



Passport Health Plan



Pharmacy Provider Manual

2009



PASSPORT HEALTH PLAN PHARMACY PROVIDER MANUAL 2009

TABLE OF CONTENTS

INTRODUCTION	2
PerformRx /AmeriHealth Family of Companies.....	2
Passport Health Plan (PHP).....	2
PROGRAM CONTACT INFORMATION	3
PerformRx Help Desk.....	3
ARGUS HEALTH SYSTEMS	4
Argus Processing Numbers/Plan Code Requirements	4
PHP PROVIDER/MEMBER SERVICES.....	4
Member Eligibility	5
Newborn Eligibility.....	5
Member Date of Birth Edit	5
Member ID Card.....	5
Pharmacy/Provider Lock-In Program.....	6
Copay Overrides	6
POINT OF SERVICE (POS) POLICIES.....	7
Processing Numbers/Argus Plan Code Requirements	7
Electronic Claims Submission.....	7
National Prescriber Identifier (NPI).....	8
Dispense As Written (DAW) Codes.....	8
Signature Logs	8
COORDINATION OF BENEFITS (COB).....	9
Federal and State Requirements.....	9

Commercial Insurance	9
Medicare Part B and D	11
PHARMACY PAYMENT.....	11
Payment Cycle	11
Pricing Information.....	11
Paper Claims	12
SUMMARY OF PLAN BENEFITS	12
Maximum Days Supply	12
Compounded Prescriptions	12
Over-the-Counter Drug Coverage	13
Durable Medical Equipment	13
Early Refill of Prescriptions.....	13
Vacation/Holiday Supplies Of Medication	14
Duplicate Dispensing For School/Work/Leave of Absence (LOA) Supply	14
Emergency Temporary Supply	14
PRIOR AUTHORIZATION.....	15
PHARMACY CREDENTIALING.....	16
PHARMACY AUDITS.....	17
Pharmacy Audits by PharmDUR	18
MEMBER RIGHTS AND RESPONSIBILITIES.....	18
Member Rights:	19
Members Responsibilities:.....	19
Protected Health Information (PHI) Disclosure.....	20
FRAUD, WASTE, AND ABUSE	22
Examples of Fraud, Waste, and Abuse	22
Office of Inspector General (OIG) Report.....	23
How to Report Suspected Fraud or Abuse	23
APPENDIX A	25
ARGUS Interpretation Tool.....	25
APPENDIX B	27
Prior Authorization Form	27
APPENDIX C	28
NCPDP Version 5 Request	28

FOREWORD

This Pharmacy Provider Manual is an administrative program guide to assist network pharmacy providers with understanding Passport Health Plan's (PHP) pharmacy benefits and how they are administered by AmeriHealth Mercy PerformRx Pharmacy Services.

If you have questions, comments, or concerns, please call the PerformRx Help Desk at **800-578-0898** or write to:

Passport Health Plan/PerformRx
200 Stevens Drive, 4th Floor
Philadelphia, PA 19113

INTRODUCTION

PerformRx /AmeriHealth Family of Companies

PerformRx, formed in 1999, is a division of the AmeriHealth Mercy Family of Companies. We provide specialized pharmacy benefit management (PBM) services through proactively managing escalating pharmacy costs while focusing on clinical and financial results.

PerformRx provides "The Next Generation" of pharmacy benefit management services through a distinctive approach for managed care plans and payers nationwide, with unique expertise in Medicaid and Medicare Part D. PerformRx is headquartered in Philadelphia, Pennsylvania.

PerformRx is a mission-driven organization, dedicated to the delivery of quality pharmacy benefits to low-income populations covered by publicly funded programs. This commitment directly reflects the vision of our parent company, AmeriHealth Mercy.

AmeriHealth Mercy Family of Companies

The AmeriHealth Mercy Family of Companies is the largest organization of Medicaid managed care plans in the United States, touching the lives of more than 6.2 million members. With more than 20 years of experience exclusively serving the Medicaid population, AmeriHealth Mercy's core products include management and administrative services, pharmacy benefit management, care management and behavioral health care services.

Passport Health Plan (PHP)

Passport Health Plan (PHP) is the operating name for University Health Care, Inc., a provider-owned Medicaid managed care plan that serves the Medicaid and Kentucky Children's Health Insurance Program (KCHIP) populations in the Commonwealth of Kentucky. PHP was established in 1997 by a group of providers with a history of caring for Medicaid members.

The Plan serves over 140,000 members in the following 16 Kentucky counties: Breckinridge, Bullitt, Carroll, Grayson, Hardin, Henry, Jefferson, Larue, Marion, Meade, Nelson, Oldham, Shelby, Spencer, Trimble and Washington.

Passport Health Plan is administered by AmeriHealth Mercy.

PROGRAM CONTACT INFORMATION

PerformRx Help Desk

Pharmacies are contractually obligated to call the PerformRx Help Desk to ensure prompt resolution to pharmacy claims issues, including claim rejections for prior authorization.

The PerformRx Pharmacy HelpDesk will be able to resolve online, concurrent DUR claim processing issues, including but not limited to:

- Pharmacy coding errors;
- Prior authorization (PA);
- Coordination of Benefits (COB)/Third Party Liability (TPL);
- Duplicate therapy
- Early refills and frequency limitation;
- Duplicate drugs;
- Potential drug interaction(s);
- Drug preference messaging; and
- Minimum/maximum dose range.

The Pharmacy HelpDesk will also provide support and answer questions about:

- The PHP Preferred Drug List;
- Prior Authorization Status;
- Coordination of Benefits;
- Quantity Limits;
- Reimbursement Issues; and
- Network Contracting.

Hours of Operation and Contact Telephone Numbers

PerformRx Help Desk	
Sunday - Saturday 8:30 a.m. to 9:00 p.m. (EST)	800-578-0898

PerformRx Prior Authorization Fax Lines:	
Monday – Friday 8:30 a.m. to 6:00 p.m. (EST)	877-693-8280 Standard 877-693-8476 Urgent

	877-693-8476 Hospital Discharge
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ARGUS HEALTH SYSTEMS

Since October 1, 2004, Argus Health Systems Inc. has processed claims for PHP members. Argus brings a tradition of excellence to Point-Of-Sale (POS) claims processing.

