



**PHARMACY PROVIDER MANUAL  
CLAIM PROCESSING**

## I. Introduction:

TrueScripts Management Services is a pharmacist-founded, fully transparent, and pass-through PBM that is focused on pharmacy benefit management industry since our beginning in 2014. Our mission is to build lasting relationships by providing prescription benefit management expertise committed to achieving clinically effective objective and value for our clientele.

### **Mission Statement: We are on a mission to serve others.**

Our mission is to build lasting relationships. We provide prescription benefit management expertise at a personal and customized level to ensure optimum value at the lowest possible cost.

### **At TrueScripts, *Amazing Care* is a way of life.**

Our business grows exclusively through assisting others, and as the stewards of our company culture and reputation, HOW we do business is as important as WHAT we do.

Amazing Care is not just a tagline. It is the foundation upon which our business is built. The compassion that fuels our team does not go unnoticed, and clients and members often reach out to us to share their experience.

## II. About this Manual

This manual is intended to provide pharmacy claims submission guidelines using NCPDP Telecommunication Standard vD.0 on-line system and to alert TrueScripts Participating Pharmacies to new and changed program information.

This manual can be mailed, faxed, or e-mailed to a TrueScripts Participating Pharmacy Provider. It is also available on the Web at: <https://www.truescripts.com/>

## III. TrueScripts Contact Information:

### **Pharmacy Services:**

#### **Pharmacy Help Desk: 844-257-1955**

Fax: 812-257-1968

Business Hours:

Monday through Friday

8:00 AM to 6:00 PM EDT

<https://www.truescripts.com/pharmacy-support-services-bin/pcn--025862/tsac>

#### **Business Address:**

513 E. South Street

Washington, IN 47501

Pharmacy Provider Services:

Available to assist with credentialing, contracts, reimbursement, network set-up, MAC, and pricing research (8:00 a.m.–5:00 p.m., M-F, CST)

**Contact Us:**

Pharmacy Support email address: [pharmacysupport@TrueScripts.com](mailto:pharmacysupport@TrueScripts.com)

Pharmacy Compliance email address: [compliance@TrueScripts.com](mailto:compliance@TrueScripts.com)

Pharmacy Remittance Inquiries: [pharmacypayments@TrueScripts.com](mailto:pharmacypayments@TrueScripts.com)

NADAC or specialty/mail-order issues: [pharmacypayments@TrueScripts.com](mailto:pharmacypayments@TrueScripts.com)

**Report Fraud, Waste and Abuse**

Pharmacy Support email address: [pharmacysupport@TrueScripts.com](mailto:pharmacysupport@TrueScripts.com)

## IV. TrueScripts Payor Sheets

**Payor Sheet:** Payor sheets are available on our website, making it easy to accurately process claims. TrueScripts BIN and PCN numbers are 025862/TSAC

<https://www.truescripts.com/pharmacy-support-services-bin/pcn--025862/tsac>

## V. TrueScripts Retail Pharmacy Network

TrueScripts leases the participating pharmacy network through the OptumRx Network Retail Alliance program. Pharmacies contracted through the OptumRx Network Retail Alliance will process claims through TrueScripts BIN and PCN 025862/TSAC in accordance with TrueScripts Payer Sheets.

**Retail Pharmacy Services:**

**OptumRx Pharmacy Manual website location:**

<https://www.truescripts.com/pharmacy-support-services-bin/pcn--025862/tsac>

**OptumRx MAC Appeal Submission Guide and FAQ website location:**

<https://www.truescripts.com/pharmacy-support-services-bin/pcn--025862/tsac>

**OptumRx Contract Status and Eligibility**

- Independent pharmacies not affiliated with a PSAO, they should contact [Independent.Contracting@optum.com](mailto:Independent.Contracting@optum.com).
- Pharmacies are affiliated with a PSAO or Chain pharmacy.

Pharmacy should direct these questions to the PSAO for OptumRx's Pharmacy Relations team.

