# PHARMACY OPERATIONS MANUAL

**October 2016**

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MERIDIANRX OVERVIEW

MeridianRx is a full service Pharmacy Benefit Manager (PBM) committed to transparency, flexibility, and innovation. MeridianRx prides itself in providing accurate claims processing and access to a MeridianRx pharmacist or representative to answer any questions or concerns. MeridianRx utilizes cutting edge technology to process claims and administer pharmacy benefits. MeridianRx hopes that its programs provide you with the opportunity to deliver care to your patients in a safe, efficient, and cost-effective manner.

This Pharmacy Operations Manual (“Manual”) is intended to serve as a guide for your pharmacy staff in submitting claims to MeridianRx and also provides general terms, conditions, procedures, and policies of MeridianRx. This Manual is incorporated into your Participating Pharmacy Provider Agreement and any addendums or amendments (collectively the “Agreement”). Participating Network Pharmacies are responsible for monitoring and complying with all changes to the Pharmacy Operations Manual. Failure to adhere to any of the provisions and terms of the Agreement, which includes the Pharmacy Operations Manual, as well as all other applicable documents, will be viewed as a breach of the Agreement. The information provided in this Pharmacy Operations Manual is current at the time of publication. This Manual will be updated as necessary and is subject to change without notice.

The current version of this Manual is posted on the MeridianRx website at www.meridianrx.com. MeridianRx may modify this Manual, in its sole discretion, at any time. Changes to the Manual will be communicated through a facsimile communication or posted on the MeridianRx website in the Pharmacy Network Updates section located in the Documents & Forms section. Online claims adjudication and messaging reflect the most current benefits. Please also refer to your most recent Agreement for network participation requirements.

This Manual serves to answer your day-to-day questions concerning MeridianRx’s pharmacy programs. We appreciate your participation in our provider network and thank you for allowing us to extend our services to your customers.

Contact Information

Please contact MeridianRx if you have any questions at:

**Address:** MeridianRx, LLC
Attn: Pharmacy Network Management Department
1 Campus Martius, Suite 750
Detroit, MI 48226

**Website:** www.meridianrx.com

**General Inquiries:** Phone: 313-324-3800

**Member Eligibility Inquiries:** Phone: 866-984-6462

**Network Participation Inquiries:** Phone: 866-984-6462
Network Participation

Subject to the credentialing process, pharmacies become eligible to participate in the MeridianRx network when a final Agreement is executed by both parties or when a pharmacy affiliates with a Pharmacy Services Administration Organization (“PSAO”) or Chain Pharmacy that is contracted with MeridianRx. Please visit www.meridianrx.com or contact MeridianRx Network Management to request a network agreement and to begin the credentialing process. MeridianRx Network Management can be reached by:

- Calling 866-984-6462
- Faxing your request to 313-202-1255
- Emailing pharmacyservices@meridianrx.com

Medicare Part D Participation

To participate in the Medicare Part D plans administered by MeridianRx, pharmacies are required to abide by the requirements set forth in MeridianRx’s Medicare Prescription Drug Addendum along with all other applicable Part D requirements.

All employees and contractors involved in administering or delivering Medicare Part D benefits within your pharmacy shall not be excluded from participating in any federal program.

Your pharmacy must review the DHHS OIG and GSA Excluded Parties lists prior to hiring or contracting employees and contractors.

After hiring or contracting with an employee or contractor, on a monthly basis thereafter, your pharmacy has to and will continue to monitor the DHHS OIG and GSA Excluded Parties lists to ensure that none of your employees or contractors are excluded from participating in any federal program.

Credentialing Requirements

MeridianRx has a formal process for credentialing and re-credentialing all pharmacies that seek to participate in MeridianRx’s Pharmacy Network. MeridianRx’s credentialing process is conducted in accordance with URAC and CMS standards to ensure a consistent and equitable process for evaluating pharmacies. MeridianRx’s credentialing process varies depending on the pharmacy type (e.g., independent, PSAO or chain) and the service type (e.g., retail, mail service, LTC, etc.).
After signing an Agreement with MeridianRx, the MeridianRx credentialing team initiates the credentialing process, which must be completed before the pharmacy may participate in MeridianRx’s network. Pharmacies must submit the credentialing application and all required supporting documentation to begin the credentialing process. A MeridianRx credentialing representative is available to answer questions and provide general support through the credentialing process.

In general, MeridianRx conducts the credentialing process by verifying (through the use of primary or secondary sources) the pharmacy’s current and historical facility state licensure information, Drug Enforcement Administration (DEA) registration or state controlled dangerous substance certificate, as applicable and professional liability insurance coverage that meets MeridianRx’s minimum required limits of $1 million to $3 million.

MeridianRx collects and validates the same information for pharmacy chains. For chains, all pharmacy information may be submitted in electronic format on a spreadsheet. MeridianRx accepts liability coverage at the chain level, provided that coverage includes all pharmacies within the chain.

**Credentialing Application**

The pharmacy applicant is required to complete, sign, and return the Pharmacy Credentialing Application to the MeridianRx Network Management/Credentialing Department. The application requires the pharmacy to submit information which includes, but is not limited to the following:

- Pharmacy profile and demographic information
- Pharmacy hours of operation
- Payment information
- Pharmacy services provided
- History of loss of pharmacy license
- History of disciplinary action including restriction or limitation on license
- Malpractice claims history within the past 10 years
- Fraud or abuse convictions within the past 10 years

**Insurance**

The pharmacy applicant must provide a copy of professional liability insurance coverage maintaining $1 million per incident and $3 million annual aggregate, unless a greater amount is required by law. In this case, the applicant shall demonstrate compliance with the legal requirement. The applicant must maintain coverage in the amounts necessary at all times to ensure coverage against any claims damages relating to or arising out of the services provided in relation to the Agreement.
Once credentialed and approved to participate in MeridianRx’s network, pharmacies must provide immediate notification, in writing, to MeridianRx if the pharmacy’s insurance is canceled, suspended, reduced below the minimum limits required by MeridianRx, or otherwise terminated. In the event that a pharmacy fails to provide notification to MeridianRx or fails to maintain the minimum coverage amounts, MeridianRx may immediately terminate the pharmacy from its network.

**DEA Number**

MeridianRx verifies that each applicant holds a valid, current, unencumbered Drug Enforcement Administration (DEA) registration certificate, if applicable. MeridianRx requires each pharmacy to submit supporting documentation. DEA registration may also be verified via the NTIS DEA database in lieu of a hardcopy. A pharmacy must maintain good standing with DEA registration at all times.