Argus Processing Numbers/Plan Code Requirements

The following are mandatory claim processing coding requirements for all PHP pharmacy POS claims:

Argus BIN number:	Argus Processor Control Number
600428	02920000

***Note: Pharmacies must contact their switching network to update BINs.**

Argus provides technical assistance and support to pharmacies with host processing issues. If you have difficulty in transmitting claims for PHP members due to host processing or claim submission errors, please contact Argus Health Systems:

Argus Hours of Operation and Contact Telephone Number	
24 hours a day, 7 days a week	800-522-7487

PHP PROVIDER/MEMBER SERVICES

If you are experiencing an eligibility problem, please contact PHP Provider Services:

PHP Provider Services	
Monday – Friday 8:00 a.m. to 6:00 p.m. (EST) excluding weekends and holidays	800-578-0775

Please DO NOT refer members to the PerformRx Help Desk. Please refer the member to PHP’s Member Services:

PHP Member Services	
Monday – Friday 8:00 a.m. to 8:00 p.m. (EST)	800-578-0603

Member Eligibility

Medicaid eligibility is determined by Kentucky Medicaid. PHP provides daily updates to the Argus system. It is important to remember that a member's eligibility could change on a month-to-month basis.

Pharmacies must verify the member's PHP ID card online through the Argus IPNS Point-Of-Services (POS) processing system or by calling PHP Provider services each time a member presents for services.

Also, please note a small number of individuals in PHP's 16-county service area may be ineligible for PHP, but eligible for Medicaid benefits through KyHealth Choices. Pharmacies should contact Kentucky Medicaid for more information in these circumstances.

Newborn Eligibility

All PHP newborn members will be issued their own Kentucky Medicaid/PHP ID number. For assistance with pharmacy claims for newborns, contact PHP Provider Services at **800-578-0775**.

Member Date of Birth Edit

Pharmacists must enter the member's correct date of birth on each claim. If a claim is rejected due to an incorrect date of birth (Argus reject code 91), please contact PHP Provider Services at **800-578-0775** to verify the member's date of birth.

Member ID Card

Members should be asked to present their PHP member ID card at each visit. **Remember, possession of an ID card does not guarantee eligibility for benefits coverage or payment.**

The following is a sample illustration of the PHP member ID card:

	PASSPORT HEALTH PLAN www.passporthealthplan.com
SEX	ID
PRIMARY CARE PROVIDER (PCP)	EFFECTIVE
	PHONE
	STATE ID
PERFORM RX/ARGUS BIN # 600428 PROCESSOR CONTROL # 02920000	<i>Not Transferable</i>

MEMBERS:	Member Services • 8 am - 8 pm • 1-800-578-0603 • TDD/TTY 1-800-691-5566
	• <i>Always carry your ID card.</i> Call or go to your primary care provider (PCP) for medical care.
	• Emergencies: If you have a life or death medical problem, go to the nearest emergency room.
	• Nurse Advice Line: Passport Health Plan nurses are available to assist you 24 hours a day for your health-related questions. Call 1-800-606-9880 or TDD/TTY 1-800-648-6056.
PROVIDERS:	Provider Services: Call 1-800-578-0775, 24 hours a day.
	• For services that require prior authorization, call 1-800-578-0636.
HOSPITALS:	For authorizations, you MUST call 1-800-578-0636.
	• Send med/surg claims to Passport Health Plan Claims Unit P.O. Box 7114, London, KY 40742.
PHARMACIES:	Help Desk: 1-800-578-0898.
	Fax PBM (Pharmacy Benefit Manager): 877-693-8280 (standard) / 877-693-8476 (urgent)
	<small>Passport Health Plan is sponsored by University Health Care Inc. and the Partnership Council, Inc. Administered by AmeriHealth Mercy Health Plan.</small>
	www.passporthealthplan.com

Pharmacy/Provider Lock-In Program

Certain PHP members are restricted to receiving services from a particular pharmacy and/or prescriber group as part of PHP's Lock-In Program.

If the pharmacy and/or prescriber is specifically assigned or "locked in" to the member's record, Argus will return a reject message indicating this lock-in exists. This applies to all therapeutic classes of medications.

If you have any questions about this program, please contact our Lock-In Coordinator at **502-585-7947** or write to:

Passport Health Plan
Attn: Lock-In Coordinator
305 West Broadway, 3rd Floor
Louisville, KY 40202

Please refer to the Fraud, Waste, and Abuse section of this manual for instructions on how to report suspected misuse of the PHP prescription benefit, or member or store personnel fraud and/or abuse.

Copay Overrides

Certain PHP members have prescription copayment requirements. The pharmacy will be made aware of any copayment responsibility when the claim is adjudicated. However, if the member is unable to make the copayment, the pharmacy is obligated to fill the prescription and collect the copayment later. The following members **do not** have a copayment requirement:

- Members under the age of 18 years
- Pregnant members
- Members receiving services within the first 60 days after delivery of a baby
- Members in a nursing facility
- Members in a personal care home
- Members in an intermediate care facility for people with mental retardation (ICF/MR)
- A foster child in state custody
- An American Indian or Alaskan native served through KCHIP
- Members in hospice care

If the situation arises where the member should not be charged a copay due to one of the above situations or is unable to make the copayment, please enter code **292000** in the prior authorization field.

If you need assistance processing a copay override claim, please contact the PerformRx Help Desk Department at **800-578-0898**.

POINT OF SERVICE (POS) POLICIES

Processing Numbers/Argus Plan Code Requirements

The following are mandatory claim processing coding requirements for all pharmacy POS claims:

- Argus BIN number: **600428**;
- Processor control number **02920000**.

The pharmacy should process the PHP Member ID number as shown on the member's ID card. No prefix or suffix zeroes need to be added. A group number and a line number are not required for claim submissions and should not be submitted with a pharmacy claim.

Electronic Claims Submission

Pharmacies are required to submit PHP claims electronically to Argus Health Systems (see also Coordination of Benefits Procedure).

Claims Reversal

Pharmacies can submit and reverse claims online up to 30 days from the original date of service. The pharmacy must conduct due diligence to ensure that prescription drug claims not received by the member are reversed within 30 days of the initial fill date. Claim reversals are indicated in cases where a prescription claim was adjudicated but never received by an eligible member. **All prescriptions not received by eligible members must be returned to stock within 30 days of processing and must be reversed.**

If the pharmacy is unable to completely process a reversal online, the pharmacy should call the PerformRx Help Desk at **800-578-0898** for assistance.

