

PACE

PROVIDER BULLETIN

PRIMARY PRESCRIPTION PLAN INFORMATION

July 15, 2011

This is a reminder that state auditors may request information to verify primary plans' responses for claims submitted to PACE, which includes PACE and PACENET claims as well as eight other state pharmacy benefits administered by PACE. In addition, the auditors may request documentation pertaining to other state agency pharmacy benefits for which they have auditing responsibilities.

Section I, Provider Responsibilities of the PACE Provider Agreement states:

- C. *"The Provider agrees to maintain all records necessary to disclose the extent of services the Provider furnishes to Claimants.*
- D. *The Provider agrees to furnish the Department of Aging or its agents with any information it may request regarding prescription records and payments claimed by the Provider. These records must be readily available for review, inspection and photocopying by the PACE Compliance Unit at the Provider's principal place of business. "*

Over 90% of PACE/PACENET cardholders have prescription coverage that serves as the primary payer for their medications. For those cardholders, PACE, as the secondary payer, assists cardholders in instances such as, but not limited to:

- a medication is not on a plan's formulary,
- a deductible exists, or
- a plan's copays are higher than PACE/PACENET.

To ensure that claims such as these are being billed to PACE correctly, auditors may request to verify the returned EOB or reject response received from the primary plan. This verification can be made available either on paper or retrieved electronically for viewing during the course of the audit. Claims may be subject to recoupment if a provider cannot produce this documentation.

Questions may be directed to Provider Services at

1-800-835-4080.