Once credentialed and approved for network participation, the pharmacy must immediately notify MeridianRx, in writing, if the DEA registration is canceled, revoked, suspended, or otherwise terminated. In the event that a pharmacy fails to provide notification to MeridianRx or fails to maintain the required DEA registration, MeridianRx may immediately terminate the pharmacy from its network.

**Licensure**

Pharmacy applicants must provide a copy of a valid, current, unencumbered Facility State Pharmacy License if applicable. The pharmacy must maintain in good standing with licensure at all times.

Once the pharmacy is credentialed and approved to participate in MeridianRx’s network, the pharmacy must notify MeridianRx immediately, in writing, if the pharmacy’s licensure has been canceled, revoked, suspended, or has any other action taken against it. In the event that a pharmacy fails to provide notification to MeridianRx or fails to maintain the required licensure, MeridianRx may immediately terminate the pharmacy from its network.

**Absence of Government Debarment**

MeridianRx verifies the absence of government debarment by performing an Office of Inspector General (OIG) and System for Award Management (SAM) verification.

**Claim Status Process**

Payment information for adjudicated claims will be listed in the remittance advice. To status an adjudicated claim a pharmacy must fill out the Claim Status Request form.
located on the MeridianRx website. Any claim status request may be subject to an investigation fee.

**National Council for Prescription Drug Program (NCPDP) Requirements**

All pharmacies must be able to transmit transactions electronically and in accordance with the standards established by the National Council for Prescription Drug Program (NCPDP).

**Credentialing Appeal Rights**

Pharmacies must meet a set of standards and criteria that is deemed satisfactory to MeridianRx. In the event that these standards and or criteria are not met, MeridianRx may deny a pharmacy applicant approved credentialing status and/or approval for participation in the pharmacy network. This notification is sent in writing to the pharmacy applicant within 30 days of the decision date.

If an applicant receives a non-approval/denial notice, the pharmacy has 10 calendar days from receipt of the notice to appeal the decision in writing to MeridianRx. The applicant will be notified of the appeal decision within 30 days of the receipt of the appeal.

**Re-Credentialing**

In order to ensure that network pharmacies continue to meet MeridianRx’s credentialing requirements, MeridianRx requires its pharmacies to submit to a re-credentialing process. Re-credentialing occurs on a 36 month cycle.

**Updates to Information**

Whenever there is a material change in the information submitted in the pharmacy credentialing application, the pharmacy is required to promptly notify MeridianRx.

**Pharmacy Professional Judgment**

The relationship between MeridianRx’s network pharmacies and covered individuals is that of pharmacy provider and patient. MeridianRx will not interfere with its network pharmacies professional services. Pharmacies are free to exercise their own judgment on all questions relating to the practice of pharmacy.

**No Automatic Refills**
Pharmacy agrees not to process or dispense automatic refills on Covered Prescriptions for Covered Individuals. Pharmacy will require Covered Individuals to request refills before any processing or dispensing of Covered Prescriptions.

**Coupons**

Pharmaceutical manufacturer copayment coupons are not to be utilized by Pharmacy for federal health programs, including but not limited to, Medicare Part D Claims. Non-compliance with this provision may result in remedies, including, but not limited to a corrective action, probation, or termination of the Agreement.

**Non-Discrimination**

MeridianRx has a strict non-discrimination policy. As a condition of participating in MeridianRx’s network, pharmacies must not discriminate or differentiate against any covered individual as a result of his/her enrollment in a particular plan, or because of race, color, creed, national origin, ancestry, religion, sex, sexual orientation, marital status, age, disability, payment source, state of health, need for health services, status such as a Medicare or Medicaid beneficiary, or any other basis prohibited by law.

**Addition to Network**

Pharmacies will not be added to MeridianRx’s network until they have been properly credentialed. If MeridianRx received notification from a PSAO/TPA of a new service relationship starting after the first of the month, the effective or start date will be the FIRST of the following month.

**Termination or Suspension from Network**

If MeridianRx receives notification from a PSAO/TPA of a service relationship that is ending after the first of the month, the termination or end date will be effective at the END of that month. MeridianRx reserves the right to suspend or terminate a network pharmacy for violations of the Agreement. If an appeals process is provided in your Agreement, you must file an appeal of the termination or suspension of your status as a network pharmacy within 30 days of the decision to suspend or terminate your pharmacy. Please contact MeridianRx’s network development team if you have any questions regarding the suspension or termination of your agreement.

**Advertising/Marketing to Covered Individuals**

Participating pharmacies must comply with all applicable laws and regulations when marketing to or soliciting covered individuals.
Non-Solicitation

Pharmacy will not advise, counsel, encourage or solicit any Payor in any way that may alter MeridianRx’s relationship with such Payor, as determined by MeridianRx. Such restrictions include but are not limited to a pharmacy attempting to get a Payor to end its relationship with MeridianRx, or disclosing contractual terms, including pricing, with a Payor.

Pharmacy will not advise, counseling, encourage or solicit any members with plans utilizing MeridianRx for any reason.

Any such violation within this section will be considered a material breach of the Agreement and Pharmacy will be responsible for paying all damages, fines, penalties, lost revenues or the like, as determined by MeridianRx.

Confidentiality Requirements

All information related to prescription drug benefits and other records identifying eligible persons shall be treated as confidential and proprietary. The pharmacy agrees never to use eligible persons’ information for competitive purposes, or to provide such information to others for pecuniary gain. Further, this information shall not be given to any third party, unless required by law, or may be permitted by the payer or MeridianRx in writing.

All materials relating to pricing, contracts, programs, services, business practices, and procedures of MeridianRx are proprietary and confidential. The pharmacy must maintain this confidence and return all such materials to MeridianRx upon termination of the Agreement. All information contained in the claims system or that was obtained by or through the administration and processing of claims is the property of MeridianRx. The pharmacy must promptly notify MeridianRx if it becomes aware of any use of confidential information or data that is not authorized by MeridianRx.

Please refer to your Pharmacy Network Agreement with MeridianRx for specific confidentiality requirements, including HIPAA requirements and requirements regarding MeridianRx’s confidential and proprietary information.