If a member receives only a partial amount of his/her covered prescription, the pharmacy must modify the claim via the Argus OnLine System within 14 days to accurately represent the quantity of medication received and billed. Pharmacies will be audited for claims reversals.

Paper Claim Submission

If a pharmacy attempts and is unable to submit a claim for reimbursement electronically through Argus, then the pharmacy may submit a paper universal claim form containing all the required NCPDP claims submission fields. Claims should be mailed to the following address:

**PerformRx/PHP Claims
P.O.Box 486
Essington, PA 19029**

For assistance with claims submission, contact the PerformRx Help Desk.

National Prescriber Identifier (NPI)

PerformRx, in accordance with the Centers for Medicare & Medicaid Services (CMS) regulations and guidance, requires all of its contracted pharmacies to process pharmacy prescription claims using the prescriber's National Provider Identifier (NPI).

If a member presents a prescription without the prescriber's NPI, please:

1. Call the prescriber's office to request the NPI; or
2. Obtain the prescriber's NPI from the NPI registry web page:

<https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>

NCPDP Field Requirements:

NCPDP Field	Value
Prescriber ID NCPDP Field 411-DB	Prescriber NPI
Prescriber ID Qualifier NCPDP field 466-EZ	01

- If a valid prescriber NPI is not used in the processing of a pharmacy claim, then the pharmacy will receive the reject code "invalid prescriber ID."
- Pharmacies substituting a pharmacy NPI as a prescriber NPI on pharmacy claims will not be accepted.

If you have any questions/concerns regarding claims submission using an NPI, please call the PerformRx Pharmacy Help Desk at **800-578-0898**.

Dispense As Written (DAW) Codes

Argus supports the standard NCPDP Dispense As Written (DAW) Product Service Codes. To ensure accurate reimbursement and avoid audit issues, always use the correct DAW codes when you submit a claim. The DAW codes recognized and accepted by the Argus POS Claims processing system are 0, 1, 5 and 8.

The following codes are accepted by PerformRx :

DAW 0: No Dispense as Written (Substitution Allowed)

DAW 1: Brand requested by physician requires prior authorization

DAW 5: Brand Product selected as generic

(Pharmacy reimbursement will be at Plan Maximum Allowable Cost)

DAW 8: Product Not Available (May only be used when generic products are not available in the market place.)

DAW code usage will be strictly monitored.

Remember to contact the prescriber to see if a generic drug can be dispensed, and always include the correct DAW code when you submit a claim.

Signature Logs

Pharmacy signature log records and/ or electronic facsimile signatures are expected to be kept on file in accordance with the standard pharmacy practice, state and federal

guidelines and laws. The signature log (includes delivered prescriptions) must be kept by the pharmacy for a period corresponding to the state pharmacy laws in which the pharmacy is located for retaining prescription hard copies. Signature log format should contain the following:

- Member name
- Prescription/medication Reference Number
- Date medications were picked up, and or delivered to a member
- The signature of the member to whom the prescription was dispensed, or the member's representative

DAW code usage will be strictly monitored.

Signature logs and/or electronic facsimile signatures must be retrievable for in-store or desktop audits upon request or written notice. Pharmacies are not entitled to payment for any claim for which there is no signature of the eligible person or authorized representative on the Third Party Signature Claim Log.

COORDINATION OF BENEFITS (COB)

Federal and State Requirements

As an administrator of Kentucky Medicaid benefits, PHP is required to comply with various regulations mandated by the Kentucky Department for Medicaid Services (DMS). This includes regulations regarding third party liability.

Because PHP is a Kentucky Medicaid plan, PHP is always considered the payor of last resort. Therefore, DMS continuously evaluates if PHP members have other insurance, and notifies the Plan when other primary carriers are found. Once the Plan has been notified, PHP is required to recover any primary payments.

Commercial Insurance

If a PHP member has other primary insurance, the pharmacy must bill the primary commercial insurance first.

Bill PHP As a Secondary Insurer

After filing an initial claim to the primary insurer, pharmacies should submit a secondary COB claim for the remaining unpaid copayment portion to PerformRx.

The claim will fully adjudicate and PHP will pay the difference between what the primary insurer pays and up to what Kentucky Medicaid allows. The dispense fee will not be paid on the secondary claim.

To submit a secondary claim, pharmacies must enter the applicable NCPDP standard code in the Argus POS System's "Eligibility Clarification" field. Also, the "Other Payment" field should reflect what the primary insurer paid on the claim.

Please use the following standard NCPDP standard codes for submitting secondary claims for PHP members:

- ØØ=Not specified
- Ø1=No other coverage
- Ø2=Other coverage exists-payment collected
- Ø3=Other coverage exists- claim not covered
- Ø4=Other coverage exists-payment not collected
- Ø5=Managed care plan denial
- Ø6=Other coverage denied-not participating provider
- Ø7=Other coverage exists-not in effect on DOS

Member Cost Sharing for COB Claims

PHP members with other commercial insurance are only responsible to pay the PHP copay amount. Pharmacies are not allowed to charge PHP members for any additional copayments, deductibles, or other remaining balances.

Differences in Primary/Secondary Insurer Coverage

Some drugs covered by the primary insurer may not be covered by PHP. In these instances, PHP will not issue any secondary payment.

Some drugs may be covered by PHP but not by the primary insurer. If the primary insurer does not cover the drug, pharmacies must contact the PerformRx HelpDesk to determine when to adjudicate the claim as a primary claim for PHP.

Contact for Online Software Difficulties

PerformRx recommends that network pharmacies having difficulty with processing secondary claims online contact their software vendor for assistance.

Paper COB Claims

To submit a secondary claim to PHP manually on a universal claim form, indicate “Other Coverage, Yes” on the upper right hand corner of the form. Mail the universal claim form to:

**PerformRx/PHP Claims
P.O.Box 486
Essington, PA 19029**

The COB online process will be monitored through the pharmacy audit process. It is important to keep the primary insurer’s EOB on file for auditing purposes. *Insufficient documentation of the EOB may result in an audit reversal of claim.*

Medicare Part B and D

Most PHP members with Medicare Parts A, B, and D are members of our Medicare Advantage Plan, Passport Advantage. For specific guidelines about how to process claims for these members, please see the *PerformRx Passport Advantage Pharmacy Provider Manual*.

