



COORDINATION WITH COVERAGE FOR SENIORS PROGRAM

Plan members who are 65 and older should be enrolled in the Alberta Coverage for Seniors Program. Drugs that are covered by this program should be adjudicated through the program first before being submitted to Green Shield Canada (GSC). Then, when submitting the claim to GSC for coordination of the amount not paid by the Coverage for Seniors Program, the intervention code “DA” should be used. This code indicates that the claim is being coordinated with the provincial program. (Do not use intervention code “DB,” which indicates that the claim is being coordinated with a private plan.)

When to use the ‘MS’ intervention code

If the Alberta Coverage for Seniors Program requires special authorization for a particular drug, the patient should have their prescriber apply first for special authorization through Alberta Blue Cross. If the patient does not qualify under Alberta Blue Cross special authorization, then the intervention code “MS” may be used when submitting the claim to GSC. This code indicates that the plan member’s drug claim does not qualify under the Coverage for Seniors Program and will allow the claim to be processed.

If GSC also requires special authorization for the medication and the “MS” intervention code was used, then the message “Drug must be authorized” will be sent back to the pharmacy. The patient will then need to apply for special authorization through GSC. Drug special authorization forms are available on the providerConnect® website and may be printed and given to the patient for completion by the prescriber.

Coordinating diabetic supply coverage with Alberta Coverage for Seniors Program

The Alberta Coverage for Seniors Program covers diabetic supplies for insulin-treated diabetics up to \$600 per year. When submitting a claim to GSC where a portion has been paid by the Coverage for Seniors Program, use the intervention code “DA” and ensure that the GSC-assigned PIN for the diabetic supply is submitted. The “DA” code indicates that the claim is being coordinated with the provincial program.

If the patient has exhausted the Coverage for Seniors Program benefit or does not qualify for diabetic supplies under the program, the intervention code “DY” may be used and the GSC-assigned PIN for the diabetic supply should be submitted. The “DY” code indicates that the patient is not eligible for the government diabetic supply program or has used up the funds available from that program.

A listing of the PINs GSC uses can be found on providerConnect at:

https://www.providerconnect.ca/Carriers/GreenShield/Pharmacy/PharmacyManuals/en_CA/SelectedPINSOct2018.pdf

USE PROVIDERCONNECT FOR SUPPLIES THAT CAN'T BE SUBMITTED THROUGH THE PHARMACY DISPENSING SYSTEM

Some specific supplies, such as Aerochambers and insulin pump supplies, cannot be claimed through the pharmacy dispensing system. In these cases, pharmacies may be able to submit an electronic claim through the providerConnect website. To submit these claims, pharmacies need to register for a providerConnect account. Details can be found at www.providerConnect.ca.

BRAND-DRUG LOYALTY CARD POLICY

Brand-drug loyalty cards are offered by drug manufacturers to patients that wish to be dispensed the brand over the generic version of a drug product. These cards are meant to pay most, if not all, of the difference in cost between the brand and the generic when the brand is not fully reimbursed by the patient's drug plan. The issuers of these cards have been asked in the past to ensure that the cards are used as second payor regardless of the number of plans the patient holds (both public and private). Many patients have more than one drug plan, and a recent study shows that these claims continue to be submitted improperly to the loyalty cards as payor of last resort.

GSC requires that any drug claim submitted to a brand-drug loyalty card program must be treated as if the loyalty card program is the plan member's secondary plan. Here's how it works:

- If a patient is covered by only one drug benefits plan (private or public), the claim should be submitted to this plan first, then any unpaid amount remaining is submitted to the brand-drug loyalty card program.
- If the patient is covered by two drug benefit plans (private or public), the claim should be submitted to the primary plan first, followed by the brand-drug loyalty card program, and then to the patient's other drug plan (if an unpaid amount remains on the claim).

COORDINATING COMPOUNDS WITH THE ALBERTA COVERAGE FOR SENIORS PROGRAM (ARTA ONLY)

The Alberta Coverage for Seniors Program pays for compounds that meet specific eligibility criteria. ARTA's benefits plan will allow coordination of benefits for compounds that have been reimbursed by the provincial program. When coordinating the claim with ARTA's plan, ensure that the same compound PIN that was submitted to the Alberta Coverage for Seniors Program is submitted to GSC.

QUESTIONS?

If you have any questions about drug claim submissions for ARTA plan members, call the GSC Contact Centre at 1.888.711.1119. Agents are available from 6:30 a.m. to 6:30 p.m. Mountain Time.

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