#### **OptumRx General Provider Service and Inquiries**

- Pharmacy should utilize the OptumRx Pharmacy Provider Relations Intake Form available at <https://business.optum.com/en/support/professionalrx-resources/pharmacyproviderrelationsform.html>

## **VI. TrueScripts Mail and Specialty Pharmacy Network**

### **Mail and Specialty Pharmacy Services:**

TrueScripts maintains policies and procedures designed to ensure that all pharmacy claims are adjudicated in a manner that is accurate, compliant, and non-discriminatory, consistent with applicable laws and regulatory expectations.

### **Mail-Order/Specialty Order Services Responsibilities**

1. Pharmacy acknowledges that Plan Sponsors and their plans have access to different pharmacy networks and services.
2. Pharmacy shall provide Eligible Persons the same quality pharmacy services, including, but not limited to, consultative services as required by law, as it provides Pharmacy's other customers. Pharmacy shall comply with the policies and procedures of each Plan Sponsor; the Plan Sponsor's Plan Specifications and those rules and regulations provided to Participating Provider in writing by PBM from time-to-time. Pharmacy shall maintain, at its own expense, a toll-free number for use by practitioners and Eligible Persons. Such telephone numbers shall be staffed by pharmacists, pharmacy technicians, and customer service representatives during normal business hours and capable of receiving messages at all other times.
3. Pharmacy shall verify the identity of each individual seeking payment for Covered Products and further shall dispense Generic Drugs when required by Plan Sponsor's Plan Specifications or allowed by applicable law, and to dispense, no more than the allowable quantity or days' supply, all in accordance with applicable Plan Specifications.
4. Pharmacy represents and warrants that it is, and during the term of this Agreement, shall continue to be, operating in full compliance with all laws that govern pharmacy

practice and licensing and all other applicable laws. Pharmacy shall maintain its facilities and equipment in accordance with industry's best practices. During the term of this Agreement, Pharmacy and its pharmacists shall be duly licensed to practice pharmacy in the state in which it is located. Evidence of such licensure shall be provided to PBM upon request. Pharmacy shall comply with all laws applicable to its operations as a Pharmacy and to maintain all licenses, permits and registrations required by such laws. Without limiting the foregoing, Pharmacy acknowledges that certain laws may apply to Pharmacy based upon the residency or citizenship of its patients rather than its pharmacy location or locations and further shall maintain all licenses, permits and registrations when required by such laws.

5. Pharmacy shall not discriminate in the provision of goods and services under this Agreement on the basis of race, color, sex, religion, national origin, or any other basis prohibited by law.
6. Pharmacy shall participate in PBM's credentialing program, as described in this Section. Pharmacy acknowledges that this Agreement is subject to on-going compliance by Pharmacy with PBM's credentialing requirements, which may be amended or modified by PBM from time-to-time using its reasonable discretion. Pharmacy shall provide PBM all information reasonably requested by PBM from time-to-time in connection with such credentialing program and its audits and further agrees that this Agreement is subject to re-credentialing of Pharmacy not less than annually.
  - a. Pharmacy shall provide PBM all NCPDP and/or NPI numbers assigned by NCPDP and/or NPPES to Pharmacy. Pharmacy further shall provide PBM all Drug Enforcement Agency numbers, Medicaid numbers, and other health or provider identification numbers assigned to Pharmacy and its pharmacists.
  - b. Pharmacy shall maintain in good standing all licenses issued by the state boards of pharmacy for its locations and the licenses of its pharmacists. Pharmacy further shall upon request provide PBM the licensure status of Pharmacy and its pharmacists, its pharmacy license numbers, the license numbers of its pharmacists, copies of all current and valid licenses of Pharmacy and its pharmacists and access to the originals of such licenses.
  - c. Pharmacy shall maintain its eligibility and the eligibility of its pharmacists to participate in all Medicare, Medicaid and other "Federal health care programs" (as defined in 42 U.S.C. §1320a-7b(f) and all state pharmaceutical assistance programs, where it is located; provided that Participating Pharmacy shall not be required to become a Medicaid provider in a state unless it agrees to provide services to Medicaid beneficiaries in the state.
7. Pharmacy shall participate in fulfilling and performing all reasonable utilization and cost review and control, quality assurance and risk management activities and program responsibilities requested by PBM.