Site Visits

MeridianRx assesses the quality and safety of health care provided to members that includes, at a minimum, systematic collection, analysis, and reporting of relevant data in accordance with company, state, and federal guidelines. MeridianRx reserves the right to conduct a site visit when it deems necessary. In general, MeridianRx may conduct a site visit for any of the following reasons:
• A covered individual’s complaint/grievance is received about the quality of a pharmacy
• A covered individual’s satisfaction indicates that a pharmacy does not meet MeridianRx’s standards
• Data is required for quality improvement purposes and cannot be reasonably collected using other methods
• Onsite auditing
• Other circumstances as deemed necessary by MeridianRx

When MeridianRx performs a site review for purposes other than auditing*, it will evaluate the following criteria and practices:

1. **Physical Accessibility** – The building must be ADA-compliant, easily entered into, and all space within must be accessible to all members
2. **Physical Appearance** – The building or must be clean, safe, and offer adequate lighting
3. **Medicare Part D Compliance** – The pharmacy must maintain appropriate compliance with the guidelines set forth by the Centers for Medicare & Medicaid Services (CMS)
4. **Adequacy of HIPAA Compliance/Record Retention** – Pharmacy staff must demonstrate knowledge of HIPAA requirements and maintain store policies and procedures regarding physical/electronic records (e.g., patient signature logs)
5. **Adequacy of Medication Safety and Storage** – The pharmacy must demonstrate compliance with all federal and state laws relating to drug storage, labeling, destruction, and automatic dispensing requirements

*For more information on onsite auditing, see the Auditing section of this Manual.

**Pharmacy Notifications/Communications**

MeridianRx provides notification and communications to its network pharmacies regarding updates to procedures, payer sheets, formularies, Pharmacy Operations Manual, etc. via electronic fax (i.e., fax blast) and/or email. Please make sure to notify MeridianRx when you have updates to your fax number.

Pharmacies are required to update their information directly with NCPDP. Maintaining information about your pharmacy is vital to proper reimbursement by MeridianRx. The Quick Reference Sheet provided by NCPDP for instructions on updating your pharmacy information can be found at [https://www.ncpdponline.org/Resources/Help/QuickReference_Indy.pdf](https://www.ncpdponline.org/Resources/Help/QuickReference_Indy.pdf).

**PHARMACY COMPLAINT PROCESS**
All pharmacy complaints must be submitted in writing to MeridianRx. The following information must be included as part of the complaint:

1. Reason for the complaint and factual documentation to support the complaint
2. Contact name, address, and telephone number of the pharmacy
3. Prescription number
4. Prescription reimbursement amount for the disputed claim(s) (if applicable)
5. Disputed prescription claim payment date(s) (if applicable)

The MeridianRx network development team is responsible for working towards a resolution of your complaint. To file a complaint, please send it to MeridianRx Network Development. Network Management can be reached by calling 866-984-6462, faxing your request to 313-202-1255 or emailing pharmacyservices@meridianrx.com.

CLAIMS SUBMISSION AND PAYMENT PROCESS

Claims Submission Overview

MeridianRx’s claims processing system is available to pharmacies 24 hours per day, 365 days per year. MeridianRx conducts routine maintenance and utilizes reasonable efforts to perform the maintenance during non-peak hours. All claims should be submitted electronically to MeridianRx via the electronic claims system in NCPDP format (the then most current version) or in such other manner and format as directed by MeridianRx. Please check your Agreement to determine when you are permitted to submit a paper claim. Failure to comply with MeridianRx’s requirements may result in the rejection of claims and may subject the pharmacy to recoupments or termination.

Member Eligibility

Network pharmacies must verify eligibility of a member prior to dispensing any pharmaceuticals or performing other services. Any questions regarding member eligibility should be directed to MeridianRx Customer Service (toll-free) at 866-984-6462.

Member Identification Card

MeridianRx members are provided an identification card when they begin eligibility. Members are instructed to present their ID card when obtaining a prescription from a network pharmacy. When submitting a claim for services, it is important that you ask to see the member’s ID card and verify the name of the member. If no ID card is presented and eligibility for which the prescription is written cannot be confirmed through the Point of Service (POS) System or through MeridianRx’s Customer Services department, then the patient should be notified and the pharmacy may apply its standard operating procedure.
A pharmacist can verify a member’s coverage by submitting the information noted on the member’s ID card through the POS system. If an invalid response is received, please check that all submitted information matches the elements on the ID card.

The information that generally appears on the MeridianRx ID card and which is required to file a claim:

- **Cardholder’s Name** – The member name associated with the cardholder’s ID number
- **Cardholder’s ID Number** – The member identification number. This is usually either a nine-digit number, a nine-digit number with a two-digit suffix, or other alpha-numeric variation. The patient’s birth date must be submitted with claim
- **BIN** – A six-digit number that must be submitted with each claim
- **PCN Number** – An alpha-numeric code assigned to the plan must be submitted with each claim

For a complete listing of BIN and PCN numbers, please see the MeridianRx Payer Sheet, which can be found at [www.meridianrx.com](http://www.meridianrx.com).

**POS System**

- **POS System**: The online or real time (point-of-sale) telecommunication system used to communicate information regarding covered drugs, eligible members, claims, drug utilization, copays, and/or other amounts to be collected from an eligible member by the pharmacy and the amounts payable to the pharmacy

- **Pharmacy Vendor and POS System**: Point-of-sale claims can be submitted to MeridianRx through a pharmacy computer system or POS System. Please contact your pharmacy system or POS System vendor if you have any questions about how to submit claims

- **Phone Number**: Please contact your software or communication network vendor to obtain the phone number that allows you to access the switch and submit claims.

- **Claims Submission**: MeridianRx identifies whether a claim has been accepted or rejected. If the claim is accepted, MeridianRx identifies the amount paid and the copay to collect from the member. When necessary and appropriate, MeridianRx provides additional messaging (e.g., quantity limitations exceeded). If the claim is rejected, MeridianRx identifies the reason(s) via POS System messaging
- **BIN Number and PCN:** When submitting claims through a POS System, you are required to submit a BIN number and PCN. These numbers must be submitted with every claim. If you are having difficulty inputting these numbers, please contact your system vendor for assistance. For current BIN/PCN information, please visit [www.meridianrx.com](http://www.meridianrx.com) and select “Documents & Forms”.

- **Reversals:** If you need to resubmit a claim previously accepted through the POS System, you must first submit a reversal within the approved timeframes in the Agreement. Pharmacies must also submit a reversal when a member fails to pick up a filled prescription within 10 days. Please refer to your system documentation or vendor for information about submitting reversals.

- **Troubleshooting:** If your pharmacy system or POS System is unable to make a connection with the switch, contact your communication network vendor or switch vendor. If you have any questions regarding a rejected claim or reimbursement, please contact the MeridianRx Pharmacy Claims department at 866-984-6462. Please have your NCPDP number and other relevant claims processing information available.

