

Alberta Blue Cross reminds pharmacies of the ability to obtain real-time authorizations for over 100-day medication supply

As a reminder, **you no longer need to call to receive authorization for over 100-day supply**. Simply submit your direct bill claim and you will receive a rejection message if the claim cannot be submitted electronically.

When seeking authorization for an over 100-day supply, please follow the steps outlined below.

Note: claim submissions for an over 100-day supply should be sent seven days prior to the member's departure date.



Direct bill

Submit claim for over 100-day supply

1. Member presents a prescription(s) for a greater than 100-day supply.
2. Submit real-time claim for required medication.
3. The claim will be adjudicated and accepted if the member is eligible for a supply of greater than 100 days (to a maximum of 200 days). No further action required. **Where applicable coordination of benefits will be applied at time of claim.**
4. Claim is rejected with response code: **SD**: "Maximum days' supply allowed is X." Days' supply exceeds quantity authorized.
5. Resubmit the claim after adjusting the quantity to "X" days as indicated in the **SD** response code. Claim is adjudicated and accepted according to the member's coverage. No further action required.
6. Claim is rejected with response code: **D9**: "Call Adjudicator." Authorization may be eligible but requires the pharmacy provider to contact Alberta Blue Cross for consideration of approval.



Phone

Call only in listed situations

- Only in the circumstances listed below** should you contact Alberta Blue Cross for authorization of an over 100-days' supply:
1. Product dispensed is a Narcotic/controlled drug benefits.
 2. If packaging of medications doesn't allow for the drug to be dispensed in the amount of the days' supply requested (such as didrocal kits, insulins or inhalers).
 3. Claim rejected with response code **D9**: "Call Adjudicator."
 4. Claim is rejected with response code: **KN**: "Day supply limit for period exceeded". The days' supply requested is greater than the approved Special Authorization period."
 5. Claim is for a biologic or high-cost drug. Please allow two weeks for review and approval process.

When phoning, please have the following information ready:

- Pharmacy licence number
- Alberta Blue Cross ID number
- DIN(s)
- Member's first and last name
- Personal Health Number (PHN)
- Quantity requested
- Date of birth
- Days' supply

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Alberta Blue Cross enhances phone process when calling for authorization for over 100-day medication supply

Alberta Blue Cross will be implementing some enhancements to our phone system when calling for approval of an over 100-day supply of medication that was unable to be processed through our real-time authorization process.

- Request for provider's identification – providers calling in for over 100 days' supply will now have the option of entering their unique provider identification number prior to speaking with a contact centre agent. This will speed up the verification process.
- Request for member's identification number – providers calling in for over 100 days' supply will also have the option of entering the member's Alberta Blue Cross identification number prior to speaking with a contact centre agent. When calling regarding multiple members, please enter the ID number of the member you would like to speak about first.

Alberta Blue Cross values your feedback and will be assessing if the new features will be implemented on additional lines within our Pharmacy Contact Centre.

Criteria for approval of Group 66 and Group 1 over 100 days' supply

- Available only for members leaving the province for more than 100 days.
- One authorization per benefit period (July 1 to June 30).
- Up to a maximum of 200 days' supply, consider quantities on hand.
- Plan members must be stabilized on their medication.
- Drug benefits requiring Special Authorization that are limited to a maximum of less than 100 days' supply (such as Enbrel and Humira, etc.) will not be approved. Please contact Alberta Blue Cross for consideration of these drug benefits beyond the maximum days' supply as per the existing Special Authorization criteria.
- Authorizations for palliative care members will not be approved.
- Authorizations for members with less than 90 days' coverage prior to the request for over 100 days' supply will not be approved.

ARTA Retiree Benefits Plan

As a reminder, the Alberta Retiree Teachers' Association (ARTA) Retiree Benefits Plan has automated their quantity authorization process as well. Pharmacies can submit direct bill claims for ARTA members. There is no longer the need for ARTA members to contact ARTA to receive an authorization. Please refer to Pharmacy Benefact 755, August 2018 for complete details.

Q & A

Q: Can members with Alberta Blue Cross employer Group and Individual Product coverage receive a real time over 100-day supply authorization?