Some PHP members with Medicare benefits are not Passport Advantage members. In these instances, pharmacies must treat the member’s Medicare insurer as a primary insurer, and follow the steps outlined above to submit a secondary claim to PHP.

PHARMACY PAYMENT

Payment Cycle

Argus, the claims processor for PerformRx, processes check payments two times per month. The cycles are the 15th and the last day of the month.

Family Planning

PerformRx does not directly reimburse pharmacies for family planning services. Family planning medications are reimbursed by AmeriHealth HMO, AmeriHealth Mercy’s license holder, utilizing Argus check stock. All standard claims (non-family planning) will be paid by PerformRx, utilizing PerformRx check stock.

Consequently, pharmacies may receive multiple checks from both PerformRx and AmeriHealth Mercy.

Pricing Information

Argus updates the PerformRx pricing file, including AWP’s, weekly with updates from First Data Bank (FDB).

Paper Claims

PerformRx accepts paper claims when a pharmacy dispenses covered medications to PHP members.

However, PerformRx may charge pharmacies a handling fee for all paper claims submitted beyond the 30 day online adjudication window that are not for secondary billing, claim reversals or retroactive member eligibility. (Paper claims for secondary billing, claim reversals or retroactive member eligibility should be submitted within 180 days of the date of service.)

SUMMARY OF PLAN BENEFITS

PHP utilizes a preferred drug list (PDL), which is located on the Pharmacy Section of the PHP web site, www.passporthealthplan.com. Preferred drugs are listed by therapeutic class and are covered when Plan rules are followed. All other drug products falling outside the preferred drug list require prior authorization.

However, quantity restrictions or prior authorizations may apply to specific products as specified by PHP and approved by the PHP Pharmacy and Therapeutics (P&T) Committee. The P&T Committee determines what drugs to include on the preferred drug list by considering all FDA-approved drugs and examining all similar currently-covered drugs first.

All prescriptions must be filled at a participating pharmacy, unless a medical emergency or an out-of-area situation exists. Requests for prescriptions requiring prior authorization will receive a response within 48 hours of the request. If the drug is prescribed for an emergency medical condition, PHP will pay for at least a **three** day supply of the drug, until a final determination can be made. Please see the “Emergency Temporary Supply” section of this manual for more information.

Maximum Days Supply

PHP members are entitled to a maximum of a 30-day supply. Medications may be presented for refill when 75% of the medication is utilized. For example, a 30-day supply is renewable approximately eight days before last day of medication.

The pharmacy should fill member medications requested by the member, within the 30-day supply timeframe. The pharmacy may not automatically “Cycle Fill” medications.

Compounded Prescriptions

For proper submission of compounded prescriptions, the pharmacy must submit a compound indicator code that indicates whether a prescription claim is for a compound.

Valid values are:

0 = Not Specified

- 1 = Not a Compound
- 2 = Compound

PerformRx supports electronic compound transactions for a single prescription with up to 25 ingredients. Each ingredient is submitted in the NCPDP 5.1 Compound Segment and consists of the submitted Compound Product ID (NDC), Compound Ingredient Quantity, and Compound Ingredient Drug Cost. A Compound Code value of 02 is a required submitted field in the Claim Segment.

Each ingredient submitted will be priced individually, applying contractual pricing per ingredient and existing drug benefits. The most expensive ingredient NDC will be displayed in the NDC field on the claim. The sum of the calculated ingredient cost from each individual ingredient will be populated in the Plan Ingredient Cost. If the sum of the calculated ingredient cost exceeds the maximum dollar limit for compounds, the claim will deny and will require approval.

Some compounded prescriptions require prior authorization. Please contact the PerformRx Help Desk during normal hours of operation to request prior authorization. Be sure to have the following information available when you call:

1. NDC and quantity of each ingredient.
2. Reason for the compounded drug.

Please see the “Compound Payer Sheet” in the Appendix of this manual for more information.

Over-the-Counter Drug Coverage

PHP may cover some over-the-counter (OTC) medications. Please refer to the PHP web site, www.passporthealthplan.com, for the OTC coverage list.

These OTC medications require a prescription from the prescriber. PHP does not typically cover OTC medications that are not part of a course of treatment, are routinely used, or are nutritional; however PHP does cover prenatal and pediatric vitamins.

Durable Medical Equipment

A limited number of items considered durable medical equipment (DME) may be billed through the pharmacy benefit. These items include (but are not limited to): blood glucose meters, diabetic testing strips, needles and syringes, lancets, lancet devices, pill splitters, peak flow meters and Aerochambers.

Requests for items not included on this list should be billed to PHP DME. Please call **800-578-0636, press 2, ext. 77310** for additional information and authorization.

Early Refill of Prescriptions

Medications may be presented for refill when 75% of the medication is utilized. For example, a 30-day supply is renewable approximately eight days before last day of medication. If an eligible member requests an “early fill” too soon, inform the

member of the plan limitations and when the prescription can be refilled without a rejection.

Should the pharmacy encounter a “refill too soon” rejection on a medication for which the prescriber has made a dosage increase, the pharmacy now has the ability to enter an override code of **555555** in the prior authorization field and resubmit the claim. Argus will recalculate the days supply of the previous fill based on the new directions and either pay the claim (if 75% utilized) or return the new calculated refill due date if not 75% utilized.

Note: This code only overrides the “refill too soon” error for medicines that have not received prior authorization. If the medication received prior authorization, the pharmacy must contact the PerformRx pharmacy provider services for assistance.

If replacement of a medication is required due to loss, theft or other damage, it is the pharmacist’s responsibility to contact PerformRx to obtain the appropriate early refill authorization to provide the member with replacement medication. Call the PerformRx HelpDesk to authorize a medication if the retail value is greater than \$100.

Vacation/Holiday Supplies Of Medication

Early medication refills are allowed for the dispensing of vacation or holiday supplies. Each member is allowed up to two early refills per year for this purpose. The pharmacist must call PerformRx to obtain the appropriate vacation supply override authorization.

Duplicate Dispensing For School/Work/Leave of Absence (LOA) Supply

Pharmacies must call PerformRx to request a refill override for a school, work or LOA supply. The request (school, work or LOA) for the extra supply must be fully documented on the hard copy of the prescription for auditing purposes. A PerformRx pharmacy technician will document the extra fill request into a call documentation computer database.

