

ARTA Retiree Benefits Plan—Real-time authorizations available for over 100-day medication supply effective September 1, 2018

On September 1, 2018, the Alberta Retiree Teachers' Association (ARTA) Retiree Benefits Plan, administered by the Alberta School Employee Benefit Plan (ASEBP), will automate the over 100-day medication supply quantity authorization process for their members.

ARTA members will no longer need to contact ARTA to obtain an authorization and pharmacies can submit direct bill claims for over 100-day supplies. Claims will adjudicate to a maximum supply of 212 days for the member. When seeking authorization for an over 100-day supply, please follow the steps outlined below.

Step 1: 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 212 days). No further action required.
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.

Step 2: Phone



First, submit all 100-day supply claims for real-time direct bill authorization.

Only in the circumstances listed below should you contact Alberta Blue Cross for authorization of an over 100-day supply.

1. Member has coordination of benefits (COB)
2. Product dispensed is a narcotic or controlled drug benefits.
3. 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).
4. Claim rejected with response code **D9**: "Call Adjudicator."
5. 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.

When phoning, please have the following information ready:

- Pharmacy licence number
- Member's first and last name
 - Date of birth
 - ARTA ID number
- DIN(s)
- Quantity requested
- Days' supply

Criteria for approval of ARTA over 100-day supply

- Two authorizations per medication per benefit period (January 1 to December 31).
- Up to a maximum supply of 212 days, consider quantities on hand.
- Plan members must be stabilized on their medication.

Q & A

Q: Do I need to call Alberta Blue Cross prior to submitting a direct bill claim for a greater than 100-day supply for an ARTA member?

A: No. Simply submit the claim and the claim will either accept or indicate further action that is needed.

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.

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 a greater than 100-day supply and the request is approved, you will be issued an authorization number for claims submission and documentation purposes.

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.

Response code	Response message	Reason for response code (adjudication outcome)	Steps to manage claim rejection
D9	"Call adjudicator"	<p>The member has Alberta Human Services (AISH) coverage.</p> <p>The member has a coordination of benefits.</p> <p>Narcotic or controlled medications.</p> <p>Packaging of medication cannot be dispensed in a days' supply equal to the days' supply request (such as didrocal kits, insulin or inhalers).</p> <p>Final days' supply submitted exceeds the term date of the member's coverage.</p>	Authorization may be eligible but requires the pharmacy provider 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 contact Alberta Blue Cross for consideration of approval.
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"	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 the 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.

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>

