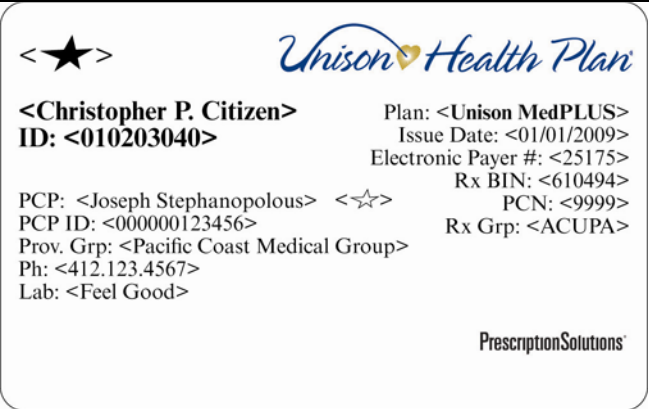





## Unison Health Plan

Effective January 1, 2009, Prescription Solutions will begin administering the prescription drug program for **Unison of Pennsylvania, Unison aB and Unison KIDS**. Please request the patient present their ID card and update or create a patient profile to reflect the following information:

|  |   |
|--|---|
| <b>RXBIN</b>                                       | For all claims, use Bank Identification Number (RXBIN): <b>610494</b>   |
| <b>PCN</b>   | For all claims, use Processor Control Number (PCN): <b>9999</b>   |
| <b>Rx Group</b>                                    | ACUPA   |
| <b>Identification Card</b>                         |  <p>The image shows a sample identification card for Christopher P. Citizen. It includes the Unison Health Plan logo, a star icon, and the following information: Plan: &lt;Unison MedPLUS&gt;, Issue Date: &lt;01/01/2009&gt;, Electronic Payer #: &lt;25175&gt;, Rx BIN: &lt;610494&gt;, PCN: &lt;9999&gt;, Rx Grp: &lt;ACUPA&gt;. It also lists PCP: &lt;Joseph Stephanopolous&gt;, PCP ID: &lt;000000123456&gt;, Prov. Grp: &lt;Pacific Coast Medical Group&gt;, Ph: &lt;412.123.4567&gt;, and Lab: &lt;Feel Good&gt;. The Prescription Solutions logo is at the bottom right.</p> |
| <b>Member Identification</b>                       | In addition to the identification number; the member's date of birth and gender are also required for claim submission.   |
| <b>Prescription Solutions contact Information</b>  |  <p>For questions concerning network participation call <b>800-797-9798</b>, for claim processing requirements call <b>888-306-3243</b>.</p>   |
| <b>Co-pay</b>                                      | Copay amounts will be returned via the on-line adjudication system. For questions concerning copay requirements, please contact the Unison Pharmacy Department.   |
| <b>Prescriber Identification NPI or DEA Number</b> | You must submit an accurate NPI (National Provider Identifier) Number or DEA Number for the prescriber, for each prescription drug claim. If any other number is submitted, the claim will reject for "Missing/Invalid Prescriber ID" (NCPDP reject code #25).  |
| <b>Medicheck</b>                                   | The system message, " <b>PRESCRIBER IS NOT COVERED</b> " (NCPDP reject #71) indicates that the prescriber is not authorized to have claims submitted for his or her prescriptions. Please inform your patient.  |

|   |   |
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| <b>COB processing</b>   | The claim processing system will accept secondary claims as an on-line transaction. Billing requirements are as specified in the NCPDP Version 5.1 COB billing segment.   |
| <b>Labeler Exclusion</b>  | Claims will be rejected for drugs distributed by certain drug manufacturers/labelers that do not participate in the Medicaid Drug Rebate Program. When the system returns the message; “ <b>Product/service not covered</b> ” - “ <b>Labeler Not Covered</b> ”, please change the labeler used and dispense a product from a participating manufacturer/labeler.  |
| <b>Non-formulary Drugs</b><br><br><b>3-day and 15-day Overrides</b> | <p>To ensure the use of formulary drugs, all non-formulary drugs should be discussed with the prescribing physician. <b>If you can not speak to the physician immediately, and there is an immediate need for the medication, the system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-formulary drug.</b> Non-formulary drugs will be rejected with the following message:</p> <p style="text-align: center;"><b>Prior Authorization Required</b><br/><b>CALL DR FOR ALTERNATIVE - MAY SUB OVRD FOR 03DS</b></p> <p style="text-align: center;">Use the Denial Override Code of ‘800000000072’</p> <p>Pharmacists may dispense a one-time, 15-day supply to members requiring an immediate supply of an ongoing medication. <b>The pharmacist must contact the plan to obtain a manual 15-day override.</b></p> <p>Before the next dispensing, <b>you must</b> contact the physician to discuss a formulary drug or if a medical exception request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for medical exception to Unison at 412-457-1328, Attn: Pharmacy Department.</p> |
| <b>Mandatory Generic Program</b>                                    | <p><b>This is a mandatory generic program for all generically substitutable drugs.</b> Unison will reimburse all claims for drugs included on the MAC list <b>UP TO THE MAC PRICE WHETHER A BRAND OR GENERIC IS DISPENSED.</b> Dispense As Written (DAW) codes will not alter reimbursement. (Pharmacists should be aware that Medicaid reimbursement does not allow patients to pay cost differentials.)</p> <p>Brand drugs with generic alternatives will reject with the message, “<b>Generic Substitution Required for Payment</b>”. Please transmit the claim for the generic alternative.</p> <p>If the prescribing physician feels a brand drug is medically necessary, the physician may fax a request for medical exception to Unison at 412-457-1328, Attn: Pharmacy Department.</p> <p>Brand drugs <b>selected by the patient will NOT be covered</b> and the claim will reject.</p>   |
| <b>Additional Information</b>                                       | <p>For additional information concerning Unison Health Plan please refer to the Unison Health Plan internet site (<a href="http://www.unisonhealthplan.com">http://www.unisonhealthplan.com</a>)</p> <p style="text-align: center;">Contact the Unison Pharmacy Department at:<br/>Unison Plaza, 1001 Brinton Road, Pittsburgh, PA 15221<br/>Phone: 412-380-6015 or 877-651-2217<br/>Fax: 412-457-1328 or 866-639-7785</p>  |

Thank you for your cooperation in the implementation of the Unison Health Plan pharmacy benefit program.