8. Pharmacy will provide services through agreed upon locations. Locations may be added to upon written approval and notification.
9. For mail order services, Pharmacy shall cause the filled prescription drugs to be mailed to each Member at its own expense, via first class mail or such other carrier selected by Pharmacy. Pharmacy may seek reimbursement by the Member for any costs associated with expedited shipping of Prescription Orders, only if the Member requests the expedited shipping. Notwithstanding the preceding, Pharmacy will expedite shipping of Prescription Orders at its own expense in all instances where the Prescription Order was mis-shipped and in instances when the Prescription Order shipment date is over five days from initial receipt of prescription.
10. Covered Products shall be packaged in a manner consistent with standard industry practice and product specifications for shipping of their respective product and shall be packaged as to minimize the risk of damage during shipping. Pharmacy shall, at its own expense, refill and dispense Prescription Orders because of damage of Covered Products in shipping. State and Federal law prohibits the return of prescription medications that have left the custody and control of the Pharmacy. Pharmacy will not accept the return of properly dispensed prescription medications for credit or refund without the prior written consent of Pharmacy.
11. Pharmacy shall dispense up the maximum days' supply of Covered Products subject to and allowed by each Plan Sponsors Plan Specifications (typically up to three months' supply) and as allowed by practitioner or law.
12. Pharmacy may refill prescriptions for Covered Products only after 75% of the applicable days' supply, or other percent days' supply, as determined by PBM's client and allowed by the Online Adjudication Processing of the then current prescriptions have expired.
13. Pharmacy shall provide to Eligible Persons and their representatives with agreed program materials including, but not limited to, operations forms, brochures, implementation materials, presentations, and reports at no additional charge to PBM, Eligible Persons or the Plan Sponsors. All such materials shall be reviewed and mutually agreed upon by the parties before any printing or distribution.
14. Pharmacy shall cooperate in the administration of Eligible Persons' coordination of benefits and/or Plan Sponsors' subrogation using NCPDP procedures or as communicated by PBM.

### **Pharmacy Requirements.**

**Services.** Pharmacy shall provide Covered Services to all Members in accordance with this Agreement, Applicable Law, and all applicable Plan Specifications.

**Formulary Support.** Pharmacy shall support applicable formularies and will dispense Covered Drugs in accordance with those formularies, when clinically appropriate.

**Cooperation in General.** Pharmacy agrees to cooperate with TrueScripts as reasonably necessary for Sponsors to operate their health benefits plans, to establish and to maintain cost-effective utilization management programs and otherwise to effectuate the purpose of the Mail and Specialty Pharmacy Network.

**Designated Support Service.** Pharmacy agrees to provide designated personnel and phone numbers to facilitate claim adjudication including issues including coordination with secondary payor programs, plan benefit matters and the administration of alternative funding programs including but not limited to patient assistance. Such personnel shall be available within standard working hours and will reply to any messages within twenty-four business hours.

**No Discrimination.** Pharmacy shall not discriminate or differentiate against any Member in the provision of Covered Services based on race, color, creed, national origin, ancestry, religion, sex, sexual orientation, marital status, age, disability, payment source, state of health, need for health services, status as a Medicare or Medicaid beneficiary, or any other basis prohibited by Applicable Law.

**Pharmacy's Compliance with Law.** Pharmacy represents and warrants that it is, and shall continue to be, operating in full compliance with all Applicable Law.