**Payer Sheet**

MeridianRx publishes its current payer sheet on its website at [www.meridianrx.com](http://www.meridianrx.com). Please refer to this document if you are experiencing difficulty with point-of-sale transmissions. Please contact MeridianRx if you have questions about which payer sheet applies.

**Pricing Changes**

As provided in your Agreement, each submitted claim is priced using the specific guidelines established by the plan sponsor based on pricing files received by MeridianRx from First DataBank or Medispan, as updated not less frequently than every seven days. If MeridianRx changes its price source from First DataBank or Medispan to another nationally recognized price source, MeridianRx will notify pharmacies of the new price source within 30 days prior to implementation of the new price source.

**Compounds**

A compounded prescription contains two or more ingredients in which at least one of the ingredients is a federal legend drug and the compound being made is not available commercially. When submitting a compound claim to MeridianRx:

- Identify the claim as a compound utilizing the appropriate compound indicator per the NCPDP D.0 compound code field
- Each product or drug in the compound is required to have a valid NDC
• The pharmacy may submit the NCPDP D.0 Compound Segment to support multiple ingredients
• If the pharmacy cannot submit multiple ingredients, it may enter the valid NDC number of the most expensive drug per unit (tablet, capsule, vial, ml, and gram) that is in the compound. In such case:
  o The total quantity entered should be equal to the total amount (tablet, capsule, vial, ml, and gram) of the most expensive NDC used
  o When calculating and submitting the ingredient cost, enter the combined cost for all ingredients used during the compounding procedure, not to include any costs for labor, equipment fees, professional fees, flavoring, and/or products that are used to administer compounds (e.g., Hep-loc, NS 0.9% flush syringes)
• Medications requiring reconstitution prior to dispensing (e.g., powdered oral antibiotics, etc.) are not recognized as compounded medications

Reversals

Prescriptions not dispensed to the member or the member’s authorized representative, within 10 calendar days must be reversed by the pharmacy at point-of-sale. Failure to abide by this practice may result in chargebacks, additional financial penalties, or removal from the network.

DAW (Dispense As Written) Codes

MeridianRx recognizes the Standard NCPDP D.0 Codes:

0 = No product selection indicated  
1 = Substitution not allowed by prescriber  
2 = Substitution allowed – patient requested branded product dispensed  
3 = Substitution allowed – pharmacist selected branded product dispensed  
4 = Substitution allowed – generic drug not in stock  
5 = Substitution allowed – brand drug dispensed as a generic  
6 = Override  
7 = Substitution not allowed – brand drug mandated by law  
8 = Substitution allowed – generic drug not available in marketplace  
9 = Other

Drug Search

MeridianRx has a Formulary Drug Search tool on its website. The Formulary Drug Search allows prescribers and members to search and view formulary coverage information for MeridianRx supported health plans. This tool helps you quickly identify what drugs are covered under a member’s health plan.
You can access the Formulary Drug Search by visiting www.meridianrx.com and selecting “Drug Search” from the Quick Links menu on the home page.

**UCF Process**

There are two types of forms as listed below – handwritten and computer generated. When forms are completed by hand, the last copy is sent to the claims processor at the address below. For computer generated, submit only the original (top) copy. The continuous form paper used by computers when printing claims on Universal Claim Forms (UCFs) should be separated (burst) and the tractor strips must be removed from the edges prior to sending to the claim processor. There may be a fee reduction per claim for processing UCFs. Signature in a prescription log should be noted as Signature on File as appropriate.

All UCFs must be legible, accurate, and complete. Please type or neatly print all the UCF information. Claims and corrections to prior claims must be forwarded to MeridianRx via first-class mail within 60 days of original service date. The timeframe may be longer if allowed by CMS for the Part D program only. Claims information submitted in any manner other than the procedure described above may be subject to loss, processing delays, or rejection. To assure receipt by the proper department, the following address should be used when mailing claims information:

MeridianRx  
Attn: Pharmacy Claims  
1 Campus Martius, Suite 750  
Detroit, MI 48226

**SAMPLE OF UNIVERSAL CLAIM FORM:**
Note: Upon release, new versions of the UCF are accepted. The following information applies to the UCF.

1. **Group No.** – PCN number designated on the ID card
2. **Cardholder ID No.** – Subscriber ID number from the Prescription Drug Benefit Card. IMPORTANT: Please include the complete ID number, which may include a suffix at the end of the subscriber’s ID
3. **Cardholder Name** – Member’s name from the Prescription Drug Benefit Card
4. **Name** – The name of the pharmacy submitting the claim.
5. **Pharmacy No.** – NCPDP number of the pharmacy submitting the claim. If you do not know your NCPDP number, it can be obtained by calling the National Council of Prescription Drug Programs at 480-477-1000
6. **Patient Name** – Patient’s full name should correspond to ID card and prescription order
7. **Date of Birth** – Birth date of patient (MMDDYYYY)
8. **Sex** – Place an “X” in the appropriate box to identify patient’s sex
9. **Relationship to Cardholder** – Place an “X” in the Cardholder, Child, Spouse, or other box as appropriate.
10. **Date Rx(s) Written** – Month, day, and year the prescription(s) was/were written (MMDDYYYY).
11. **Date Rx(s) Filled** – Month, day, and year the prescription(s) was/were filled (MMDDYYYY).
12. **Rx Number** – Prescription number consisting of up to seven digits
13. **NEW or REFILL** – Place an “N” in the box if this pertains to an original prescription or “R” in the box if it is a refill
14. **Metric Quantity** – Number of tablets, capsules, etc., dispensed
   - When liquids are dispensed, use ml or cc and decimals if appropriate (i.e., 2.5)
• When original packages (ointments, drops, etc.) are dispensed, use metric units dispensed such as grams or cc. For example, Aristocort Cr ½ oz. should show “15,” referring to the number of grams
• Do not write the metric form being used (e.g., ml or cc) on the UCF

15. Days Supply – Number of days the medication lasts the patient when taken according to directions. If the days supply is not applicable or not known, enter “1”

16. National Drug Code – The national drug code for the drug being dispensed. If the drug is a compound, enter the NDC of the most expensive legend ingredient and detail the compound on the back of each claim form. Include the NDC number of each ingredient in the compound

17. Prescriber Identification – The prescriber’s ID number. A valid DEA number must be submitted for each claim. If the DEA number is not available, please provide the prescriber’s name