A: Yes. Select Alberta Blue Cross employer-sponsored group and Individual product plans allow for over 100-day medication supply. Submit your direct bill claim; you will receive a rejection message if the member is not eligible for a real time authorization of over 100-day medication supply.

Q: When is an authorization number issued for approval of a greater than 100-day supply request?

A: When you are required to call for greater than 100 days' supply and the request is approved, you will be issued an authorization number for claims submission and documentation purposes.

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Q: If I submit a claim for a greater than 100-day supply and it is accepted, do I have to phone Alberta Blue Cross for an authorization number?

A: No. Acceptance of the claim is validation that authorization for a greater than 100-day supply has been granted.

Below is a summary of the response codes and messages you may receive when submitting claims for authorization of a greater than 100-day supply.

Response code	Response message	Reason for response code (adjudication outcome)	Steps to manage claim rejection
SD	"Max Days supply allowed is X"	Days' supply submitted exceeds maximum days supply allowed.	Claim can be resubmitted with a maximum X-day supply allowed as indicated in the first line of the response message. (Note: quantity to be adjusted to the day supply allowed)
	"Days' supply exceeds quantity authorized"	Days' supply submitted exceeds days supply authorized by Alberta Blue Cross.	Claim must be resubmitted with the approved days' supply authorized by Alberta Blue Cross.
DP	"Quantity exceeds maximum per claim"	Quantity submitted is greater than quantity authorized by Alberta Blue Cross.	Claim must be resubmitted with quantity authorized by Alberta Blue Cross.
DR	"Days' supply lower than minimum allowable"	Days' supply submitted is lower than days' supply authorized by Alberta Blue Cross.	Claim must be resubmitted with days' supply authorized by Alberta Blue Cross.
DQ	"Quantity is less than minimum per claim"	Quantity submitted is less than quantity authorized by Alberta Blue Cross.	Claim must be resubmitted with quantity authorized by Alberta Blue Cross.
D9	"Call adjudicator"	The member has Alberta Human Services (AISH) coverage. Narcotic or controlled medications. Packaging of medication cannot be dispensed in a days' supply equal to the days' supply request (such as Didrocal kits, insulin or inhalers). Final days' supply submitted exceeds the term date of the member's coverage.	Authorization may be eligible but requires the pharmacy provider to contact Alberta Blue Cross for consideration of approval.
KN	"Days' supply limit for period exceeded"	The days' supply request is greater than the approved special authorization period.	Authorization may be eligible but requires the pharmacy provider to contact Alberta Blue Cross for consideration of approval.

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Response code	Response message	Reason for response code (adjudication outcome)	Steps to manage claim rejection
DM	"Days' supply exceeds plan limit"	Plan does not allow for quantity authorization.	Member's benefit plan does not allow for quantity authorization.
GD	"Not eligible for a quantity authorization"	Member is in palliative care.	Palliative care members are not eligible for a greater than 100-day quantity authorization.
		Coverage must be active for 90 days prior to the service date to be eligible for a quantity authorization.	Members must have had coverage for a minimum of 90 days prior to request for a greater than 100-day supply.
		No prior history of the medication within three months prior to date of service on claim submitted.	Member must be stabilized on his or her medication. If patient records indicate a Group 66 member is stabilized on the medication, contact Alberta Blue Cross for consideration of approval.
		Member has exceeded the number of allowable quantity authorizations in a given benefit year.	Member's benefit plan limits the number of quantity authorizations that may be approved in a given benefit year.
B1	"Pharmacy not authorized to submit claim"	Provider submitting claims is outside of Alberta.	Only Alberta pharmacy providers are eligible to submit claims for Non-Group (Group 1) and Group 66 members for a greater than 100-day supply.

When you have questions:

For assistance with benefit or claim inquiries, please contact an Alberta Blue Cross Pharmacy Services Provider Relations contact centre representative at:

780-498-8370 (Edmonton and area) • 403-294-4041 (Calgary and area) • 1-800-361-9632 (toll free)

FAX 780-498-8406 (Edmonton and area) • FAX 1-877-305-9911 (toll free)

Alberta Blue Cross offers online access to current Pharmacy Benefits and supplemental claiming information to assist with the submission of your direct bill drug claims. Visit <https://www.ab.bluecross.ca/providers/pharmacy-home.php>

