



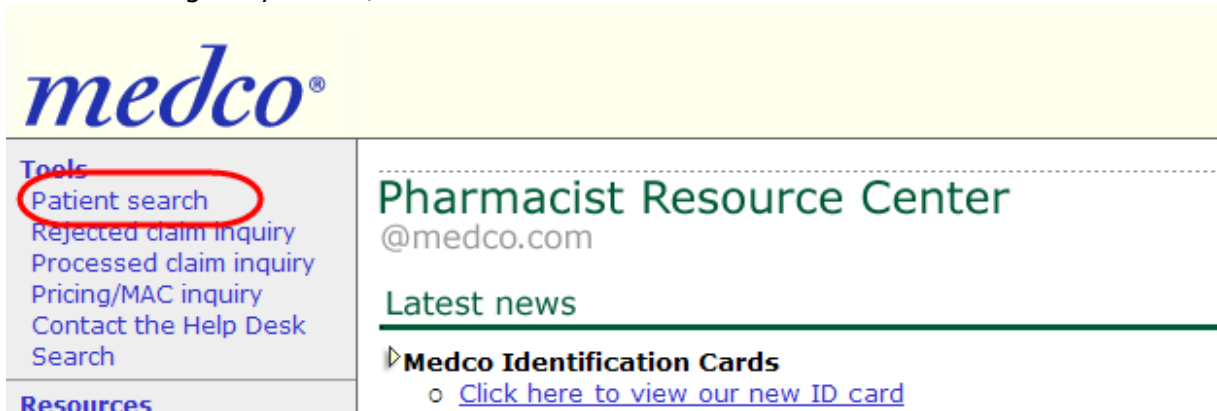
Pharmacist Resource Center User Guide

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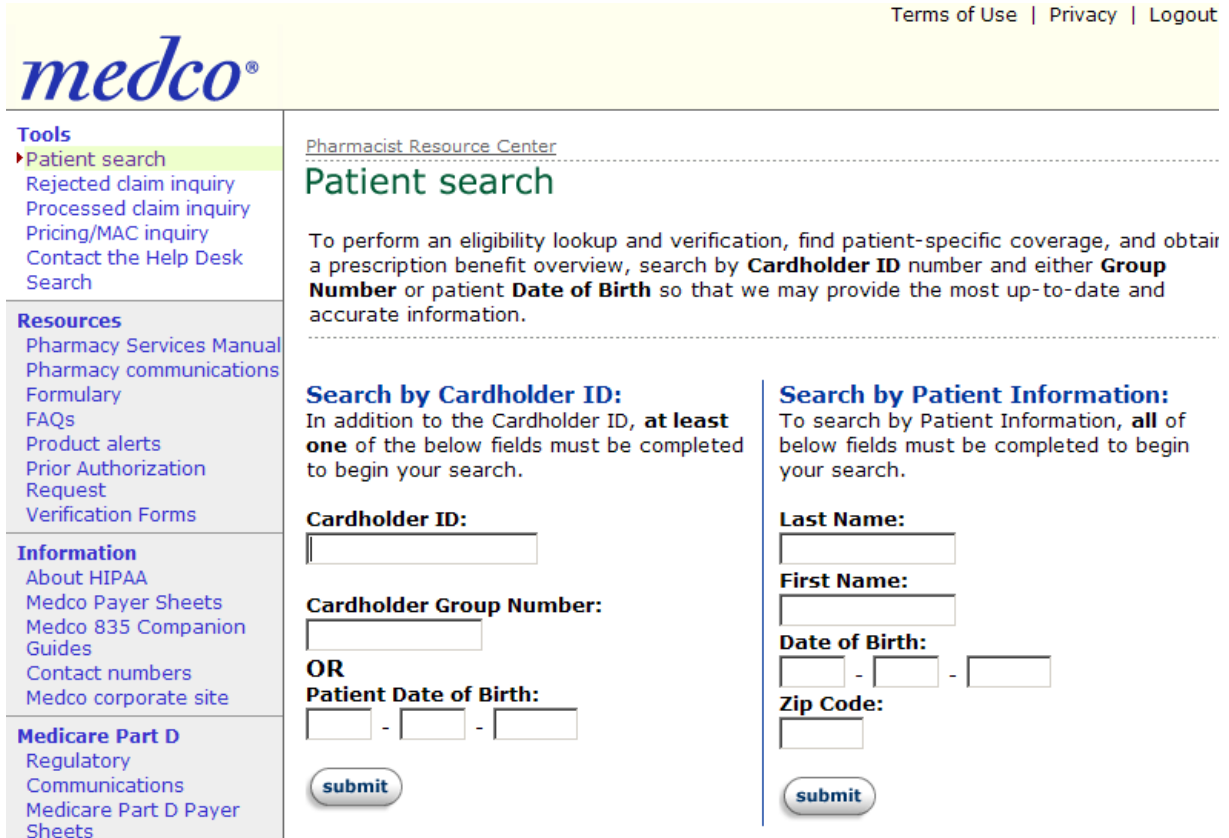
Determine member/patient eligibility