18. DAW (dispense as written) – Standard NCPDP Codes are:
   0 = No product selection indicated
   1 = Substitution not allowed by prescriber
   2 = Substitution allowed – patient requested branded product dispensed
   3 = Substitution allowed – pharmacist selected branded product dispensed
   4 = Substitution allowed – generic drug not in stock
   5 = Substitution allowed – brand drug dispensed as a generic
   6 = Override
   7 = Substitution not allowed – brand drug mandated by law
   8 = Substitution allowed – generic drug not available in marketplace
   9 = Other

19. Ingredient Cost – Billed amount for the dispensed quantity of drug only (include exact change)

20. Dispensing Fee (optional) – Professional fee charged for dispensing the drug (include exact change)

21. Tax – City, county, and state tax, where applicable

22. Total price (required) – Total of the ingredient cost, dispensing fee, and tax (include exact change), or the usual and customary retail, whichever is less

23. Deductible Amount (optional) – Copay amount collected (include exact change)

24. Balance – The total billed amount (include exact change)

**Taxes**

If any taxes, assessments, and/or similar fees are imposed on the pharmacy by a governmental authority, the pharmacy may request reimbursement from an eligible person. The pharmacy must transmit the applicable tax amount allowed by law through the Online Claim System. In no event does this give any additional or different rights than those allowed by law. In no event shall MeridianRx be liable for any such taxes, assessments, and/or similar fees or the determination of the amount of such taxes, assessments, and/or similar fees. The pharmacy shall assume the responsibility of
making and shall make timely payments to the appropriate taxing authorities of the amount of any taxes received.

**Paper Claims**

Each individual claim is processed as received by the claims processor. To status an adjudicated claim a pharmacy must fill out the Claim Status Request form located on the MeridianRx website. Any claim status request may be subject to an investigation fee.

**Claim Status Process**

Payment information for adjudicated claims will be listed in the remittance advice. To status an adjudicated claim a pharmacy must fill out the Claim Status Request form located on the MeridianRx website. Any claim status request will be subject to an investigation fee.

**Payment Cycles**

Medicare Part D checks and electronic payments are sent to the pharmacies weekly. All other checks are mailed or sent electronically to pharmacies twice a month contingent upon MeridianRx’s receipt of funds from a plan sponsor or payer.

**Check Reissuance Process**

Pharmacy paper checks are issued to the pharmacy mailing address registered with NCPDP. The cancelation of an issued check and reissuance of a replacement check is subject to a $15 per check fee (subject to change). Pharmacies are responsible with updating their mailing address with NCPDP of any address change. Pharmacies are subject to a $5 processing fee per check if pharmacy is requesting the replacement check to be issued to any address other than what is registered with NCPDP. A pharmacy must fill out the Check Reissue Request form located on the MeridianRx website in order to receive a replacement check. A check must be outstanding for 30 days from the issue date before a reissuance request will be processed. Please allow up to two to three weeks for the original check to be cancelled and reissued. All check reissuance requests must be **legible, accurate, and complete**.

Check reissuance requests submitted in any manner other than the procedure described above may be subject to loss, processing delays, or rejection. To assure receipt by the proper department, the following address should be used when mailing check reissuance requests:

**MeridianRx**  
Attn: Network Management
**Remittance Advice**

For each check, MeridianRx provides remittance advice. Unless otherwise arranged with MeridianRx, these reports are provided in printed paper format and are mailed to the pharmacies within 10 calendar days of the date of the paper check.

**Remittance Information Service Fees**

There are two types of remittance advice formats – paper remittance advice and electronic remittance advice (ERA). Pharmacy paper remittance advice are issued to the pharmacy mailing address registered with NCPDP. Each paper check/Electronic Funds Transfer (EFT) will have one paper remittance advice/ERA. A remittance advice copy is subject to a $10 per check fee (e.g. if you are requesting a copy of 10 remittance advice = $100). Pharmacies are responsible with updating their mailing address with NCPDP of any address change. Pharmacies are subject to a $5 processing fee per remittance if pharmacy is requesting the remittance copy be issued to any address other than what is registered with NCPDP. A pharmacy must fill out the Duplicate Remittance Advice Request form located on the MeridianRx website in order to receive a remittance advice copy. The pharmacy will receive a copy of the requested remittance advice in the format of the original issued remittance advice. Please allow up 45 days for the request to be completed. All check reissuance requests must be legible, accurate, and complete.

Remittance advice copy requests submitted in any manner other than the procedure described above may be subject to processing delays or rejection. To assure receipt by the proper department, the following address should be used when mailing duplicate remittance advice requests:

**MeridianRx**  
**Attn: Network Management**  
**1 Campus Martius, Suite 750**  
**Detroit, MI 48226**

Electronic 835 remittance files are available upon the completion of the MeridianRx EFT/ERA Enrollment Form. Please contact the MeridianRx Pharmacy Services department for more information at **866-984-6462**.
**MAC Pricing Inquiries**

MeridianRx offers participating pharmacies a way to check if drugs are priced correctly. Use the online Pharmacy Pricing Inquiry form to request a pricing review. To use the Pharmacy Pricing Inquiry:

1. Visit [www.meridianrx.com](http://www.meridianrx.com)
2. Select Pharmacist on the home page “Maximum Allowable Cost” (MAC)
3. Select “Maximum Allowable Cost” (MAC) to access the inquiry form
4. Complete the form and submit your inquiry

Once a pricing inquiry is submitted, an auto-generated confirmation letter opens in a new window. It is important that you print or save this confirmation letter for your records. Please allow 10 business days for a decision to be made on the MAC pricing inquires. After 10 business days, revisit the MeridianRx website to view the results of your MAC pricing inquiry. Please contact Network Management with any questions.
Coordination of Benefits

Pharmacy must promptly notify MeridianRx after it receives information relating to members who have claims with Coordination of Benefits (COB). COB is handled through MeridianRx’s MERLIN system. Please reference the payer sheet for details on submitting claims and messaging in relation to COB.

Medicare Transition
MeridianRx provides an appropriate Transition Process for new members prescribed drugs that are not on the MeridianRx formulary. The Transition Process applies to both non-formulary drugs and drugs that are on the MeridianRx formulary with Utilization Management restrictions. MeridianRx ensures that members who have used a Transition benefit are provided with the appropriate assistance and information necessary to enable them to better understand the Transition Process. Subsequent to providing a Transition fill of a medication, MeridianRx works with both the member and the member’s prescriber to either transition the member to a formulary alternative or assist the member in pursuing the necessary Prior Authorization/Formulary Exception. For more information regarding the Transition Process, please contact MeridianRx Customer Service.

