



NYSIF Paper Bills - RFP entitled: “Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers’ Compensation Prescription Drug Programs”

NYSIF Paper Bills

Paper bills submitted by pharmacies will be submitted by NYSIF to the PBM for appropriate payment and, when indicated, for the PBM to appropriately notify parties that bills should be submitted for processing through the NYSIF PBM program.

There are various scenarios that must be considered including bills received before eligibility has been established, bills received after eligibility has been established and, paper bills from pharmacies in the PBM’s network and paper bills from pharmacies that are not part of the PBM’s network.

To identify bills in the PBM Bill file, we will use the field “Prescription Origin,” position 405, and all records generated via a paper bill will have ‘9’ populated in this field. (*NYSIF Billing Process*, Attachment 60)

Paper Bill Processing BEFORE Claimant’s Eligibility Is Established

The PBM will:

- Log the bill.
- Pay the pharmacy:
 - This paper bill (before claimant’s eligibility is established) will be paid per the prevailing New York State WCB Fee Schedule regardless of whether or not pharmacy is in or out of the PBM’s Network.
- Submit the record to NYSIF as part of the weekly Bill file – see (*NYSIF Billing Process*, Attachment 60).

Paper Bill Processing AFTER Claimant’s Eligibility is Established

In Network Pharmacy

The PBM will:

- Log the bill.
- Pay the pharmacy:
 - The first paper bill received from a pharmacy for an eligible claimant-
 - ✓ will be paid at the prevailing New York State Fee Schedule rate, and
 - ✓ a notification will be sent to the pharmacy and its billing agent, if

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any, third party, or any other party in compliance with Chapter V. of Title 12 NYCRR, Subchapter M, Section 440.8(d) Payment of Bills and Reimbursement Requests. The notice shall contain processing instructions and notification that future bills will be processed at network rates.

- A replacement card should be sent to the claimant.
- Any future paper bills from the respective pharmacy, billing agent, third party, etc. with prescriptions determined to be compensable will be paid at the network rate once the notice has been generated and it is more than five business days after the date of the notice's mailing. (Dates of service five business days or less after the notice is mailed will be paid at the prevailing New York State WCB Fee Schedule rate for the date of service.)
- Submit the record to NYSIF as part of the weekly Bill file – see (*NYSIF Billing Process, Attachment 60*).

Out of Network Pharmacy

The PBM will:

- Log the bill.
- Pay the pharmacy:
 - This paper bill will be paid per the prevailing New York State WCB Fee Schedule.
- Submit the record to NYSIF as part of the weekly Bill file – see (*NYSIF Billing Process, Attachment 60*).

Chapter V. of Title 12 NYCRR, Subchapter M, Section 440.8 Payment of Bills and Reimbursement Requests

- d. When a self-insured employer or insurance carrier, receives a bill or reimbursement request from a pharmacy, third party, pharmacy benefit manager or pharmacy processing agent that has not been designated by the self- insured employer or insurance carrier to dispense prescription medicines, it must notify such pharmacy and its billing agent, if any, third party, or pharmacy benefit manager by the method

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used to pay and receive bills and reimbursement requests, that the self-insured employer or carrier requires the claimant to obtain his or her prescription medicines from an independent pharmacy or pharmacy chain designated by, or affiliated with a pharmacy benefit manager designated by, such employer or carrier and the claimant was provided with the notification required by section 440.4 of this Part.

Notwithstanding any provisions to the contrary in this Part, the self-insured employer or insurance carrier shall pay a bill or reimbursement request submitted by a pharmacy or third party at the fee schedule rate where the prescription was dispensed before the pharmacy and its billing agent, if any, or the third party that submits the bill or reimbursement request received notification that the self-insured employer or insurance carrier requires the claimant to use a designated independent pharmacy, pharmacy chain or pharmacy benefit manager. The pharmacy and its billing agent, if any, or the third party that submits the bill or reimbursement request is deemed to have received the notification required by this subdivision five business days after the date of the notice. The self-insured employer or insurance carrier is not obligated to pay any bill or reimbursement request for a prescription medicine dispensed after the date the pharmacy and its billing agent, if any, or the third party that submitted the bill or reimbursement request is deemed to have received the notification required by this subdivision. In the event the prescription was dispensed more than ninety days following such individual notification of the claimant for controlled substances and sixty days following individual notification of the claimant for non-controlled substances, the carrier or self-insured employer shall not be liable.