1. To start an eligibility search, click on the link "Patient search" from the "Tools" section.



The screenshot shows the Medco website header with the logo. Below the logo is a navigation menu with a 'Tools' section. The 'Patient search' link is circled in red. To the right of the navigation menu, the 'Pharmacist Resource Center' is displayed with the email address '@medco.com'. Below this, there is a 'Latest news' section with a link to 'Medco Identification Cards' and a sub-link 'Click here to view our new ID card'.

2. Patient Eligibility searches can be completed with cardholder information or with patient information.



The screenshot shows the Medco website header with the logo and navigation menu. The 'Patient search' link is highlighted in the 'Tools' section. Below the navigation menu, the 'Pharmacist Resource Center' is displayed with the email address '@medco.com'. Below this, there is a 'Latest news' section with a link to 'Medco Identification Cards' and a sub-link 'Click here to view our new ID card'. The main content area is titled 'Patient search' and contains two search options: 'Search by Cardholder ID' and 'Search by Patient Information'. The 'Search by Cardholder ID' option includes fields for 'Cardholder ID', 'Cardholder Group Number', and 'OR Patient Date of Birth'. The 'Search by Patient Information' option includes fields for 'Last Name', 'First Name', 'Date of Birth', and 'Zip Code'. Both search options have a 'submit' button.

- a. Cardholder ID Search:
 - I. Enter the cardholder ID (as printed on the member's prescription card)
 - II. The Cardholder Group number (as printed on the member's prescription card) or Patient Date of Birth (MM-DD-YYYY) is needed to complete the search.
- b. Patient's Name Search:
 - I. To complete a patient search by the Patient Information option, enter the

following information from the cardholder's ID card.

- i. Last name
 - ii. First name
 - iii. Date of birth (MM-DD-YYYY)
 - iv. Zip code
3. After entering the search criteria, details regarding eligibility status and benefits for the patient will be available. Under the Patient Eligibility section, the following information is available.

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Benefits overview

Select **patient name** from the drop down below to view benefit information.

Patient eligibility information	
Name:	EYBTDQ. SMQLMOMC
Member #:	859270545560
DOB:	04/07/1927
Effective Date:	01/01/2008
End Date:	
Relationship:	Member (1)
Gender:	Female
Person Code:	001

Group eligibility information	
Name:	GEORGIA LIS2
Group #:	IN101122
Group Effective Date:	01/01/2008
Group End Date:	
Patient Status:	Active
Claim Type:	Card/Direct/Home Delivery

- a. The relationship field will indicate the relationship of the patient (i.e., member, spouse, child, etc.).
 - b. The person code field will indicate the person code for the patient (i.e., 001=member, 002=spouse, 003=child, 004=other, etc.).
4. After eligibility has been identified, the Benefit Overview section provides coverage details for the patient. The Benefit Overview shows if the retail pharmacy is a participating pharmacy for this patient's group, the refill-too-soon override codes approved by the patient's group, the patient's deductible, and much more.

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Benefit overview

Are you a participating location?: Yes

Coverage Details	
Coverage type:	Full Family
Refills too soon overrides:	(3) Vacation Supply or (5) Therapy Change
Refill too soon %: (Amount required to be used prior to refill)	75
Newborn coverage:	30 Days
Dependant age limit:	99
Student age limit:	99

Perform a drug coverage lookup

1. First, perform a Patient search.
2. Click on the link "Drug Coverage" from the "Tools" section.

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Benefits overview

Select **patient name** from the drop down below to view benefit information.

