



Total Number RXs/ 1000 Patients, by Payer, First Half 2009

Drug Class	Third Party	Medicare Part D	Medicaid	Cash
Allergies	379.5	366.4	375.2	43.6
Antiplatelets	239.8	938.9	155.8	48.7
Arthritis	417.4	654.2	394.1	110.0
Asthma	582.0	931.9	962.9	66.4
Cholesterol	1,039.0	2,409.9	557.8	133.4
Depression	1,057.1	1,611.4	972.4	247.3
Diabetes	653.7	1,666.0	551.1	141.6
Gastrointestinal	88.8	169.4	80.5	23.5
Hypertension	2,650.7	7,695.2	1,716.8	719.8
Oncology	65.8	154.8	40.3	10.5
Osteoporosis	156.0	541.3	87.1	16.2
Sleep Disorder	264.2	387.3	190.3	76.0

Ref: Publication: Sanofi-Aventis Managed Care Digest Series/ HMO-PPO Digest 2009

COMMENT: The above table offers benchmarks to compare your experience with the national experience for 1H09. Reported categories are broad so they may not correspond exactly to the categories that you use.

Prompt Pay to Pharmacies is Still an Issue

On 1/1/10 "prompt pay" provisions took effect for payment to pharmacies within 15 days.

NCPA has asserted that Part D plans are "finding ways to charge new fees to pharmacies, seemingly as a means of financially recouping the loss from the 'float' they enjoyed from holding onto pharmacies' money for long periods." The issues, according to NCPA, "remittances, claims reconciliation, new prescription transaction fees, electronic funds transfer fees, failure to notify or honor electronic fund transfer options, and requiring electronic remittances for electronic fund transfers."

COMMENT: Review all pharmacy payments and PBM policies to ensure compliance with CMS Part D prompt pay policies. As the fiduciary, the Plan will be held responsible for non-compliance.

MEET THE PROFESSOR...

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E-Prescribing is Increasing

The number of prescriptions routed electronically is increasing rapidly.

- A 181% increase y/y: 68m in 2008 to 191m in 2009
- Approximately 18% of eligible prescriptions were prescribed electronically in 2009, compared with 6.6% in 2008
- One in four office-based physicians are now e-prescribers

(Refs: Surescripts)

COMMENT: Make sure that you have your admin fees invoiced separately for e-Rx as the e-Rx has a higher admin fee. In this way you can track the additional fees paid for e-Rx and can negotiate fees on a go-forward basis as needed.

CHECK YOUR PHARMACY INVOICE LIKE YOU CHECK YOUR SUPPLY INVOICES

Invoices for payments to PBMs and Health Plans for prescriptions filled by their network pharmacies (both retail and mail), should be checked – the same way one would check a grocery or restaurant receipt.

The assumption that electronic claim adjudication is without errors can be dangerous for both medical and pharmacy claims. Pro Pharma's experience indicates that at least 5-7% of all paid drug claims are incorrect. Prime areas for errors are eligibility, pricing, claim validity, payments for benefit exclusions, etc.

Pro Pharma's Invoice Screening™ tool analyzes pharmacy invoices within 72 hours to validate invoices prior to payment.

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