

Bulletin



April 9, 2010

Pharmacy claims for Blue Cross subscribers without a Pharmacy Benefit Manager

All pharmacies that are contracted with Blue Cross and Blue Shield of Minnesota (Blue Cross) are required to submit prescription charges on behalf of any Blue Cross subscriber, when a subscriber's contract does not use a Pharmacy Benefit Manager. The pharmacy should not request that the subscriber pay for any services before claim adjudication other than the copayment amount stated on the subscriber's ID card. At this time the pharmacy claims should be submitted in a paper format. Once the claim is received at Blue Cross, the appropriate benefits and reimbursement will be applied according to the provider and subscriber contracts.

For durable medical equipment, the pharmacy must follow the normal process for claims submission utilizing the electronic 837P claim format. The pharmacy should not request that the subscriber pay for any services before adjudication, except for stated copayments.

In the Aware Agreement, Article III, Section A, "Scope of Services" it states: Provider shall provide Health Services to Subscribers for eligible Prescription Drugs authorized by a valid prescription order, eligible medical equipment, and other eligible health services.

It is the responsibility of the participating pharmacy to submit the claims for all such eligible services to Blue Cross on behalf of the subscriber. The pharmacy can only bill the subscriber for any applicable copayments at the time of purchase. The provider shall not charge the individual subscriber for covered health services before submitting the claim to Blue Cross for processing, as stated in Article IV, section H, Subscriber Liability. This provision allows for the proper adjudication of the claim by Blue Cross in order to correctly determine the applicable deductible and/or coinsurance amounts that may be due from the subscriber. After the processing of the claim by Blue Cross, you will be notified of the proper amount to bill the subscriber, if any balance remains due from the subscriber.

It is also the responsibility of all participating providers to abide by all other terms and provisions of the agreement including, but not limited to, the administration of the coordination of benefits provisions. This process is detailed in Article III, Section M, Coordination of Benefits.

Questions?

We value the relationship we have in jointly providing services to our subscribers. If you have any questions about your agreement, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.