Patient eligibility information		Group eligibility information	
Name:	EYBTDQ, SMQLMOMC	Name:	GEORGIA LIS2
Member #:	859270545560	Group #:	IN101122
DOB:	04/07/1927	Group Effective Date:	01/01/2008
Effective Date:	01/01/2008	Group End Date:	
End Date:		Patient Status:	Active
Relationship:	Member (1)	Claim Type:	Card/Direct/Home Delivery
Gender:	Female	Person Code:	001

Benefit overview | **Benefit plan balances**

Are you a participating location?: Yes

Coverage Details

3. The Drug Coverage screen allows drug coverage searches by Product Description or Product Service ID. Then click search.

Search

There may be changes to this patients formulary. [View all formulary changes now.](#)

Search by product description or product service ID

Pharmaceutical products are listed by both generic (chemical) and brand (trade) names.

Product Description:

Product Service ID: **Qualifier:**

This information is intended to serve as a general overview of the plan sponsor's prescription benefit program. Please note that the coverage and pricing terms of this program's prescription benefit are subject to change.

4. When using the product description to perform a drug coverage lookup, a list of drugs will appear. Select the radio box next to the drug and click on "next." Searching by using the Product Service ID will not display the below screen. It will open the Drug Coverage screen directly.

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Product Service ID/Product Description	Qualifier	Strength	Brand/Generic	Form
00093715310 Simvastatin	NDC	10 mg	Generic	Tablet

5. After selecting "next", the Drug Coverage screen will appear.

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Drug Coverage

Select **patient name** from the drop down below to view drug coverage.

Patient name:

There may be changes to this patients formulary. [View all formulary changes now.](#)

Coverage and copay

Product Description: Simvastatin Tablet 10 Mg **Product Service ID:** 00093715310

Generic Name: SIMVASTATIN **Qualifier:** NDC

Generic Available? Yes **GCN #:** 026532

Form: Tablet

Retail Pharmacy Benefit

	Requested	Plan Max
Days' Supply:	34	90
Quantity:	34	N/A
Refills Allowed:		No

	Brand	Generic
Approximate Patient Cost:	N/A	1.10
Approximate Amount Applied to Deductible:	N/A	0.00
Starting stage:	N/A	Initial coverage
Ending stage:	N/A	Initial coverage
What are stages?	N/A	Show pricing in all stages

6. This screen provides details of the plan benefit, including the maximum days' supply allowed and maximum quantity allowed.

7. Additional information on brand and generic drugs is also displayed.

Important Coverage Messages

Generic

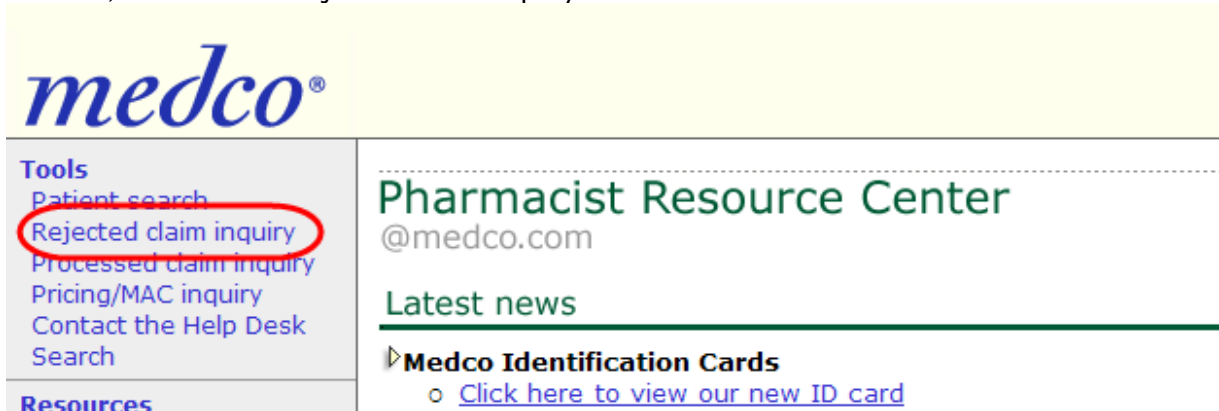
Your plan provides coverage for Zocor 10mg with certain quantity limits. Additional quantities can be obtained by paying an additional co-payment. The maximum quantity covered for each co-payment is 34 tablets.