**Licensure.** Pharmacy agrees to maintain in good standing all licenses issued by the state boards of pharmacy for its Locations and the licenses and certifications of its pharmacists in each jurisdiction where it provides services to Members and the licenses and certifications of pharmacy technicians as applicable. Pharmacy shall, upon request, provide TrueScripts a history of the licensure and certification status of Pharmacy, its pharmacists and its pharmacy technicians, its pharmacy license numbers, the license numbers of its pharmacists, copies of all current and valid licenses of specific Pharmacy locations and their pharmacists identified by TrueScripts, and access to the originals of such licenses. Pharmacy shall immediately notify TrueScripts in writing of any suspension, revocation, condition, limitation, qualification, or other restrictions on any federal, state, or local approvals, licenses, permits, and certifications.

**HIPAA; Protected Health Information.** Pharmacy acknowledges that it is a "covered entity" for purposes of HIPAA. Pharmacy agrees to comply with Applicable Laws (including, but not limited to, HIPAA) related to the confidentiality, privacy, security and disclosure of Protected Health Information and other non-public personal information.

**Business Integrity; Debarment.** Pharmacy represents and warrants that neither it nor any of its pharmacists have been debarred pursuant to 45 CFR Part 76 or otherwise restricted from participating in any Federal programs. Pharmacy further agrees to maintain its eligibility and the eligibility of its Locations and pharmacists to participate in all Medicare and Medicaid programs, all state pharmaceutical assistance programs and all "government-

funded health programs” (as defined in 42 CFR §423.100) where its pharmacies are located. If, in the event, any Location or any of Pharmacy’s personnel becomes debarred or ineligible for participation in any of the above programs or convicted of a criminal felony, then Pharmacy shall immediately remove it, him or her from the applicable network and prohibit it, him or her from furnishing any Covered Services to Members. If Pharmacy itself becomes so debarred or ineligible or if Pharmacy has not taken the actions required of it in the preceding sentence, then TrueScripts shall have the right, at any time, to terminate this Agreement immediately upon written notice pursuant to Section 7.4 or take such other corrective or remedial action as warranted under the circumstances.

### **Insurance**

Pharmacy shall obtain and maintain general public liability insurance in limits of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate professional liability and malpractice insurance with limits no less than \$1,000,000 per occurrence and \$3,000,000 for all occurrences in any one reporting or policy year, and cyber liability insurance in limits no less than \$5,000,000 per occurrence and \$5,000,000 aggregate

### **Credentialing Requirements**

Pharmacy shall participate in TrueScripts’ credentialing program and represents and warrants that it has a valid National Provider ID (NPI number) and NCPDP Provider ID (NABP number). Pharmacy shall provide TrueScripts with all information reasonably requested by TrueScripts from time to time in connection with its credentialing program. TrueScripts acknowledges NCPDP as one of its data sources for credentialing. Pharmacy shall validate the accuracy of all its information with, and provide pertinent updates to, NCPDP accurately and timely. Pharmacy shall notify TrueScripts of any changes to the information set forth in its credential application.

### **Pharmacy Credentialing, Application and FWA Attestation Policy**

Credentialing is a process to obtain, verify and assess and confirm the qualifications of healthcare providers to provide patient care services. It is the policy of TrueScripts, to certify and recertify the credentials, patient care quality all Participating Pharmacies using the standards set out in this policy.

### **TrueScripts Credentialing Policy and Fraud, Waste and Abuse**

<https://www.truescripts.com/pharmacy-support-services-bin/pcn--025862/tsac>

### **Standards**

The Pharmacy must meet the following current standards:

- Valid State Pharmacy and/or Business License(s)
- DEA Certification
- CDS Certification

- Completed and signed Retail Pharmacy Agreement
- Professional Liability Insurance Certificate of Coverage
- W-9 Completed Form(s) required each different Tax ID number.
- Compliance with the Retail Pharmacy Agreement and all requirements for plan administration
- Attestations for Security, Education Certification
- Satisfactory History of Professional Conduct including any sanctions.
- Healthcare credential(s), Board Certification(s), or State-specific credentialing requirements.