**Part B vs. Part D (“B vs. D”) Determinations**

Medicare Part D is the outpatient prescription drug benefit for anyone with Medicare. Part B is the Medicare outpatient benefit. A member must have either Medicare Part A or Medicare Part B to be eligible for Part D. Most drugs are covered under Part D, but there are some drugs that can be covered under both Part B or Part D depending on what the drug is used for and/or how it is administered. MeridianRx strives to streamline Part B versus Part D (“B vs. D”) Determinations. For example, if MeridianRx has access to the BIN/PCN of a member’s medical health plan, that information is communicated to the pharmacy in order to assist with billing the B vs. D medication to the appropriate payor. For more information regarding B vs. D Determinations, please contact MeridianRx Customer Service.

**Medicare Best Available Evidence**

In accordance with CMS requirements, Part D sponsors are required to provide access to Part D drugs at the correct LIS cost-sharing level. Pharmacies must comply with CMS requirements for Best Available Evidence (BAE). For members with BAE documentation, please send MeridianRx the appropriate documentation. Once MeridianRx receives the required BAE information, it will provide the member with access to covered Part D drugs at a reduced cost-sharing level. For members without BAE documentation, the pharmacy must identify whether the member is in immediate need (has less than three days of medication remaining). Please contact MeridianRx immediately so that MeridianRx may work with the applicable Part D sponsor to update the member’s LIS status with CMS. For more information regarding the BAE process, please contact MeridianRx Customer Service.

**Claims Appeals**

In the event that a pharmacy has an issue with the payment or accuracy of a claim, it must promptly notify MeridianRx, but in no event later than 180 days after the date that payment was due. The pharmacy must submit sufficient documentation to MeridianRx to request an
adjustment that clearly identifies that a claim was incorrectly paid. Please send the documentation to MeridianRx Network Management. Questions relating to adjustments should be directed to MeridianRx’s Network Management by phone at 313-324-3800 or email pharmacyservices@meridianrx.com.

Electronic Fund Transfers and Electronic Remittance Advices

Electronic fund transfers (EFT) and electronic remittance advices (ERA) are payment solutions that involve directly exchanging funds between two bank accounts. Benefits of EFT/ERA include:

- Reduced transaction processing costs
- Improved efficiency
- Increased visibility and control

MeridianRx encourages all in-network pharmacies to enroll in EFT/ERA. All pharmacies receive an EFT Enrollment Form when they request an Agreement and the forms are included in the welcome packet. Contracted pharmacies wishing to streamline their remittance advices to the electronic format can download the enrollment form by following these steps:

1. Visit www.meridianrx.com
2. Select “Documents &Forms” from the Pharmacist page
3. Select “Meridian Electronic Funds Transfer (EFT) Enrollment Form” from the menu and download the form

Complete the EFT Enrollment Form and return it and any attachments to MeridianRx by:

- Faxing to 313-202-1255
- Scanning and emailing to pharmacyservices@meridianrx.com
- Mailing to:
  MeridianRx
  Attn: Network Management
  1 Campus Martius, Suite 750
  Detroit, MI 48226

Enrollments are processed within two weeks of receipt. Please keep a copy of the completed and signed enrollment form for your records. Please contact Network Management with any questions at 313-324-3800 or email pharmacyservices@meridianrx.com.
CLINICAL PROGRAMS/DRUG UTILIZATION REVIEW

**DUR (Drug Utilization Review)**

MeridianRx may contract with clients to provide concurrent and retrospective Drug Utilization Review (“DUR”). If MeridianRx engages in concurrent DUR, network pharmacies must review DUR messages as they are received via the online claims adjudication system and use professional judgment as to whether action is required.

**Generic Substitution**

MeridianRx expects its network pharmacies to promote the utilization of generics. MeridianRx and its clients may utilize mandatory generic programs. In the event of a mandatory generic program and unless prohibited by law, MeridianRx expects its network pharmacies to maintain an adequate supply of generic drugs.

**Utilization Review**

MeridianRx and its clients may implement utilization management criteria such as prior authorization criteria, quantity limits, and other formulary restrictions. Please contact MeridianRx for questions relating to these programs.

**Formulary Changes**

Please refer to your Pharmacy Network Agreement with MeridianRx for specific requirements regarding compliance with MeridianRx or a plan sponsor’s formulary and related MeridianRx programs. For information regarding formulary changes, including but not limited to removal of a covered drug from a formulary or changes to the preferred or tiered cost-sharing status of a covered drug, please visit MeridianRx’s website or contact MeridianRx’s Customer Service for the most up-to-date information. MeridianRx may immediately remove a drug from its formulary if it is deemed unsafe by the Food and Drug Administration (FDA) or removed from the market by the manufacturer.

**Part D Vaccines**

Pharmacies or other medical providers are required to bill Part D plans (through MeridianRx) for the drug, the administration (professional charge), or both.

MeridianRx requires a special addendum be signed for providers that administer these vaccines in addition to the regular Pharmacy Network Agreement to receive reimbursement for the administration. If you wish to contract with MeridianRx to administer these vaccines,
please contact our Pharmacy Services department via email at pharmacyservices@meridianrx.com.

Here is how to submit a vaccine claim at POS:

- To submit claims for the DRUG only, no changes are required
- To submit claims for BOTH the drug and the administration, the provider must ALSO bill value greater than zero in the Incentive Fee Field 438-E3 and submit a Professional Service Code of Main field 44Ø-E5
- To submit a claim for the ADMINISTRATION fee only, the provider must submit the NDC for the drug administered, submit a value of ZERO in the Ingredient Cost, and value greater than zero in the Incentive Fee field 438-E3 and submit a Professional Service Code of “MA” in field 44Ø-E5

COMPLIANCE PROGRAM REQUIREMENTS

Fraud, Waste and Abuse Overview

MeridianRx has a comprehensive fraud, waste, and abuse (FWA) program in place that is designed to promote a high degree of integrity within its organization and among its contracted pharmacies. MeridianRx’s FWA program is designed to protect against unlawful and unethical activities. MeridianRx holds its internal staff and its contractors, including your pharmacy, to high ethical and moral standards.

Prescription Medication Fraud, Waste and Abuse

The following are the official 42 CFR §455.2 definitions of Fraud, Waste, and Abuse:

“Fraud” means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

“Waste” involves the taxpayers not receiving reasonable value for money in connection with any government funded activities due to an inappropriate act or omission by players with control over or access to government resources (e.g. executive, judicial or legislative branch employees, grantees or other recipients). Waste goes beyond fraud and abuse and most waste does not involve a violation of law. Waste relates primarily to mismanagement, inappropriate actions and inadequate oversight.