Emergency Temporary Supply

If, in the pharmacist's clinical judgment, it is in the best interest of the member to receive an emergency temporary supply of a medication, the pharmacy may process an emergency supply of up to **three** days.

To request an emergency prior authorization during any day of the week between 8:30 a.m. and 9 p.m. EST, please contact the PerformRx Help Desk at 800-578-0898.

To request an emergency prior authorization outside of these normal business hours, pharmacies may submit the temporary supply override code **292333** in the Prior Authorization Override field.

Please note the following rules apply to use of override code 292333:

- All plan exclusions will remain in effect.
- Excluded medications will not process using this code. These include drugs used for:
 - treatment of anorexia, weight loss, or weight gain (unless specific to weight loss due to HIV);
 - cosmetic purposes or to promote hair growth;
 - erectile dysfunction (such as Viagra, Cialis, Levitra, and Caverject); and
 - promotion of fertility.
- No more than three days of treatment may be dispensed.
- This policy is in effect only during the hours PerformRx is closed.
- Use of this override is closely monitored for appropriate use.

PRIOR AUTHORIZATION

When a pharmacy submits a claim for medications requiring prior authorization, the Argus claims processing system will reject the claim and return the message, "Prior Authorization Required."

If the claim rejection is for a non-preferred medication, the pharmacy should contact PerformRx for the preferred medications and offer these preferred medication alternatives to the prescriber. Preferred medications may also be found by searching our online formulary at www.passporthealthplan.com.

The prescriber has the option to either (1) change therapy and order a preferred medication not requiring prior authorization, or (2) submit a prior authorization request to PerformRx.

The pharmacy may fax a prior authorization form to PerformRx for review; however, PerformRx prefers the prescriber's office initiate prior authorization requests, due to the clinical nature of information required to establish medical necessity and meet the goals for evidence.

To submit a prior authorization request for PHP members on behalf of prescribers, pharmacies must follow these steps:

1. Download a PHP Prior Authorization Request Form from the Pharmacy Section of the PHP web site, www.passporthealthplan.com.
2. Complete the form and include all necessary information from the prescriber.
3. Fax the form to PerformRx using the following fax numbers:

PerformRx Prior Authorization Fax Lines	
Monday – Friday 8:30 a.m. to 6:00 p.m. (EST)	877-693-8280 Standard 877-693-8476 Urgent

Urgent Requests

The urgent fax line is closely monitored for appropriate use, and should be restricted to prior authorization requests that may seriously jeopardize the life or health of the member or the member's ability to regain maximum function if not received within 24 hours. PerformRx Clinical Pharmacists reserve the right to determine urgency. Please be sure to explain the reason for urgency.

Checking on the Status of a Request

If you wish to check on the status of a member's prior authorization, contact the PerformRx Help Desk.

Note: PerformRx's fax lines are available to receive faxes 24 hours a day, 7 days a week, however, PerformRx only reviews prior authorization requests during the following times: 8:30 a.m. to 6:00 p.m. EST, Monday through Friday except for holidays.

Receiving a Response

PerformRx's system will automatically respond with a confirmation of receipt to the fax machine which sent the prior authorization request. Then, the information is entered into the PerformRx system, and PerformRx will review the requests using PHP's clinical criteria. Prescribers will receive one of the following decision notifications:

- **APPROVALS:** If the information is complete and meets criteria, the prior authorization is approved within 24 hours (including behavioral health medications). The requesting physician or pharmacy receives a fax indicating the approval.
- **DENIALS:** If a prior authorization request does not meet clinical criteria or is incomplete, the request is reviewed with the PHP Medical Director and may be denied. Denial information will not be faxed to the pharmacy provider, however the prescriber will receive a denial.

A copy of the PHP Prior Authorization Form is provided in the appendix section of this manual.

PHARMACY CREDENTIALING

Pharmacies participating with PHP are required to complete the PerformRx Pharmacy Provider Credentialing Sheet. The information is used to assist PHP's Member Services in directing members to pharmacies, and enables PerformRx to maintain a current pharmacy provider network.

A current Commonwealth of Kentucky Medicaid Identification (MAID) number is required to process claims in the PerformRx /PHP pharmacy network. Therefore, a pharmacy's MAID termination date will serve as the pharmacy's network end date of participation. Pharmacy providers who receive a claim rejection message "Provider not valid on date of service" should contact the PerformRx Help Desk at **800-578-0898** for assistance and also verify their MAID termination date provided on the Medicaid renewal certificate.

You are responsible for informing PerformRx Pharmacy Network Administration of any changes in your credentialing information and/or pharmacy certificates. Written updates should be **faxed** to PerformRx's Pharmacy Network Administration at **800-684-5504**.

Pharmacy providers may obtain information about the PerformRx Quality Initiative Programs by contacting the PerformRx Network Administration Department at **800-555-5690**.

PHARMACY AUDITS

As recipients of Federal funding, pharmacies must cooperate with PerformRx auditors and promptly provide access to all information/documents deemed necessary by auditors - including prescription hard copies, patient signature logs, purchase invoices, and documentation including computer data (without limitation). PerformRx authorized representatives may, upon reasonable notice, audit the pharmacy's records pertaining to members' prescriptions and the provision of covered services. PharmDur is the auditing subcontractor for PerformRx. Onsite and/or desktop audits are randomly conducted on a routine and annual basis.

PerformRx may notify pharmacies of complaints received with respect to customer service, any irregular billing practice or procedure, overpayment, fraud or abuse, non-compliance with PerformRx's policies and procedures, or any other problem that PerformRx may discover by audit or otherwise. The pharmacy shall cooperate with PerformRx to resolve all issues.

The criteria currently used in conducting retrospective onsite and/or desktop audits include, but are not limited to:

- Excessive quantity dispensed for days supply limitations
- Early refill
- Duplicate dispensing for school/work/LOA
- Drug billed is different than drug dispensed
- Possible prescription splitting
- Package billing errors
- Valid prescriptions
- DAW parameters
- Duplicate therapy/prescriptions
- Temporary supply

- Diagnosis codes

Pharmacy records may be requested and reviewed by PerformRx, its auditing subcontractors, PHP, or the Kentucky Department for Medicaid Services (DMS).

