

PHARMACY *update*

National Edition

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BRAND-DRUG LOYALTY CARD POLICY

Brand-drug loyalty cards are offered by drug manufacturers to patients that wish to be dispensed the brand over the generic version of a drug product. These cards are meant to pay most, if not all, of the difference in cost between the brand and the generic when the brand is not fully reimbursed by the patient's drug plan. The issuers of these cards have been asked in the past to ensure that the cards are used as second payor regardless of the number of plans the patient holds (both public and private). Many patients have more than one drug plan, and a recent study shows that these claims continue to be submitted improperly to the loyalty cards as payor of last resort.

Effective immediately, GSC requires that any drug claim submitted to a brand-drug loyalty card program must be treated as if the loyalty card program is the plan member's **secondary** plan. Here's how it works:

- If a patient is covered by only one drug benefits plan (private or public), the claim should be submitted to this plan first, then any unpaid amount remaining is submitted to the brand-drug loyalty card program.
- If the patient is covered by two drug benefit plans (private or public), the claim should be submitted to the primary plan first, followed by the brand-drug loyalty card program, and then to the patient's other drug plan (if an unpaid amount remains on the claim).

GSC reserves the right to audit or conduct a review of any claims submitted by a pharmacy and collect any excess amounts paid out to a pharmacy provider as a result of inappropriate billing order involving a loyalty card program.

CARDIOVASCULAR HEALTH COACHING PROGRAM – LIST OF ELIGIBLE participants

As of April 1, 2020, identification of eligible patients for GSC's cardiovascular health coaching program will only be available through accessing the EQuIPP dashboard. Email requests for a list of eligible patients will no longer be fulfilled.

How do I access the EQuIPP dashboard?

EQuIPP (or Electronic Quality Improvement Platform for Plans and Pharmacies) is a subscription-based web platform that displays performance information along with opportunities for improvement; it is the same platform used to support the Value-based Pharmacy initiative. To gain access to EQuIPP services contact your corporate office or visit www.equipp.org to submit your inquiry using

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providerConnect is GSC's web portal for health service providers in Canada. It gives you convenient access to forms, pharmacy manuals and guides, health coaching program information, and many other tools and resources all in one place.

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the “Support” link (top right hand corner). If you are part of a retail pharmacy banner, please include this information in the inquiry to help expedite the process.

Can I continue to get a list of eligible patients via email prior to April 1, 2020?

Yes. Pharmacies may continue to send an email request with your pharmacy provider number and fax number to pharmacisthealthcoaching@greenshield.ca until March 31, 2020. After March 31, 2020, you must access the EQUIPP dashboard to obtain a list of eligible patients for GSC’s cardiovascular health coaching program.

UPDATED GSC PHARMACY MANUAL NOW AVAILABLE

GSC’s Pharmacy Claims Manual has recently been updated and is effective March 2020. Please take a moment to read through it as changes have been made since the last version. You can access the manual through the providerConnect portal at providerconnect.ca. Select **What You Need**, then click on **Pharmacy Provider** from the drop-down menu. A link for the Pharmacy Claims Manual can be found near the bottom of the page.

UPDATE: ONLINE CLAIMS PARTICIPANT MATCHING

GSC has recently made a change to our claims system to more effectively validate online drug claim submissions. This update has caused some claims to be rejected due to a mismatch between what’s submitted through the pharmacy network as the claimant’s first name, last name, and date of birth and the corresponding information stored in our claims system. These mismatch errors will be returned with the CPHA response code 32 which indicates **Plan Sponsor ID # Error**. To resolve this issue so that the claim can be adjudicated when submitted to GSC, you must ensure both systems have the same information. Check with the claimant that you have input the correct first name, last name, and date of birth. If that doesn’t fix the submission error, contact GSC at 1.888.711.1119 for additional assistance.