“Abuse” means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the health program, or in
reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the health program.

Here are some examples of Fraud, Waste, and Abuse:

- Pharmacies billing for services not provided
- Pharmacies billing for the same services more than once (i.e., double billing)
- Pharmacies and providers performing inappropriate or unnecessary services
- The misuse of an identification card to receive pharmacy services
- Unlawful altering of a prescription written by a physician
- Making false statements to receive pharmacy services

MeridianRx uses trained auditors who specialize in claims auditing and works closely with network pharmacies to prevent claim related errors prior to occurrence. MeridianRx relies on a mutual method that emphasizes the importance of training in proper claims submission procedures, thus resulting in early detection of errors before pharmacies receive payment. MeridianRx monitors claims and produce medications claims reports to ensure there are no patterns of potential fraud, waste, and abuse. Claims that were adjudicated are reviewed to identify excessive quantities, incorrect dosages, and high ingredient costs. MeridianRx monitors its pharmacies to ensure that claims are processed and paid according to the pharmacy contract agreements.

If a pharmacy is identified as participating in a fraudulent event, MeridianRx conducts a desk and/or onsite audit. MeridianRx may conduct desk and/or onsite audits of all network pharmacies including Long-Term Care pharmacies, home infusion pharmacies, and specialty pharmacies. The onsite audit process includes a detailed review of claims and quality assurance documentation performed onsite at the network pharmacy locations. Onsite audits are performed when an in-depth claims examination is warranted. Onsite audits are usually performed with a minimum two week notice to the pharmacy. Unannounced visits are performed when necessary, using the auditor’s professional judgment. The process requires obtaining a detailed report of all claims filled at the selected pharmacy. The auditor then reviews and sorts the file to select appropriate claims for onsite testing. The auditor makes all attempts to identify the claims selected for review prior to arrival in order to enable an efficient process.

MeridianRx conducts investigative audits to ensure the integrity of paid claims. The investigative audits include but are not limited to the following:

- Analysis of Usual and Customary claims submissions
- Extremely high and low claims submissions
- Late night claims submissions
• Targeted rejection codes
• Handling reversal of claims not received by the member
• Member signature logs
• Analysis of unusual billing patterns, such as package size irregularities and extremely expensive products
• In-depth trending analyses targeting unusual month-to-month and day-to-day variations in claim volumes and cost

MeridianRx reviews the Department of Health and Human Services Office of Inspector General (DHHS OIG) and General Services Administration (GSA) exclusion lists for pharmacies participating in MeridianRx’s networks. Pharmacies included on these lists are precluded from receiving any federally funded healthcare dollars. Both lists are reviewed on a monthly basis to determine whether new pharmacies or pharmacists have been added. If a network pharmacy has been added, the pharmacy is notified and given the opportunity to produce either a letter of reinstatement or of incorrect sanction from the OIG or GSA office to prevent termination from MeridianRx’s network. If a pharmacy’s issues have not been resolved and the pharmacy continues to remain on an exclusion list, MeridianRx works to minimize member impact and notifies the pharmacy of termination from MeridianRx’s network.

MeridianRx has implemented a Point-Of-Service (POS) block on DEA/NPI numbers attributed to prescribers listed on the OIG and GSA List of Excluded Individuals/Entities. Claims are rejected with messaging to the pharmacy notifying them that the claim cannot be processed for this reason. Claims resubmitted shortly after receiving such a rejection from the POS system are audited to ensure proper documentation and prescriber attribution.

Guidance on Medicare Part D FWA can be obtained from CMS’ Chapter 9 - Part D Program to Control Fraud, Waste, and Abuse of the Prescription Drug Benefit Manual. This chapter provides both interpretive rules and guidelines on how to implement the regulatory requirements under 42 C.F.R. § 423.504(b)(4)(vi)(H) to have in place a comprehensive fraud and abuse plan to detect, correct, and prevent FWA as an element of a compliance plan. Additionally, this chapter outlines CMS’ guidelines for operational issues such as handling complaints and coordinating with CMS and law enforcement.

**How to Report Potential Fraud, Abuse or Suspicious Activity**

If you suspect fraud, abuse or suspicious activity has occurred, is occurring, or will occur, please report it immediately to MeridianRx by:

• **Calling the 24-hour Toll-Free Hotline:** 866-984-6462
• **Emailing** fraud@meridianrx.com
In addition to the above, you may report potential Medicare Part D drug violations to the:

**HHS OIG:**
Office of the Inspector General  
P.O. Box 23489  
Washington, DC 20026  
**800-HHS-TIPS (800-447-8477)**  
Email: HHSTips@oig.hhs.gov  
Fax: 800-223-8164 (no more than 10 pages)

**NBI Medic:**  
Health Integrity, LLC  
28464 Marlboro Avenue  
Easton, Maryland 21601-2732  
**877-7SAFERX (877-772-3379)**  
Fax: 410-819-8698  

**Medicare Program directly at: 877-772-3379**

When reporting suspected fraud, please remember to include the names of all applicable parties involved. Specify which person you believe is committing the fraud, identify the dates of service or issues in question, and describe in detail why you believe a fraudulent act may have occurred. If possible, please include your name and telephone number so you may contact you if there are any questions during the investigation. All reports are treated as confidential and will be investigated as appropriate, including applicable referral to law enforcement and regulatory bodies. Reports may be made anonymously.

**HIPAA Compliance**

MeridianRx expects its network pharmacies to maintain compliance with all applicable requirements of the Health Insurance Portability and Accountability Act (“HIPAA”) as amended. Network pharmacies must continuously update their policies, protocols, and security systems to ensure compliance with HIPAA standards and regulations.

**Regulatory Requirements**

MeridianRx requires its network pharmacies to comply with all applicable laws, regulations, and rules. There are state and federal mandates that may apply to covered individuals.
depending on their enrollment in different plans. Such requirements are set forth in the Regulatory Requirements Manual.