Pharmacy Audits by PharmDUR

PharmDUR, our audit subcontractor, is one of the largest independent pharmacy audit firms in the nation. PharmDUR, Inc. will analyze PerformRx's various prescription drug claims, which includes the utilization of their proprietary system application, AudiTrack, an automated overview information verification program. AudiTrack uses PerformRx's paid pharmacy claims data specifically developed rule sets, to develop reports pertaining to potential issues for review. AudiTrack provides reports on patient utilization, physician prescribing patterns, and pharmacy dispensing patterns.

Audit Appeals Process

Pharmacies wishing to appeal the results of a finalized audit may do so in writing to the following address:

PerformRx Pharmacy Audit Services
Attn: PHP
200 Stevens Drive, 1st Floor
Philadelphia, PA 19113

A pharmacy technician will contact the pharmacy once all documentation from the audit company is received to initiate the audit dispute process.

To ensure an impartial review, PerformRx, not the audit company, independently reviews finalized pharmacy audit documentation. PerformRx will also re-evaluates post-audit documents submitted by provider but rejected by the audit company. PerformRx will request copies of audit documents from both the audit company and the pharmacy. Pharmacies are notified in writing of the outcome of their appeal.

MEMBER RIGHTS AND RESPONSIBILITIES

Policy: Members have the right to be treated in a way that respects their dignity and their need for privacy when getting health care. Health care providers participating in PHP must be committed to treating members in a manner that:

- Respects their rights to receive information about the organization, its services, its practitioners and providers;
- Treats them with respect and recognition of their dignity and right to privacy;
- Allows them to participate with practitioners in decision-making regarding their health care;
- Provides candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage;

- Allows them to voice complaints or appeals about the organization or the care provided;
- Emphasizes their responsibility to provide, to the extent possible, information that is needed in order to care for them;
- Follows the plans and instructions for their care that they have agreed upon with their practitioners.

Member Rights:

1. Members have the right to have their pharmaceutical care information and records kept private.
2. Members have the right to allow or refuse their personal information to be sent to another party, except when the release of information is required by law and/or in internal setting between PerformRx and PHP when treatment, payment and/or healthcare operations necessitate its disclosure.
3. Members have the right to receive pharmaceutical benefits in a setting that respects their dignity and privacy.
4. Members have the right to make a complaint about PerformRx or the pharmacy service provided.
5. Members have the right to receive pharmaceutical care without regard to race, color, religion, sex, age or national origin.
6. Members have the right to choose or change pharmacy providers available within their health care plan's chosen network; however, members who are in a lock-in program may be restricted to a specific pharmacy at PHP's direction.
7. Members have the right to access pharmaceutical care without communication or physical barriers.
8. Members have the right to receive information about PHP, its services, its practitioners and providers, and members' rights and responsibilities.
9. Members have a right to be treated with respect and recognition of their dignity and right to privacy.
10. Members have a right to participate with practitioners in making decisions about their health care.
11. Members have a right to a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost or benefit coverage.
12. Members have a right to voice complaints or appeals about PHP or the care it provides.
13. Members have a right to make recommendations regarding PHP's members' rights and responsibilities policies.

Members Responsibilities:

1. Members have the responsibility to treat those providing pharmacy services with the same respect and kindness they expect for themselves.
2. Members have the responsibility to utilize a pharmacy provider available within PHP's chosen network.

3. Members have the responsibility to notify their pharmacist of all insurance coverages for which they are eligible, preferably by presenting the appropriate benefit cards at the time of service.
4. Members have the responsibility to ask their pharmacist questions about the medications they receive.
5. Members have the responsibility to follow the steps of the Complaint and Grievance process if they are not happy with the pharmacy service they get through a PerformRx pharmacy provider.
6. Members have the responsibility to tell PerformRx if a member or provider misuses PHP's pharmaceutical care benefits or ID cards.
7. Members have a responsibility to supply information (to the extent possible) that PHP, its practitioners and providers need in order to provide care.
8. Members have a responsibility to follow plans and instructions for care that they have agreed on with their practitioners.
9. Members have a responsibility to understand their health problems and participate in developing mutually agreed upon treatment goals to the degree possible.

Protected Health Information (PHI) Disclosure

In accordance with its Business Associate Agreement with its clients, PerformRx follows the following procedure regarding the disclosure of PHI.

PerformRx shall use and disclose PHI for the purpose of providing pharmacy benefit management services. PerformRx shall ensure that its directors, officers, employees, contractors and agents shall:

- (1) Not use or further disclose PHI other than as permitted or required by law.
- (2) Implement all appropriate and reasonable administrative, physical and technical safeguards to maintain the security, integrity and confidentiality of PHI and comply with the security standards by the effective date of the final HIPAA Security Regulations.
- (3) Report promptly to PHP any use or disclosure of PHI not provided for by this Agreement of which PerformRx becomes aware.
- (4) Require subcontractors or agents to whom PerformRx provides PHI to agree to the same restrictions and conditions that apply to PerformRx pursuant to this Agreement.
- (5) Transfer to PHP, upon request, information necessary to allow PHP to timely respond to a request by an individual for an accounting of the disclosures of the individual's PHI or for a copy of the individual's PHI.
- (6) Make available PHI for amendment or correction, and incorporate any amendments or corrections to PHI when notified by PHP that information is incomplete or inaccurate.
- (7) Maintain record keeping of all disclosures of PHI, other than for the purpose set forth in this Agreement, including the date, name of recipient, description of PHI disclosed and purpose of disclosure.
- (8) Make PerformRx's internal practices, books, and records relating to the use and disclosure of PHI available to the Department of Health and Human Services for purposes of determining PHP's compliance with the HIPAA regulations.

