Express Scripts Canada’s Website

Express Scripts Canada is pleased to support pharmacy professionals across Canada.

**Want to avoid a call? Why not visit our website first?**

The following resources are available to you on the Express Scripts Canada Website (www.express-scripts.ca):

- Client List
- Frequently Asked Questions (FAQs)
- In-Service Pharmacy Newsletters
- Modification to Pharmacy Provider Information Form
- Pharmacy Provider Manual
- Prior Authorization Request Form

Our Clients

Please ensure that your files are current with the appropriate carrier ID and member/patient ID information.

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Please note this Newsletter is not applicable to the Non-Insured Health Benefits (NIHB) Program.
NEW INFORMATION

New Pay-Direct Drug Cards for the Ottawa Hospital Staff
Coughlin & Associates Ltd. (Carrier 39 with Express Scripts Canada) has implemented a pay-direct card for all campuses of the Ottawa Hospital under groups 19041 and 19041R, carrier 39. With approximately 8,000 lives, the pay-direct cards will be ready for use based on the hospital division the employee works in. Cards will be distributed on June 1, July 6, August 4, and September 1 of 2015.

Claims over $9,999.99
Drug claims dispensed for a total amount greater than $9,999.99 cannot be submitted electronically to Express Scripts Canada due to a CPhA standard limit in the dollar field. Claims over $9,999.99 cannot be split and must be manually submitted to Express Scripts Canada for claims adjudication by fax or mail to receive payment directly to the pharmacy provider. Pharmacy Providers are advised not to request early refills for claims greater than $9,999.99.

Mail or fax to:
Fax: 905-712-6322
Mail: Express Scripts Canada
Attention: Health Consulting & Administration
5770 Hurontario Street, 10th Floor
Mississauga, ON L5R 3G5

Process for Submitting Methadone/Suboxone Claims
All methadone and Suboxone claims must be submitted to Express Scripts Canada without a compound code. The claim must include the number of day’s supply and the number of milligrams of methadone (if requesting powder form as the quantity) or the number of millilitres (if using Methadose as the quantity).

In order to streamline the claim submission process for methadone and Suboxone claims, please note the following guidelines:

- Express Scripts Canada does not reimburse an additional compounding fee above and beyond the provider’s usual and customary (U&C) fee.
- Express Scripts Canada allows one (1) U&C fee for any witnessed dose and one (1) U&C fee for the group of carriers
- For weekly billings of methadone, please process as the provincial legislation allows.

Note: Pharmacy software should be set up in accordance with Express Scripts Canada’s terms for methadone and Suboxone claim payment to facilitate claim submission.

Empire Life
As of February 1, 2015, Empire Life (carrier 90 with Express Scripts Canada) has signed an agreement with Express Scripts Canada to provide pharmacy benefit management services to its group customers. Pharmacy providers are therefore advised to submit their claims to Express Scripts Canada first.

REMINDEERS

Correct Usage of PC and MU Codes
To avoid a recovery following an audit, pharmacy providers are reminded that for any limited-use drug, claims must be submitted with intervention codes MU and PC. These codes should only be used on a one-time basis when no amount has been previously paid and the claim is not being coordinated with ODB (Ontario Drug Benefit). If an amount has been previously paid by ODB, only the difference must be submitted to Express Scripts Canada for co-ordination of benefits using the DA intervention code.

Open Window Requests (Claim Resubmissions)
Pharmacy providers wishing to reverse and/or resubmit claims after 60 days of the original claim submission date must contact the Provider Call Centre for an open window. Express Scripts Canada will open the electronic submission and reversal limits to allow the pharmacy provider to resubmit the POS claim.

Eligible reasons for an open window request:
- Claim paid to the wrong patient
- Claim processed for wrong price
- Claim processed with wrong quantity
- Multiple pharmacy claims reversal request
- Incorrect prescriber code (physician ID)
- Incorrect DIN
- Wrong number of day’s supply

Billing Co-ordination of Benefits Guidelines

Reminders
The DB Intervention Code cannot be used when:
- The first plan is rejecting because of an early refill
- The first plan is terminated
- The claim is a manual submission
- The claim requires prior/ special authorization
- The claim is a deferred payment (member/ patient to pay pharmacist)

The DB intervention code cannot be used when there are any types of errors on the first plan (i.e., date of birth, group no., no record of recipient, must enrol in a provincial plan).