Compliance with Laws and Regulations

Pharmacies must comply with the terms of its Pharmacy Network Agreement with MeridianRx, as well as all applicable laws, rules, and regulations, including, without limitation:

- The Social Security Act
- Medicare Part D implementing regulations
- 42 CFR Parts 400-423
- CMS instructions and the federal anti-kickback statute
- 42 USC §1320a-7b(b)

Any of these may be amended from time to time. The pharmacy represents that neither it nor any of its owners, directors, officers, employees, or contractors are subject to sanction under the Medicare/Medicaid program or debarment, suspension, exclusion under any other federal or state agency or program, or otherwise are prohibited from providing services to Medicare or Medicaid beneficiaries. The pharmacy must notify MeridianRx immediately of any change in such status. Any breach of the requirements and representations set forth in this paragraph is grounds for immediate termination by MeridianRx of the Pharmacy Network Agreement.

Americans with Disabilities Act (ADA)

Pharmacy locations that qualify as public places must comply with the applicable requirements of the Americans with Disabilities Act, as amended. MeridianRx’s clients may require certification from your pharmacy of compliance with the ADA. If such certification is required, MeridianRx provides you with a form to complete. The form is also located in the Documents & Forms section on MeridianRx’s website.

Cultural Competency

MeridianRx is dedicated to the goal of educating its partners on cultural competency to help provide the best healthcare outcomes. Cultural competency is a set of attitudes, behaviors, and policies that enable people to work effectively in cross-cultural situations. MeridianRx provides cultural competency training to its network pharmacies. Training is available on MeridianRx’s website. www.meridianrx.com.
Medicare Requirements

Pharmacies must post or distribute notices instructing members to contact their plans to obtain a coverage determination or request an exception if they disagree with the information provided by the pharmacist in accordance with the CMS-Approved Medicare Prescription Drug Coverage and Your. Please contact MeridianRx if you need a copy of this document.

The Centers for Medicare & Medicaid Services (CMS) requires pharmacies to complete Medicare General Compliance Program training if providing services to Medicare Advantage Plan or Medicare Prescription Drug Plan members. MeridianRx also requires annual Fraud, Waste and Abuse (FWA) training in order to maintain CMS compliance. This requirement applies to all pharmacies with access to Medicare patient information. It is the responsibility of the pharmacy to ensure appropriate FWA training is provided to its employees, including managers and directors, using a FWA training program which meets the requirements of CMS and MeridianRx. It is also the responsibility of the pharmacy to maintain a log of pharmacy personnel who have received FWA training and a copy of FWA training materials, all of which must be made available to MeridianRx for review upon request. Additionally, the network pharmacy must provide an attestation to the fact that all its employees, including managers and directors, receive such training at the time of hire and annually thereafter.

How to get started:

MeridianRx follows CMS guidelines to deliver appropriate information to our Pharmacy Network. As such, MeridianRx has a Medicare Compliance Program and FWA training course. To take this course:

1. Visit www.meridianrx.com
2. Select “Documents & Forms” from the Pharmacist page
3. Select the “CMS Fraud Waste and Abuse Training” to download the information
4. Select “Pharmacy Annual Compliance Attestation Document” from the menu and download the form
5. Sign and complete attestation for your pharmacy and return via fax to 313-202-1555 or email pharmacyservices@meridianrx.com

CMS also requires that your organization distribute a code of conduct to all employees and contractors involved in administering or delivering Medicare Part D benefits within your organization. MeridianRx makes its Code of Business Conduct/Ethics and Conflict of Interest Policy available to network pharmacies for their use. If a network pharmacy has its own conflict of interest and code of conduct, it must ensure that it meets CMS requirements.
MeridianRx may ask for a copy of your conflict of interest and code of conduct to validate its compliance with CMS requirements.

**Retention of Records**

Records are required to be maintained and accessible for:

- 10 years following each year of the term in which the pharmacy provides services under the Pharmacy Network Agreement or longer as mandated by Centers for Medicare & Medicaid (CMS), for Medicare Part D. Pharmacies must maintain prescription records in their original format for the greater of:
  - Three years
  - The period required by state law
  - After such time period, these prescription records may be transferred to electronic format that replicates the original prescription for the remaining seven years of the 10 year records retention requirement
- Six years for the Medicare Drug Discount Card
- Five years or per applicable federal or state law, whichever is longer, for any other MeridianRx business records

Please refer to your Pharmacy Network Agreement with MeridianRx and applicable state and federal law for specific record retention requirements.

**Subcontractors**

In performing your duties and obligations under the Agreement, you may, subject to the credentialing and re-credentialing requirements described in the Agreement, employ your own employees and agents or to utilize the services of persons, firms, and other entities by means of sub-contractual relationships; provided, however, that no subcontract relieves you of your obligations under the Agreement.

**PHARMACY AUDIT PROGRAM**

**Overview**

MeridianRx or its delegate has the right to inspect, review, audit, and obtain copies of the pharmacy’s prescription files, signature logs, and records. Claims submitted by the pharmacy and adjudicated by MeridianRx are subject to desktop and/or an onsite audit. Incorrectly submitted and adjudicated pharmacy claims may result in an adjustment. MeridianRx may recover overpayments identified through the audit by the following methods:
• Reversing and submitting claims reflecting the overpayment
• Adjustment against future payment(s)
• Billing or invoicing for amount(s) due
• Using collection services

Also, MeridianRx has the right to charge reasonable penalties and fees to cover additional costs associated with the pharmacy’s unpaid audit responsibilities. The pharmacy must pay these charges within 15 days of receipt of invoice. The pharmacy’s refusal or failure to submit to or comply with MeridianRx’s audit process results in the total charge back of paid claims. Additionally, failure to comply with the MeridianRx audit process may result in suspension of payment and possible termination from the network. Notwithstanding anything in this section, MeridianRx’s audit procedures shall conform to and remain compliant with applicable state law requirements.

Audit Notification

Desktop audit requests are sent via U.S. mail, fax, and/or electronic mail, or via a centralized and designated pharmacy chain contact. Onsite audit notification shall be distributed pursuant to the desktop audit request distribution and shall allow for an approximate two week advance notice of the on-site visit. Notwithstanding anything in this section, MeridianRx’s audit procedures shall conform to and remain compliant with applicable state law requirements.

Results and Appeals

MeridianRx or its delegate furnishes the pharmacy with the results of audit findings. The pharmacy has time set forth in the audit findings notice to appeal audit discrepancies. During the appeal period, the pharmacy may provide documentation to support or justify the identified discrepant audited claims. Requests for pharmacy audit appeals are reviewed according to MeridianRx’s audit guidelines and the provisions contained within the Pharmacy Network Agreement. False or fabricated documentation results in charge backs and the possible suspension of payment and/or removal from the network. Notwithstanding anything in this section, MeridianRx’s audit procedures shall conform to and remain compliant with applicable state law requirements.