This medication is covered.

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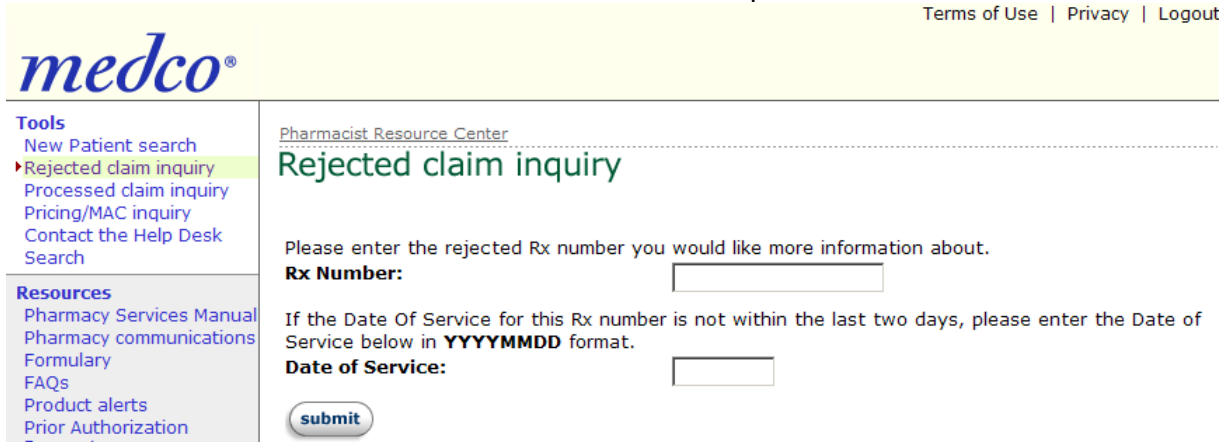
Rejected claim lookup

1. To start, click on the “Rejected claim inquiry” link in the “Tools” section.



The screenshot shows the Medco website header with the logo. Below the logo is a navigation menu with two sections: 'Tools' and 'Resources'. The 'Tools' section includes links for 'Patient search', 'Rejected claim inquiry' (circled in red), 'Processed claim inquiry', 'Pricing/MAC inquiry', 'Contact the Help Desk', and 'Search'. The 'Resources' section is partially visible. To the right of the menu, the page title is 'Pharmacist Resource Center' with the email '@medco.com'. Below this is a 'Latest news' section with a heading 'Medco Identification Cards' and a link 'Click here to view our new ID card'.

2. Enter the Rx number and date of service for the claim in question and click “submit.”



The screenshot shows the 'Rejected claim inquiry' form on the Medco website. The page title is 'Pharmacist Resource Center' and the sub-header is 'Rejected claim inquiry'. The form includes a 'Tools' menu on the left with 'Rejected claim inquiry' highlighted. The main content area contains the following text: 'Please enter the rejected Rx number you would like more information about.' followed by 'Rx Number:' and an input field. Below that is the text: 'If the Date Of Service for this Rx number is not within the last two days, please enter the Date of Service below in YYYYMMDD format.' followed by 'Date of Service:' and an input field. At the bottom of the form is a 'submit' button. In the top right corner, there are links for 'Terms of Use', 'Privacy', and 'Logout'.

3. The Rejected Claim Inquiry page provides information for the submitted claim, rejection code, and drug coverage details.

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Rejected claim inquiry

Rx number: 000001495811

DOS: 07/07/2011

Drug Information

Drug name & strength: Azithromycin 250 mg

Form: Tablet

Submitted Claim Information

Cardholder ID:	961731853	Group #:	U7093350
Patient name:	TVMK HDOZD	Date of Birth:	05/26/19
Relation code:	1	Person code:	02
Gender:	2		