If Express Scripts Canada is billed as primary payor and a C6 rejection message - member/ patient has other coverage is received, please do not proceed with a DB intervention code. Have the member/ patient pay and
submit manually in accordance with CPhA standards. Failure to do so will result in the reversal of the claim.

All claims covered by a provincial workers’ compensation plan must not be co-ordinated with a DB intervention code to Express Scripts Canada as these claims are explicitly excluded from coverage by all private plans. The member/patient is responsible for any remaining balance.

**Note:** Where the pharmacy software automatically transmits the COB codes, the pharmacist must ensure that adjudication to the primary plan was successful. If this is not the case, the pharmacist must reverse the claim, as per CPhA standards. Failure to follow this process will result in a reversal of the claim by Express Scripts Canada.

**Canadian Life and Health Insurance Association (CLHIA): Coordination of Benefits Guideline**


**Age** | **Order of Claim Submission**
---|---
65+ Provincial Coverage | Cardholder Plan | Spouse Card | Brand Cards
0-64 | Cardholder Plan | Spouse Card | Brand Cards
0-64 WSIB | N/A | N/A | N/A | Brand Cards

Underage Dependent | The plan of the parent with the earlier birthdate in the calendar pays 1st | 2nd parent | Brand Cards

Overage Dependent | Student Plan | The plan of the parent with the earlier birthdate in the calendar pays 1st | 2nd parent | Brand Cards

Single Custody | The plan of the parent with custody pays 1st | The plan of the spouse of the parent with custody pays 2nd | The plan of the parent not having custody pays 3rd | Brand Cards

Joint Custody | The plan of the parent with the earlier birthdate in the calendar pays 1st | 2nd parent | Brand Cards

Retired with part/fulltime job (65+ | Provincial Coverage | Part/fulltime job benefits Retired Plan | Spouse plan | Brand Cards

Two retiree plans (65+ | Provincial Coverage | | 2nd retired plan | Spouse plan | Brand Cards

**Deferred Payment Card**

When a deferred payment card is presented at the pharmacy and the CPhA message QJ – DEFERRED PAYMENT – PATIENT TO PAY PHARMACIST appears on the receipt, please note that co-ordination of benefits (COB) is not allowed.

**MW or MY Rejections**

When a drug therapy problem is identified by the DUR Program and the CPhA message - Duplicate Drug (Early Refill) Same Pharmacy (MW) or Multi-Pharmacy (MY) appears, please do not use the following to override the MW/MY rejection:

- **Vacation Supplies**
  The patient must pay for the prescription and manually submit the claim for adjudication. The patient can also request a prior authorization from their insurance carrier prior to submitting the claim.

- **Lost Medication**
  The patient must pay for the prescription and manually submit the claim for adjudication. The patient can also request a prior authorization from their insurance carrier prior to submitting the claim.

**Brand-Name Medicine Savings Cards**

If a prescription does not meet the provincial regulation for no substitution, please submit the brand name medication to the first insurance plan without indicating the **Product Selection Code 1 - Physician mandated the brand drug** and then submit the difference to the savings card.

**Charging Multiple Fees for more than 30 Days’ Supply**

It is suggested that pharmacies charge one fee for each incident of dispensing of a prescription regardless of the number of days’ supply (to the Express Scripts Canada’s maximum of 100 days).

**Pharmacy Change of Ownership or New Registration**

It is the responsibility of the pharmacy provider to promptly notify Express Scripts Canada of any changes to their required pharmacy provider information. Express Scripts Canada must be notified in writing, utilizing the Modification to Pharmacy Provider Information Form for the following requests: change of usual and customary (U&C) professional fee, change of operating/legal name, pharmacy acquisition, pharmacy closure, new/change of payment information, change of address, change of email address, fax or phone number.

**Note:** For any of the changes above, it is very important to note the effective date on the Modification to Pharmacy Provider Information Form.

The Modification to Pharmacy Provider Information Form can be downloaded from the Express Scripts Canada website at [www.express-scripts.ca](http://www.express-scripts.ca).
Pharmacy Provider Manual
The Pharmacy Provider Manual is available on the Express Scripts Canada website (www.express-scripts.ca). Please review the document as it is available to assist professionals in understanding how the Express Scripts Canada adjudication system works and includes important information on claims processing and audit procedures.