- (9) At termination of the Agreement, return or destroy all PHI received from or on behalf of PHP that PerformRx still maintains in any form and retain no copies of such PHI; provided that if such return or destruction is not feasible, extend the protections of this Agreement to the PHI and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
- (10) PerformRx may use or disclose the PHI for the proper management and administration of PerformRx or to carry out its legal responsibilities, if (A) the disclosure is required by law; or (B) (1) PerformRx obtains reasonable assurance from the third party that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party; and (2) the third party notifies PerformRx of any instances of which it is aware in which the confidentiality of the information has been breached.
- (11) PerformRx may de-identify PHI, if the de-identification conforms to the requirements of HIPAA. De-identified information is not PHI and is not subject to the terms of this Agreement.
- (12) PerformRx uses and discloses PHP member's PHI for purposes of treatment, payment and health care operations.
- (13) PerformRx verifies the identity and authority of an individual or agency seeking access to or a disclosure of protected health information.
- (14) PerformRx does not use or disclose a plan member's protected health information without the member's written valid authorization, except for purposes of treatment, payment and health care operations or as otherwise required or permitted by law.
- (15) Unless otherwise directed by PHP, PerformRx will restrict uses and disclosures of PHI or confidential communications only at the direction of PHP, in the manner specified by PHP.
- (16) Unless otherwise directed by PHP, PerformRx will transfer to PHP, upon request, information necessary to allow PHP to timely respond to a request by an individual for an accounting of the disclosures of the individual's PHI.
- (17) When requested by PHP, PerformRx promptly responds to plan members' complaints with respect to implementation of, or compliance with, the HIPAA privacy regulations in administration of the pharmacy benefit for the plan.

PerformRx is in compliance with the HIPAA regulations "Administrative Requirements for Transactions," 45 C.F.R. § 162.100 et seq., effective October 16, 2003.

Utilization Management Statement

PerformRx's pharmacy drug utilization program is coordinated with PHP quality assurance programs to achieve quality care through a disease management approach. The Drug Utilization Program is designed to identify and correct potentially harmful prescribing patterns, enhance community prescribing standards, and detect patterns of fraud and abuse. The policy and procedures meet federal statute/regulation citation Section 4401 (g) of OBRA '90 and 42 CFR 456 as well as NCQA guidelines.

FRAUD, WASTE, AND ABUSE

FRAUD is understood to mean a dishonest and deliberate course of action that results in the obtaining of money, property or an advantage to which the recipient would not normally be entitled.

WASTE entails the expenditure or allocation of resources, treatment or in this context, Pharmaceuticals significantly in excess of need.

ABUSE defined here as a subset of waste, entails the exploitations of “loopholes” to the limits of the law, primarily for financial gain.

A pharmacist is required to exercise sound professional judgment with respect to the legitimacy of prescriptions orders dispensed. The law does not require a pharmacist to dispense a prescription order of doubtful origin. To the contrary, the pharmacist who deliberately turns the other way when there is every reason to believe that the purported prescription order had not been issued for a legitimate medical purpose may be prosecuted, along with the issuing physician, for knowingly and intentionally distributing controlled substances.

Examples of Fraud, Waste, and Abuse

The following section describes examples of pharmacy fraud, waste and abuse. Examples of potential fraud, waste and abuse include but are not limited to:

- Inappropriate billing practices: Inappropriate billing practices at the pharmacy level occur when pharmacies engage in the following types of billing practices:
- Incorrectly billing for secondary payers to receive increased reimbursement.
- Billing for non-existent prescriptions.
- Billing multiple payers for the same prescriptions, except as required for coordination of benefit transactions.
- Billing for brand when generics are dispensed.
- Billing for non-covered prescriptions as covered items.
- Billing for prescriptions that are never picked up (i.e., not reversing claims that are processed when prescriptions are filled but never picked up).
- Billing based on “gang visits,” e.g., a pharmacist visits a nursing home and bills for numerous pharmaceutical prescriptions without furnishing any specific service to individual patients.
- Inappropriate uses of dispense as written (“DAW”) codes.
- Prescription splitting to receive additional dispensing fees.
- Drug diversion.
- Prescription drug shorting: Pharmacist provides less than the prescribed quantity and intentionally does not inform the patient or make arrangements to provide the balance but bills for the fully-prescribed amount.
- Bait and switch pricing: Bait and switch pricing occurs when a beneficiary is led to believe that a drug will cost one price, but at the point of sale the beneficiary is charged a higher amount.
- Prescription forging or altering: Where an individual without the prescriber’s permission to increase quantity or number of refills alters existing prescriptions.
- Dispensing expired or adulterated prescription drugs: Pharmacies dispense drugs that are expired, or have not been stored or handled in accordance with manufacturer and FDA requirements.
- Prescription refill errors: A pharmacist provides the incorrect number of refills prescribed by the provider.

- Illegal remuneration schemes: Pharmacy is offered, or paid, or solicits, or receives unlawful remuneration to induce or reward the pharmacy to switch patients to different drugs, influence prescribers to prescribe different drugs, or steer patients to plans.
- TrOOP manipulation: When a pharmacy manipulates TrOOP to either push a beneficiary through the coverage gap, so the beneficiary can reach catastrophic coverage before they are eligible, or manipulates TrOOP to keep a beneficiary in the coverage gap so that catastrophic coverage is never realized.
- Failure to offer negotiated prices: Occurs when a pharmacy does not offer a beneficiary the negotiated price of a Part D drug.

Prescriber Fraud, Waste and Abuse

The following section describes examples of prescriber fraud, waste and abuse. Examples of potential fraud, waste and abuse include but are not limited to:

- Illegal remuneration schemes: Prescriber is offered, or paid, or solicits, or receives unlawful remuneration to induce or reward the prescriber to write prescriptions for drugs or products.
- Prescription drug switching: Drug switching involves offers of cash payments or other benefits to a prescriber to induce the prescriber to prescribe certain medications rather than others.
- Script mills: Provider writes prescriptions for drugs that are not medically necessary, often in mass quantities, and often for patients that are not theirs. These scripts are usually written, but not always, for controlled drugs for sale on the black market, and might include improper payments to the provider.
- Provision of false information: Prescriber falsifies information (not consistent with medical record) submitted through a prior authorization or other formulary oversight mechanism in order to justify coverage. Prescriber misrepresents the dates, descriptions of prescriptions or other services furnished, or the identity of the individual who furnished the services.
- Theft of prescriber's DEA number or prescription PHP: Prescription PHPs and/or DEA numbers can be stolen from prescribers. This information could illegally be used to write prescriptions for controlled substances or other medications often sold on the black market. In the context of e prescribing, includes the theft of the provider's authentication (log in) information.

Wholesaler Fraud, Waste and Abuse

The following section describes examples of wholesaler fraud, waste and abuse. Examples of potential fraud, waste and abuse include but are not limited to:

- Counterfeit and adulterated drugs through black and grey market purchases: This includes but is not limited to fake, diluted, expired, and illegally imported drugs.
- Diverters: Brokers who illegally gain control of discounted medicines intended for places such as nursing homes, hospices and AIDS clinics. Diverters take the discounted drugs, mark up the prices, and rapidly move them to small wholesalers. In some case the pharmaceuticals may be marked up six times before being sold to the consumer.
- Inappropriate documentation of pricing information: Submitting false or inaccurate pricing or rebate information to or that any Federal health care program may use.