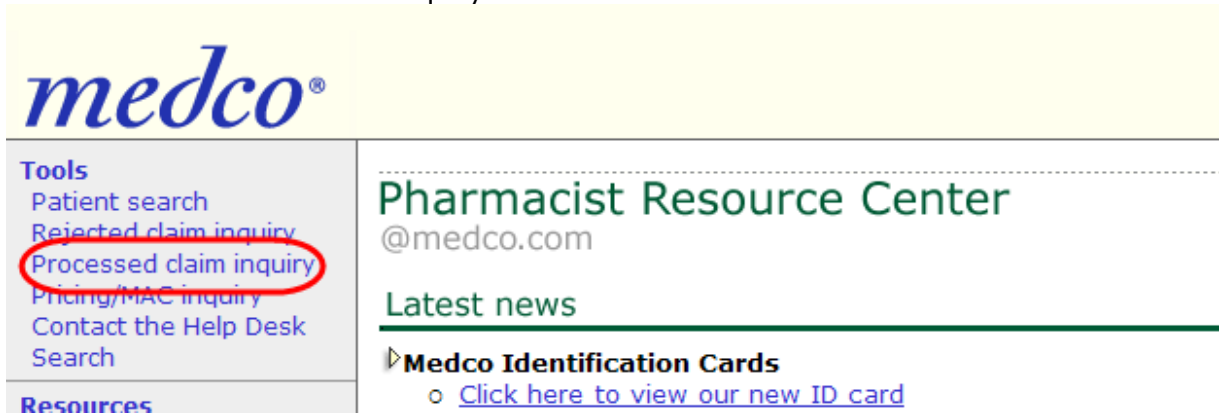
Rejection Code: 83

Rejection Text: Duplicate Paid/Captured Claim

Secondary Text: DUP EARLY REFILL;FIRST FILL 081810 VIA RETAIL;DUPLICATE CLAIM

Processed claim lookup

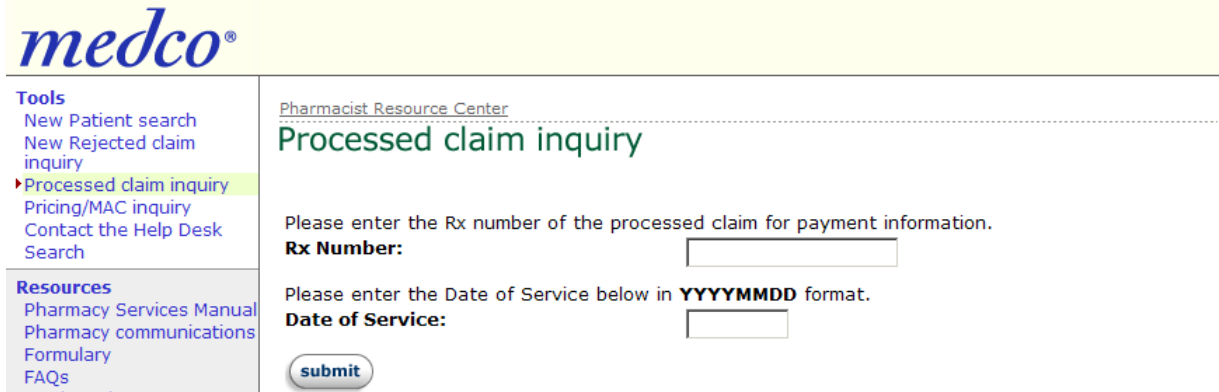
1. Click on the “Processed claim inquiry” link from the “Tools” section.



The screenshot shows the Medco Pharmacist Resource Center homepage. The Medco logo is at the top left. Below it is a navigation menu with 'Tools' and 'Resources' sections. In the 'Tools' section, 'Processed claim inquiry' is highlighted with a red circle. To the right of the menu, the page title 'Pharmacist Resource Center' is displayed in green, followed by '@medco.com'. Below that is a 'Latest news' section with a green underline, and a 'Medco Identification Cards' section with a link to 'Click here to view our new ID card'.

2. Enter the Rx number and date of service for the claim in question and click “submit.”

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The screenshot shows the 'Processed claim inquiry' form on the Medco Pharmacist Resource Center. The Medco logo is at the top left. Below it is a navigation menu with 'Tools' and 'Resources' sections. In the 'Tools' section, 'Processed claim inquiry' is highlighted. The main content area has the title 'Processed claim inquiry' in green. Below the title is a form with two input fields: 'Rx Number' and 'Date of Service'. The 'Date of Service' field has a note that says 'Please enter the Date of Service below in YYYYMMDD format.' Below the input fields is a 'submit' button.

