Pre and Post

Proven Solution to Minimize Claim Submission Errors and Maximize Reimbursements

Editing

Services

Managing pharmacy prescription claims is a complex process. With numerous variables to monitor and dispensing system limitations, failure to effectively manage prescription claims results in suboptimal decisions, processing delays and inadequate reimbursement. Yet manually managing the clinical and financial variables in claims adjudication requires tremendous resources.

The Solution

Pre and Post Editing (PPE) Services from RelayHealth automate the critical elements of pharmacy claim adjudication. By providing actionable messages specific to each claim, PPE enables staff to make faster, more informed decisions that increase revenue and productivity.

Powerful Edits to Refine Claims Management

Edits from PPE empower your staff to make faster, more informed decisions. PPE automatically assesses each claim against dozens of parameters and delivers meaningful and actionable messages. This enables smoother processing and helps ensure optimal reimbursement.

Comprehensive Reporting for Additional Benefits

PPE reporting offers a web-based suite of reports regarding your use of pre and post edits. By enhancing the impact and value of PPE, you can make strategic decisions to refine your results even further.

Features of Pre and Post Editing

- Provides automatic validation on each prescription claim
- Delivers meaningful and actionable messages to staff
- Enables real-time claims validation
- Provides continual updates and new edits based on changing payer and industry requirements
- Web-based reporting for comprehensive analysis

Core Pre and Post Edits

AWP Comparison: Compares the submitted AWP to the most current AWP available. In cases where there is a difference, PPE automatically substitutes the current AWP on the claim so that the new (higher) AWP is submitted to the payer for reimbursement.

DAW Appropriateness for Multisource Brands: Validates the appropriateness of a submitted DAW code of 0 for a multisource brand. If the submitted DAW is 0, PPE will return a reject message recommending that you substitute a generic or change to the appropriate DAW code.

Usual and Customary (U&C) Market Comparison: Compares the submitted U&C price to the average market U&C based upon the NDC number and quantity being dispensed. The edit looks for claims from stores in the same three-digit ZIP prefix as the submitting pharmacy.

U&C Third-Party Paid: Identifies when the submitted U&C equals the third-party amount paid.

Paid at MAC Edit: For Brand and Multi-Source Brand drugs with a total reimbursement of worse than AWP – 40% invoke, as they were probably MAC'd.

Quantity/Days Supply: Calculates daily dose based on quantity dispensed and days supply to help prevent third-party audits, rejects, or inappropriate payments caused by an atypical daily dose being dispensed.

Medicare Verification: Identifies patients 65 years or older, and reminds you to ask if Medicare coverage exists when billing a Medicaid, to help prevent the erroneous submission of Medicare eligible claims to the Medicaid as the primary payer. The payer may audit for such claims post-payment and recoup the entire dollar amount paid, directing the pharmacy to bill Medicare as the primary and then bill Medicaid as the secondary.

NY Medicaid - Capture to Paid: Reformats a "Captured" response from NY Medicaid to a "Paid" response and populates the appropriate NCPDP paid response fields.

TX Medicaid - Prescriber ID Authentication: This edit validates the submitted Prescriber ID number and name against the appropriate prescriber file to ensure the name and number is valid for TX Medicaid claims.

Caremark Performance Drug Program: Assists enrolled Caremark Pharmacies with the administrative complexities (compliance rules, patient counseling and physician follow-up requests) of changing "non-preferred" drug prescriptions to an alternative "preferred" Caremark performance drug, while monitoring the submitted Conflict, Intervention and Outcome codes to ensure the pharmacist submits the appropriate incentive payment codes for the Caremark PDP program.

DEA Authentication: Validates the presence and format of the submitted physician DEA number on claims of controlled substances. It also compares the DEA number against the federal National Technical Information Service (NTIS) file, which is updated weekly.

NDC Validation: Identifies when a submitted drug has been discontinued or has a new NDC number.

Quantity/Package Size: Verifies that a submitted quantity is an appropriate multiple of the package size for a unit-of-use package, which includes items such as oral contraceptives, oral and nasal inhalers, and ophthalmic solutions.

NPI Validation: Notifies your pharmacy when you are using an invalid, inaccurate or inappropriate prescriber National Provider Identifier (NPI) number.

Benefits of Pre and Post Editing

- Helps achieve maximum reimbursement
- Reduces claim submission errors
- Improves staff productivity
- Enables better strategic decisions for improved results

With market-leading clinical, financial and patient connectivity solutions, RelayHealth provides the access and tools to improve patient care, enhance financial management and interact with patients and other healthcare providers. Put these advantages to work for you and experience the benefits of Health Connections Brought to Life™.

To learn more, contact a RelayHealth Solutions Advisor at 888.743.8735.

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