at 905-602-7365 with the following requirements:

1. A copy of the computer-generated hardcopy of the affected claim (N.B.: A label is sufficient for provinces that are not required to keep hardcopies).
2. A copy of the physician’s authorization, either written or verbal. For a repeat prescription, the original authorization is required.
3. An explanation regarding why the claim was voided and/or why the claim needs to be retransmitted.

Please include your HEAT ticket reference number with the faxed documentation. All information sent to the Audit department is received in a secure environment to maintain confidentiality.

- Provider Services will contact you within 2 business days upon receipt of the required documents.

VERBAL PRESCRIPTIONS/REFILL AUTHORIZATIONS UPDATE



For submission of all claims to Emergis, we require that documentation be available on all verbal prescriptions and verbal authorizations for refills on both prescription requiring and OTC claims. Verbal prescriptions must be received from a licensed physician/dentist and must be reduced to writing by a pharmacist, **prior to processing the claim**. For example, writing out the prescription as ordered from physician/dentist would be acceptable. Alternatively, a computer hardcopy generated prior to processing the claim on-line, resulting in a second computer hardcopy, would be acceptable as well. We appreciate your understanding of these requirements.

RELATIONSHIP CODE AND DATE OF BIRTH

The correct dates of birth and relationship code are both important to the on-line claim adjudication process. The proper relationship code allows Emergis to validate claims and apply the Health Assure® Drug Utilisation Review.

The ages at which benefits cease for a dependent child (i.e. 18, 19, 21 or 25) vary for cardholders with family coverage. If the dependent is in full-time attendance at an accredited school, college, or university and has been approved for coverage, then their coverage would be continued until they reach the maximum age as determined for overage dependents.

When uncertain about whether a dependent is an overage dependent, please first enter relationship code 03 to transmit the claim. If the relationship code 04 is used instead to transmit the claim, this may result in a misleading rejection message “CARD NOT EFFECTIVE,” since the overage dependent record may be on file with a future effective date and the dependent has a valid registration under relationship code 03.

Relationship Codes*

Employee (Primary Cardholder)	01
Spouse	02
Dependent Child	03
Overage Dependent Child	04
Overage Disabled Dependent Child	05

* Relationship codes may vary depending on the pharmacy software.

PLEASE NOTE:

The pharmacy name and phone number are optional information the patient can supply to us on the Prior Authorization Program reimbursement request form. This information allows Emergis to contact you with the result of the request. You may opt to discuss alternative therapies with the patient if the request is declined, or to contact them to collect their approved prescription.

Targeted Prior Authorization Drugs

Amerge®	Imovane®	Prevacid®
Avodart™	(and generics)	Proscar®
Axert™	Ionamin®	Relpax™
Bextra™	Kineret™	Remicade®
Botox®	Levitra®	Sanorex®
Celebrex®	Losec®	Starnoc®
Cialis®	Maxalt®	Tenuate®
Enbrel®	Meridia®	Viagra™
Humira™	Nexium®	Wellbutrin®
Imitrex®	Pantoloc™	Xenical®
		Zomig®

Revised January 2005

Examples of drug classes included in Emergis' Trial Program:

Angiotensin-Converting (ACE)

Inhibitors

Angiotensin II Receptor Blockers

Beta Blockers

Calcium Channel Blockers

Lipid Lowering Agents

Proton Pump Inhibitors

EMERGIS PRIOR AUTHORIZATION, TRIAL AND MAINTENANCE PROGRAMS UPDATE



The Emergis Prior Authorization, Trial and Maintenance Programs are available options for employers to select for their employee drug plans. These programs can be used independently or in combination.

Prior Authorization Program

The Prior Authorization Program is designed to target high volume and/or expensive medications that are not necessarily first-line therapies or may be used for non-approved indications. Individuals will be reimbursed for a targeted drug if they meet the medical criteria as defined by clinical protocols. Patients have the option of paying cash for the medication if they do not want to delay starting therapy.