- The Processed Claim Inquiry page will provide submitted & processed claim information and the check date & number.

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Processed claim inquiry

Rx number: 000005467734
DOS: 07/18/2011

Drug Information

Drug name & strength: Synthroid 137 mcg
Form: Tablet

Submitted Claim Information

Cardholder ID:	333364488544	Group #:	IBM783MR
Patient name:	JVCO HVBBK	Date of Birth:	06/30/1943
Relation code:	1	Person code:	01
Gender:	2		


Processed Claim Information

Date processed: 07/18/2011
Patient paid: \$1.70
Pharmacy reimbursement: \$6.78
Authorization number: ACWTNHR

This claim payment was included in the check dated 08/04/2011 and check # 00000

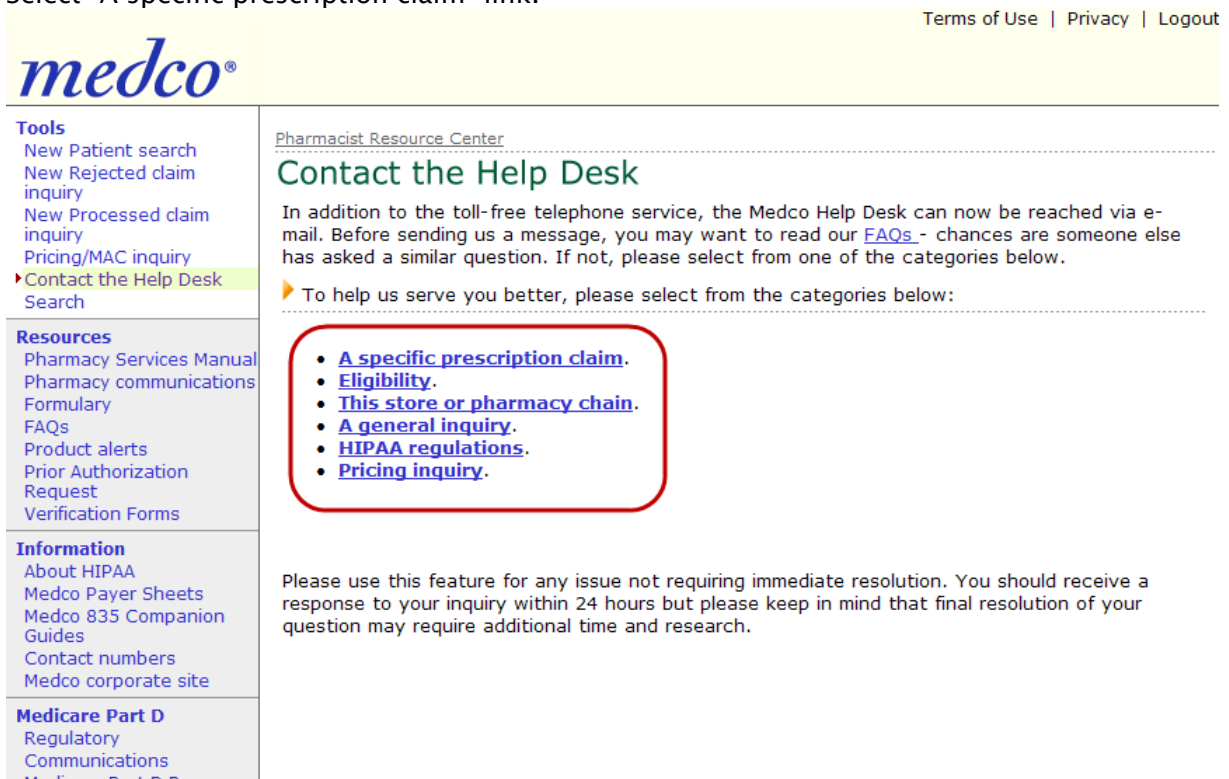
Submit a claim-too-old override request

1. Select "Contact the Help Desk" under the "Tools" section.



The screenshot shows the Medco website header with the logo. Below the logo is a navigation menu with sections: Tools, Resources, and Information. Under the Tools section, the link "Contact the Help Desk" is circled in red. To the right of the navigation menu, the text "Pharmacist Resource Center @medco.com" and "Latest news" are visible. Below "Latest news" is a link for "Medco Identification Cards" with a sub-link "Click here to view our new ID card".