Verification TrueScripts Relations Network Support staff will verify the information on the Retail Pharmacy Agreement using all available public sources, direct contact verification, and the following resources:

- <http://www.healthguideusa.org>
- <http://www.oig.hhs.gov/fraud/exclusions.asp>

### **Any Willing Provider Provision**

TrueScripts certifies that a qualified pharmacy provider willing to meet the terms and conditions of the PBM's standard contract for pharmacy participation will not be refused..

### **Application**

Once verified, Truescripts' pharmacy support staff will determine if the Participating Pharmacy has met the qualifications.

Note: Truescripts retains the right to terminate a Participating Pharmacy when a Participating Pharmacy breaches the covenants of the Retail Pharmacy Agreement; engages in any fraudulent activity.

### **Approval**

If the determination is to approve the submitted application, Pharmacy support staff will:

- Recommend approval.
- Update Truescripts Participating Pharmacy Systems with all applicable information.

### **Incomplete Participating Pharmacy Agreement**

If the Retail Pharmacy Agreement is incomplete, pharmacy support staff will contact the Pharmacy and offer the opportunity to correct any deficiencies or to provide supplemental information. If the Pharmacy fails to correct the incomplete Retail Pharmacy Agreement within thirty (30) calendar days of notice, the application is placed on hold and will be returned to the Pharmacy or destroyed.

### **Non-Approval**

If the application is not approved, the Pharmacy support staff will:

- Recommend denial.
- Send the Pharmacy a denial letter specifying the reasons why the application was not approved. The denial letter will contain the Pharmacy's appeal rights.

- Pharmacy must address the reasons provided in the Letter of Non-approval with documentation and explanation to TrueScripts Director of Pharmacy Operations within thirty (30) calendar days of the delivery of the letter.

### **Appeals Process**

If the Pharmacy disagrees with the credentialing determination, the Pharmacy may request an appeal by submitting a written request to the Truescripts Director of Pharmacy Operations at the following address:

TrueScripts  
513 E South St.  
Washington, IN 47501  
Attn: Director of Pharmacy Operations

The formal appeal request must be written and submitted within thirty (30) days of the notification of the rejected application. The Director of Pharmacy Operations will review the requested Appeal on the current record and decide to affirm or reverse the denial decision. The determination shall be submitted in writing to the Pharmacy within thirty (30) days.

### **Re-credentialing**

Re-credentialing will occur on a one (1) or two (2) year cycles, dependent on the state the license was issued, or at any time adverse information is obtained about a Participating Pharmacy. Re-credentialing will follow the same standards and processes outlined above, and will consider patient satisfaction, contract and plan administration compliance, member access needs, onsite visitation, and other Participating Pharmacy agreement updates during the participation period.

- Re-credentialing review will include, but not be limited to – Quality, Cost, Administrative Compliance, Member Complaints (if applicable), etc.
- Should a negative re-credentialing decision be made by the Director of Pharmacy Operations, the Participating Pharmacy may appeal the decision to the Vice President of the Pharmacy Network Development or his/her equivalent for review.

### **Corrective Action**

- After participation has been granted, Provider Relations Network Support staff will monitor the performance of the Participating Pharmacy. Should adverse information be obtained regarding the items verified in the credentialing process, patient satisfaction, quality, cost, and/or administrative compliance, the Provider Relations Network Support staff will investigate these findings. The purpose of this investigation is to confirm the information obtained. This research is done through various outlets, as stated in the verification process above, as well as other resources available and applicable (i.e., member surveys, complaints, etc.).
- Upon completion of the investigation by the Network Support Staff, if the information obtained is found to be true, the Provider Relations Network Support staff will recommend to the Director of Pharmacy Operations a disciplinary action depending upon the severity of the findings. Truescripts will require a Corrective

Action Plan (“CAP”) with the Pharmacy, and could require further actions which may include, but limited to, the following:

- Audit of Participating Pharmacy member claims.
- Participating Pharmacy written warning of non-compliance.
- Termination of Participating Pharmacy.
- Provider Relations Network Support staff will forward the Participating Pharmacy file to the Director of Pharmacy Operations.
- Within thirty (30) days of the Professional Relations Network Support staff recommendation, the Director of Pharmacy Operations will determine whether to affirm, reverse or modify the recommendation. The Director’s determinations will be sent to the Participating Pharmacy, in writing, within a 30-day period.
- The Participating Pharmacy has the right to appeal against the decision of the Manager of Quality Assurance to the Credentialing Committee or its Sub-committee, within thirty (30) days of receipt of the decision.
- All documentation will be stored as required by applicable laws.