Excerpted from: [Chapter 9 - Fraud, Waste and Abuse \(v04.25.06\) \[PDF, 543KB\]](#)

Office of Inspector General (OIG) Report

To read more about OIG activities to identify fraud and abuse involving HHS programs, go to: http://oig.hhs.gov/publications/docs/semiannual/2008/semiannual_spring2008.pdf

How to Report Suspected Fraud or Abuse

To report suspected fraud or abuse, contact either:

PerformRx Help Desk
800-578-0898

OR

Corporate Compliance Hotline
800-575-0417

To find additional information about Fraud and Abuse, go to
<http://www.cms.hhs.gov/FraudAbuseforProfs/> on the CMS website.

APPENDIX A

ARGUS Interpretation Tool

Rejection Reasons	Denial Code Investigations Error Codes	
1. Pharmacy receives a rejection that the medication is not covered or needs a PA (Prior Authorization)	96-PA Required	1. Contact PerformRx HelpDesk 2. Advise Member to call the Physician to have a PA faxed to Perform PA, if needed.
2. Pharmacy receives a rejection that the NDC (National Drug Code) number is not on file.	16-NDC is not on file.	2. Pharmacy needs to call the PerformRx Help Desk for assistance.
3. Pharmacy receives a denial rejection that states the member's medication cannot be filled until a specific date.	80-Claim in error, refill too soon	3. Pharmacy should advise the member that they are getting their medication too early and/or Pharmacy may need to call Perform Rx HelpDesk.
4. Pharmacy receives a rejection that the member is not eligible.	2- Member not eligible on date of fill	4. The Pharmacy will need to call PHP Provider Services for verification or check DUR.
5. Pharmacy receives a rejection that member has other insurance.	90-Submit to primary payor	5. Pharmacy will need to put in a 502 override code and advise the member to call PHP Provider Services to have the other insurance corrected.
6. Pharmacy receives a rejection that the Physician's License is not valid.	34-Prescriber ID invalid or 65-Prescriber not eligible on date filled	6. Pharmacy needs to verify that the provider's NPI number is correct on the claim. Providers should contact the PerformRx Help Desk 800-578-0898 for assistance.
7. Pharmacy receives a rejection that the member's medication denies for: Duplicate Therapy, Drug Preferences or Therapy Protocols.	47-This therapy may duplicate current therapy	7. Pharmacy needs to call PerformRx HelpDesk for assistance.
8. Pharmacy has a problem with a script going through the system.		8. Pharmacy will need to call PerformRx HelpDesk at 800-578-0898.
9. Pharmacy receives a "refill too soon" rejection. (Increase in dosage).	80- Refill too soon	9. Pharmacy will use the error code 555555 in the prior auth field if this is an increase in dosage. (Note: ARGUS will recalculate the days supply of the previous fill based on the new directions and either pay the claim if 75% utilized or return the new calculated refill due date) If medication was prior authorized, the pharmacy will need to contact the PerformRx Help Desk 800-578-0898.
10. Pharmacy receives a rejection "medication not covered or PA requires".	96-PA Required 164—below pediatric maximum dosage guidelines 177-Use appropriate tab or cap for dose 9-Unit dose items are excluded under this plan	Pharmacy will need to call PerformRx will determine if medication is a continuation of therapy or new therapy. If this is a continuation PerformRx will update PA. If this is new therapy, will need a PA
11. Pharmacy receives rejection "product service not covered".	21-NDC not covered-generic required 43-This NDC is not on preferred drug list 48-NDC not covered-non-formulary drug 158-NDC not covered w/o appropriate diagnosis code	Pharmacy needs to call the PerformRx Help Desk for assistance.
12. Pharmacy receives rejection for "Plan limits exceeded".	51-Quantity less than minimum for this plan 29-Quantity greater than allowed by this plan 151-Exceeds quantity therapy allowed 145-Exceeds therapy allowed at dose 76-Plan limitations 62-Claim denied-over annual	Pharmacy needs to call the PerformRx Help Desk at 800-578-0898 for assistance.

13. Pharmacy receives a rejection for an obsolete drug.	108-Desi drugs are excluded under this plan 136-OTC drugs are excluded under this plan	Pharmacy needs to call the PerformRx Help Desk at 800-578-0898 for assistance.
14. Pharmacy receives rejection "Use appropriate tab or cap strength for this dose"	177-Use appropriate tab or cap for dose	Pharmacy should consolidate does into fewest number of tablets or split, if appropriate. Pharmacy may use override code 177177 if splitting of tablets is not appropriate.

APPENDIX B

Prior Authorization Form



Prior Authorization Request Form

Response to pharmacy will only be made if pharmacy name and fax are present on the form.

Member Name:		Date:
Passport Health Plan Member ID:		Date of Birth:
Pharmacy Name:		Fax Number:
Physician Name:		
Address:		
Specialty:	Medical License Number:	
Physician Phone:	FAX:	
Medication Name and Strength Requested:		
Directions:		
Anticipated Length of Therapy:		
<input type="checkbox"/> days	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months
Diagnosis:		
Preferred Medication tried/previous therapy: <i>(PLEASE include strength, frequency, and duration)</i> Note confirmation of use will be made from PHP drug history on file.		
Rationale for selecting this Medication: <i>(PLEASE do not answer "DRUG OF CHOICE")</i>		
Physician's Signature:		

Please return this form to:
 AmeriHealth Mercy Health Plan
 200 Stevens Drive
 Philadelphia, PA 19113
 FAX: 1-877-693-8280 (Standard)

Call 1-800-578-0898 for questions concerning Prior Authorization.

URGENT REQUEST (check here)

Fax to urgent fax line at 1-877-693-8476

Abuse will be monitored. Fax line must be reserved for requests that, in the provider's best professional judgment, are potentially life threatening or pose a significant risk to the patient. AmeriHealth Mercy Clinical Pharmacists reserve the right to determine urgency. Please be sure to explain the reason for urgency.

APPENDIX C

NCPDP Version 5 Request

See Website for Multi-Ingredient Compound Generic Payer Sheet

NOTES