2. Select "A specific prescription claim" link.



The screenshot shows the Medco website header with the logo and navigation menu. The "Contact the Help Desk" link is highlighted in the navigation menu. The main content area is titled "Contact the Help Desk" and includes a sub-header "Pharmacist Resource Center". Below the title is a paragraph explaining the Medco Help Desk service. A list of categories is provided, with "A specific prescription claim" highlighted in red. The other categories are "Eligibility", "This store or pharmacy chain", "A general inquiry", "HIPAA regulations", and "Pricing inquiry".

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Contact the Help Desk

In addition to the toll-free telephone service, the Medco Help Desk can now be reached via e-mail. Before sending us a message, you may want to read our [FAQs](#) - chances are someone else has asked a similar question. If not, please select from one of the categories below.

▶ To help us serve you better, please select from the categories below:

- [A specific prescription claim.](#)
- [Eligibility.](#)
- [This store or pharmacy chain.](#)
- [A general inquiry.](#)
- [HIPAA regulations.](#)
- [Pricing inquiry.](#)

Please use this feature for any issue not requiring immediate resolution. You should receive a response to your inquiry within 24 hours but please keep in mind that final resolution of your question may require additional time and research.

3. The contact form will be displayed.

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Contact the Help Desk

Claim Inquiry

Please enter information for one patient in the fields below and click on the submit button when complete. Claim inquiries for additional patients need to be entered on subsequent pages. **Fields marked with an * are required.**

Your Information

*Name:

*Phone Number: - -

*E-mail Address:

*Fax Number:

Store Information

*Service Provider ID or Chain ID#:

*Store/Chain Name:

*City:

*State:

Claim Information

*Cardholder ID:

*Group #:

*Patient First Name:

*Patient Last Name:

*Date of Birth: - -

Prescription Information

*Prescription Number 1: <input type="text"/>	*Date of Service: <input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 2: <input type="text"/>	*Date of Service: <input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 3: <input type="text"/>	*Date of Service: <input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 4: <input type="text"/>	*Date of Service: <input type="text"/> - <input type="text"/> - <input type="text"/>
*Prescription Number 5: <input type="text"/>	*Date of Service: <input type="text"/> - <input type="text"/> - <input type="text"/>

*Reason for Claim Reject:

4. The following information is required.

- a. User's name
- b. User's telephone number
- c. User's e-mail address
- d. User's fax number
- e. Store service provider ID

- f. Store name
- g. Store city
- h. Store state
- i. Patient cardholder ID
- j. Patient group number
- k. Patient first name
- l. Patient last name
- m. Date of birth

Each user can enter up to 10 claims for one member per screen.

5. Once the information has been entered, select the reason for submitting the claim-too-old request.

The screenshot shows a web form with the following elements:

- Fields for Prescription Number 7, 8, 9, and 10, each with a text input box.
- Fields for Date of Service, each with a date picker (MM - DD - YYYY).
- A dropdown menu for "Reason for Claim Reject" with a red border around it. The menu is open, showing the following options:
 - Please make a selection
 - Claim too old - Long term facility
 - Claim too old - Post consumption
 - Claim too old - Account reconciliation
 - Claim too old - Member information just received
 - Claim too old - Other
 - Reversal Not Processed
- A "submit" button at the bottom center.

6. A claim will also need to have been submitted through the Medco POS system that rejected for the claim-too-old. Without the rejected claim, the website request will not be reviewed.

Submit a MAC/pricing inquiry

1. Select the "Pricing/MAC inquiry" link under the "Tools" section.

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Latest news

▶ **Medco Identification Cards**

- [Click here to view our new ID card](#)
- [Click here to view examples of Medco Identification Cards](#)
- [Click here to view examples of Medicare Part D Identification Cards](#)

2. Select the "Submit a pricing/MAC inquiry" link

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Go to: ▶ [Pharmacist Resource Center](#) ▶ Pricing/MAC inquiry

Pricing/MAC inquiry

The Pricing/MAC inquiry tool allows you to submit an AWP or MAC pricing inquiry.