### **Delegation**

- Any delegate of credentialing authority must meet the same or comparable standards to be qualified for delegation of credentialing and approved by the Director of Pharmacy Operations.
- All entities responsible for credentialing are subject to the terms of the Retail Pharmacy Agreement and terms of the prescription benefit coverage.
- All delegated entities will provide a copy of the credentialing standards of the organization.
- All delegated entities will report to Truescripts any negative findings within 30 days of the finding.

### **Pharmacy Provider Payment Setup**

Required documents listed below are fillable PDF forms on the TrueScripts website.

- ACH Request Form
- ERA Request Form
- IRS W9 Form

Pharmacy may complete them online, then save the file to your computer to email to the TrueScripts <https://www.truescripts.com/pharmacy-support-services-bin/pcn--025862/tsac>

## **VII. Prescriber and Prior Authorization Services:**

Prior Authorization protocols ensure that optimal solutions are achieved, TrueScripts may require a Prior Authorization (PA) to be submitted before a medication can be filled.

Physicians' offices and/or pharmacies can initiate a Prior Authorization request directly through one of our electronic submissions’ platforms, PromptPA or CoverMyMeds. Once all necessary documentation is received, TrueScripts will complete the PA process in 24 - 48 Business hours.

**Prior Authorization Preferred Submission Methods:** For the fastest turnaround time and most efficient processing, we strongly encourage providers to submit Prior Authorization requests in the following order of preference:

1. **PromptPA** - Our preferred electronic submission platform.
2. **CoverMyMeds** - A secondary electronic option.
3. **Fax** - Only if electronic submission is not feasible. Fax to 812-755-6069.

Fill out and fax the Prior Authorization Form PDF only if electronic submission is not feasible. Fax to 812-755-6069.

**Prior Authorization Forms:**

TrueScripts Prior Authorization Form: <https://www.truescripts.com/prescribers>

TrueScripts Prior Authorization Guide: <https://www.truescripts.com/prescribers>

## **Guide to the TrueScripts Prior Authorization (PA) Process FAQs**

### **1. Why is Prior Authorization (PA) Needed?**

- To ensure that the drug is medically necessary.
- To ensure medications are prescribed in accordance with clinical guidelines and FDA approvals.
- To promote safe and effective use of medications.
- To ensure appropriate alternatives and/or first-line therapies are considered.
- To manage healthcare costs and reduce misuse.

### **2. What is Prior Authorization (PA)?**

Prior Authorization is a clinical review process required before certain medications are covered by a health plan. It ensures that prescriptions are medically necessary, safe, cost effective, and appropriate for the patient (member).

PA reviews for TrueScripts are completed by a team of independent clinical pharmacists who base clinical decisions on sound clinical evidence. Determinations are made within the timeframe allowed by state or federal law.

The TrueScripts Utilization Management (UM) Program utilizes drug-specific prior authorization (PA) clinical criteria\* to assess drug indications, set guideline types (step therapy, initial PA, or PA renewal), approval criteria, duration, effective dates, and other relevant information. Guidelines are based on written objective pharmaceutical decision-making criteria that are developed from the following sources:

- Food and Drug Administration (FDA) information.
- Peer-reviewed medical/pharmacy literature, including randomized clinical trials, meta-analyses, review articles, comparative effectiveness research, evidence-based medicine reviews, healthcare technology assessments, and pharmaco-economic and outcomes research.