Procedure for Prior Authorization Program:

1. For patients on this program, a claim for a targeted drug will be declined with the message "PRIOR AUTH REQUIRED." Please note that if a claim is rejected with the messages "DIN NOT COVERED", "DIN/PIN NOT A BENEFIT" or "CRDHLDR TO CONTACT INSURER FOR AUTH FORM" at the end of the message sentence, then the patient is not eligible for Prior Authorization and this program does not apply.
2. The patient is required to obtain the appropriate Prior Authorization Program request form from either their employer or their insurer's website.
3. The form must be completed by their physician and faxed to Emergis' Pharmacy Services department at **1-866-399-4599** or by mail to Emergis.
4. Upon receiving the form containing all the required information, the request will be evaluated within two* business days. Pharmacy Services will then contact you or the patient, as indicated on the form, with the result.
5. Once the claim is approved, further Prior Authorization application is not required, unless prompted by our system. In some cases, payments are subject to annual limitations or total dollar maximums.

* For certain patients, it may take up to five business days to evaluate the request.

Trial Program

The Trial Program is a voluntary program designed to promote dispensing smaller quantities of new prescription drugs that have a high incidence of side effects. This discourages waste if the medication is not tolerated.

Procedure for Trial Program:

1. For drugs eligible under the Trial program, your will receive the message "INVALID DAYS SUPPLY - TRIAL DRUG PROGRAM."
2. Ask the patient if he/she would like to participate in the Trial Program. If the patient refuses, use the override code UG. If the patient accepts, you may resubmit a 7-day supply of the medication.
3. Please contact the patient after 5 or 6 days to determine if the drug is effective and tolerated.
4. If the drug is tolerated, the balance of the prescription can be filled and the pharmacy is eligible to receive a second dispensing fee.
5. If the drug is not tolerated, you may choose to contact the prescribing physician to request an alternative therapy.
6. You may submit a claim for the alternative therapy, which may also be subject to the Trial Program.
7. If no alternative therapy is prescribed after consultation with the prescribing physician, you may be eligible to receive an \$8.00 cognitive fee. The cognitive fee can be billed to Emergis using PIN number 19000001.

Maintenance Program

The Maintenance program is a voluntary program designed to encourage dispensing larger quantities of medications once the medication has demonstrated efficacy and tolerability.

Procedure for Maintenance Program:

1. For patients on this program, some claims will get a warning message "DRUG ELIGIBLE FOR 100 DAY MAINT QUANTITY." This is to encourage patients to get a larger drug supply for medications intended for treatment of a chronic condition. All other claims will proceed through the following steps:
 2. When you submit a claim, it will be rejected with the message "RESUBMIT ONE MONTH SUPPLY."
 3. You must adjust the drug quantity and days supply and resubmit the claim with a 30-day supply.
 4. After 3 consecutive 1-month prescriptions, the patient will be eligible to receive a 3-month supply. When filling the 3rd one-month supply you will be prompted with the message "SUBMIT 3 MONTHS NEXT."
 5. The rejection message "RESUBMIT 3 MONTH SUPPLY" will appear when filling the fourth prescription for a 30-day supply.
 6. You must contact the doctor to increase the days supply. Upon approval by the physician, adjust the drug quantity and days supply and resubmit the claim for 3 months. The pharmacy may be eligible to receive an \$8.00 cognitive fee.
- Submit an \$8.00 claim using PIN 999072.

If for any reason the patient chooses not to participate in the voluntary programs, or if you feel it is appropriate to override the programs, the following codes may be used:

UG	Consulted patient – dispensed as written
MG	Override – various reasons
MV	Override – vacation supply

For audit purposes, Emergis requires that the pharmacy document all relevant details on the prescription to support choosing overrides and submission of cognitive fees.

The Prior Authorization, Trial and Maintenance Programs are dynamic programs. Emergis may add or delete drugs from the program or change the clinical protocols when deemed necessary.

CLASSES OF DRUGS WITH RESTRICTIONS



Certain drug classes may be excluded from drug plan coverage. Alternatively, there may be dollar restrictions in place, in terms of an annual or lifetime maximum amount.

The classes most commonly affected are:

- **Infertility treatments**
- **Smoking cessation drugs**
- **Antiobesity/Aorexant drugs**
- **Erectile dysfunction drugs**

Cardmembers should check with their insurance company prior to beginning treatment so that they are aware of the dollar restrictions in place.



COMMENTS AND QUESTIONS

For any comments or questions on the content of this issue, please fax your feedback to **905-602-7343** or email pharmacy.services@emergis.com.

EMERGIS PHARMACY SUPPORT CENTRE 1-800-668-1608

- Monday to Friday 8am – midnight Eastern Time (ET)
- Saturday and Sunday 9am – 8pm ET
Public Holidays 12pm – 8pm ET