- [Submit a pricing/MAC inquiry](#)

3. Confirm the information on the "Submit an inquiry" page is correct and select "next."

The screenshot shows the Medco website interface. On the left is a navigation menu with sections: Tools (Patient search, Rejected claim inquiry, Processed claim inquiry, Pricing/MAC inquiry, Contact the Help Desk Search), Resources (Pharmacy Services Manual, Pharmacy communications, Formulary, FAQs, Product alerts, Prior Authorization Request, Verification Forms), Information (About HIPAA, Medco Payer Sheets, Medco 835 Companion Guides, Contact numbers, Medco corporate site), and Medicare Part D Regulatory. The main content area has a breadcrumb trail: Go to: > Pharmacist Resource Center > Pricing/MAC inquiry > Submit an inquiry. The title is "Submit an inquiry". Below the title is a paragraph: "Please review the pharmacy information for this inquiry before proceeding. If this information is incorrect, print out and complete the form provided below to submit your updates." Underneath is "You are here:" with links: Pharmacy identification | Inquiry details | Review | Confirmation. A table titled "Pharmacy information" is highlighted with a red box. The table contains: Pharmacy: Test Pharmacy, 321 Seldom Seen Road; NPI number: 1234567890; NCPDP number: 9876543. A green "next" button is located below the table.

4. Enter the claim information (Rx # and date of service) and select the "next" button.

The screenshot shows the Medco website interface for the "Submit an inquiry" page. The navigation menu on the left is similar to the previous screenshot, but the "Pricing/MAC inquiry" item is highlighted. The main content area has a breadcrumb trail: Go to: > Pharmacist Resource Center > Pricing/MAC inquiry > Submit an inquiry. The title is "Submit an inquiry". Below the title is a paragraph: "To submit an inquiry, start by entering the claim information requested below." Underneath is "You are here:" with links: Pharmacy identification | Inquiry details | Review | Confirmation. A blue bar displays "Test Pharmacy (NPI: 1234567890 NCPDP: 9876543)". Below this is a section titled "Claim information" with two input fields: "Rx number of claim:" followed by an empty text box, and "Date of service:" followed by a date picker showing "MM/DD/YYYY" and a calendar icon. A green "next" button is located below the input fields.

5. Enter the unit price and ensure that all data entered is correct. Select the "next" button.



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Submit an inquiry

Please review the "Claim information" below to ensure it is the correct information for this inquiry, then complete the "Pharmacy pricing information" and click "next" to continue. If necessary, use the "edit" button to return to the previous screen and enter a different Rx number and/or date of service.

You are here:

[Pharmacy identification](#) | [Inquiry details](#) | [Review](#) | [Confirmation](#)

Inquiry details

Test Pharmacy (NPI: 1234567890 NCPDP: 9876543)

Claim information

Rx number of claim: 000005467734

[edit](#)

Date of service: 07/18/2011

Cardholder ID: XXXXXXXX8544 Quantity: 30.000

Unit: Each

NDC number: 00074-3727-13 Days supply: 30

Product description: SYNTHROID 137 MCG

Pharmacy pricing information

Unit price: [\(What is this?\)](#)

\$

Contact information

Medco's response to this inquiry will be sent to the e-mail address entered below. An e-mail address is required. It will be used to communicate important information about the status of your inquiry.

Name: PRC User

E-mail address:

Phone number: (###) ###-####

[next](#)

- After verifying that the submitted information is correct, select the "Submit inquiry" button. For any sections that need to be changed before submitting, select "edit."



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Go to: [Pharmacist Resource Center](#) | [Pricing/MAC inquiry](#) | Submit an inquiry

Submit an inquiry

[Cancel this inquiry](#)

Please review the information below. Use the "edit" buttons to make any changes before submitting your inquiry.

You are here:

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Review

Pharmacy information

Pharmacy:

NPI number:

NCPDP number:

Claim information

Rx number of claim: [edit](#)

Date of service:

Cardholder ID: <input type="text" value="XXXXXXXX8544"/>	Quantity: <input type="text" value="30.000"/>
	Unit: <input type="text" value="Each"/>
NDC number: <input type="text" value="00074-3727-13"/>	Days supply: <input type="text" value="30"/>

Product description:

Pharmacy pricing information

Unit price: [edit](#)

Contact information

Medco's response to this inquiry will be provided to the contact below. [edit](#)

Name:

E-mail address:

Phone number:

[submit inquiry](#)