- Treatment guidelines, practice parameters, policy statements, consensus statements created/endorsed by reputable governmental, medical, and/or pharmacy organizations.
- Medical and pharmacy tertiary resources, including those recognized by CMS.
- Relevant and reputable medical and pharmacy textbooks and/or websites.

*\*Criteria and guidelines are plan specific to TrueScripts standard formulary drug lists only. Prescription drug benefits may be covered under a plan-specific formulary for which these guidelines may not apply. Please review your prescription drug benefit coverage or call TrueScripts.*

### 3. PA Request Initiation Methods

- **Member-Initiated:** A member may call to inquire if a drug requires PA.
  - Members may submit a PA request via PromptPA at <https://truescripts.promptpa.com>.
- **Pharmacy-Initiated:** Prescription claim is rejected at time of processing.
  - The pharmacy informs the member/provider and/or initiates PA via CoverMyMeds through the pharmacy software system.
- **Provider-Initiated:**
  - Providers may submit a PA request electronically via CoverMyMeds, through our PromptPA web portal at <https://truescripts.promptpa.com>, or via fax with complete clinical documentation (listed below) to 812-755-6069.

### 4. Required Documentation of PA review

**To avoid delays or denials, providers must include:**

- Completed PA request form via electronic means or fax.
- Recent clinical notes (within the last 6 months).
- Relevant lab results.
- Clinical rationale supporting the use of the medication.

### 5. Timeframes for PA Review

- Determination is made within forty-eight business hours of receiving all necessary documents or follows mandated timeframes set by state or federal law. A prompt decision is made once complete information and documentation is received.

### 6. Review Outcome

- **Approval:**
  1. Notification sent.
- **Denial:**
  1. :
    - Faxed explanation of denial sent
    - Electronic denial response via CoverMyMeds.
    - Option to prescribe an alternative or file an appeal.

### 7. Tips for Providers

- Use the ePA system (CoverMyMeds) for faster processing.

- Always include full clinical documentation at the time of PA submission.
- Submit PAs via the PromptPA web portal at <https://truescripts.promptpa.com> or via CoverMyMeds.
- Forms for fax can be found at [www.truescripts.com](http://www.truescripts.com) under the Prescribers tab.

#### **8. Tips for Members**

- Contact your doctor to ensure PA documentation is submitted promptly.
- To check PA status, visit PromptPA at <https://truescripts.promptpa.com> or call TrueScripts at 1-844-257-1955.
- Understand that denials can be appealed or addressed by using covered alternatives.

## **VIII. Formulary Drug Lists**

TrueScripts formularies below are prescription drug lists of brand-name and generic medications that have undergone careful review by a committee of prescribers and pharmacists. Medications on these lists are subject to plan parameters and changes made in accordance with our actively managed formulary. For specific coverage and limitations information, as well as details about your co-pay, please refer to your benefit plan documents or contact your TrueScripts Member Care team.

**Formulary Drug list may be found on the TrueScripts Website:**

<https://www.truescripts.com/prescribers>

The specialty drug formulary changes from time to time. To see if your prescription is covered under the plan, as well as the level of coverage, please contact TrueScripts at 844-257-1955.

## **IX. Claim Processing**

### **Pharmacy Claims Processing**

Pharmacy claims are submitted by participating pharmacies using the HIPAA-compliant NCPDP Telecommunication Standard D.0. and comply with TrueScripts Payor Sheets.

TrueScripts Payor Sheets are available on the TrueScripts website:

[TrueScripts | Network Pharmacy Support](#)

### **Claim Adjudication Window**

Pharmacy shall submit all claims, electronically, within the earlier of thirty (30) calendar days of the date the Covered Drug or other Covered Service is provided to the Member,

or such lesser period as may be required under applicable law, in compliance with the industry-standard transaction standards and applicable law

**Cost Sharing Amounts; No Member Recourse.**

Pharmacy shall collect directly from each Member the applicable Cost Sharing Amount and Rx Taxes. Pharmacy shall not hold any Member (or individuals responsible for the Member's care) liable for any payment other than the Cost Sharing Amounts and Rx Taxes.