



PHARMACY SERVICES MANUAL

Southern Scripts simplifies the complexities of the PBM world.

Lowering RX Costs, Optimizing Patient Care

TABLE OF CONTENTS

Southern Scripts Overview	p.4
Pharmacy Help Desk	p.5
Contact Info/Hours of Operation	p.5
Claim Processing Coding	p.5
Pharmacy Enrollment	p.6-8
Pharmacy Provider Rights and Responsibilities	p.9-10
Payer Sheet	p.11
Claim Billing Transaction	p.12-14
Claim Reversal Transaction	p.14-15
Claims Adjudication	p.16-26
Member Eligibility	p.17-18
Information needed to process a claim	p.19
Identification Cards	p.18-20
Claim Edits	p.21
Days Supply	p.21
Quantity	p.22
National Drug Code	p.22
Refills	p.22
Dispense As Written(DAW) Codes	p.22-23
Prior Authorization	p.23
Compounded Prescription	p.24-25
Emergency medications	p.25
Vaccines	p.26
Pharmacy Provider Reimbursement	p.27-31
Fees	p.28-29
MAC Pricing Issues	p.29
Sales Tax	p.30

Payment Cycle	p.30
Additional Information	p.32-43
Formularies	p.32
Service Codes	p.33-36
Compliance and Auditing	p.36-40
Fraud, Waste & Abuse	p.36-38
Member Complaints	p.38
Protected Health Info	p.40-41
Pharmacy Provider Relations Department	p.41
Optional Clinical Programs	p.41-42
General Provisions	p.43-46
Frequently Asked Questions	p. 46-47
Definitions	p.48-52
Regulatory Appendix	p.53
Appendix	p.55

SOUTHERN SCRIPTS OVERVIEW

Southern Scripts is pleased to welcome you and your pharmacy to our network. We value you as a provider of high quality, cost efficient pharmacy services. Southern Scripts publishes the Pharmacy Services Manual to serve as a guide for pharmacy staff in claims processing and provides overall terms, conditions, policies, and procedures of Southern Scripts. We ask that you also refer to your Pharmacy Network Agreement.

Southern Scripts provides a prescription benefit management service for many different plans each with its own guidelines. Plans may vary regarding things such as covered items, copays/coinsurance, and quantity limits. The claims processing system will provide accurate information regarding the individual member, group, and pricing.

We hope that answers to the majority of your questions may be obtained through this Pharmacy Services Manual. For all other questions or further clarification, please contact our Pharmacy Help Desk.

NEED TO TALK?

Need to talk to one of our Pharmacy Help Desk service representatives? ***Please call*** the Pharmacy Help Desk at 1-800-710-9341 for assistance.

Southern Scripts Pharmacy Help Desk:

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

The Southern Scripts Pharmacy Help Desk 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);
- Preferred Drug List;
- Coordination of Benefits;
- Quantity Limits;
- Reimbursement Issues;
- Network Contracting.

Hours of Operation and Contact Telephone Numbers

Southern Scripts Pharmacy HelpDesk	
Monday- Friday 8:00 am – 6:00 pm (CST)	1-800-710-9341

Southern Scripts Prior Authorization FaxLine	
Monday- Friday 8:00 am – 6:00 pm (CST)	1-318-214-4190

Claim Processing Coding

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

SS BIN Number:	SS Processor Control Number:
015443	SSN

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

If you have difficulty in transmitting claims for SS members due to host processing or claim submission errors, please contact the Pharmacy Help Desk.

SS Hours of Operation and Contact Telephone Number	
Monday- Friday 8:00 am – 6:00 pm (CST)	1-800-710-9341

PHARMACY ENROLLMENT

Credentialing

Prior to becoming a participating network pharmacy provider, a pharmacy must complete the credentialing process and submit all required documentation to Southern Scripts. The pharmacy must include an executed copy of the Pharmacy Network Agreement. The Pharmacy Network Agreement may be obtained at <http://southernscripts.net/providers.php> or by calling the Pharmacy Help Desk at 1-800-710-9341. There is no application fee required.

To request a copy of your Pharmacy Network Agreement, please contact the Pharmacy Help Desk at the number listed above.

Credentialing and re-credentialing ensure participating providers abide by the criteria established by Southern Scripts as well as governmental regulations and standards. The applicant must comply with the credentialing and re-credentialing initiatives required by Southern Scripts, and agree to provide Southern Scripts with documentations and other relevant information that maybe required in association with such initiatives. All applicants are subject to the credentialing review and verification process. Southern Scripts has the right to determine whether applicant meets and maintains the appropriate credentialing standards to participate as a pharmacy in the Southern Scripts Pharmacy Network.

Documents required, but not limited to:

1. Executed Pharmacy Network Agreement (<http://southernscripts.net/providers.php>)
2. Copy of liability insurance
3. State Pharmacy Permit
4. DEA License
5. W-9 Form (<http://southernscripts.net/providers.php>)

Upon request, pharmacy will provide additional information that may be needed to document compliance with Southern Scripts credentialing review.

A pharmacy's participation in the Southern Scripts Pharmacy Network is voluntary. Participation in one network does not guarantee or mandate participation in another network. A pharmacy providing Covered Services to a Southern Scripts member affirms participation in a network and agreement with terms and conditions set forth in this Pharmacy Services Manual and the Pharmacy Network Agreement.

Southern Scripts Pharmacy Agreement states that a Pharmacy will be terminated immediately if it violates any federal, state, or local law. Any violation will include immediate termination if Southern Scripts is notified that the Pharmacy has not complied with any tax laws.

A participating pharmacy may be referred to as a Pharmacy Provider. Each Pharmacy Provider may be subject to re-credentialing every three (3) years.

Expectations of Our Pharmacy Providers

- Support of all formularies published by Southern Scripts or its Payors.
- Sufficient inventory of prescription drugs commonly used in the retail pharmacy setting and consistent with formulary.
- Responsible for accuracy, integrity, completeness and timeliness of data and information submitted.
- Maintain all Professional Standards in accordance with applicable pharmacy law.
- Maintenance of a signature log at each pharmacy location with required member signatures or capture and store signature electronically confirming Member's receipt of Covered Medication.
- Prescription error prevention measures and processes for handling prescription errors.
- Filling prescriptions according to the prescriber's directions.

Licensure

- Pharmacy Providers must meet all standards of operation as described in Federal, State, and local law and regulations. The pharmacy must furnish copies of Federal, State, and local licenses and/or business permits as required by applicable law when applying for enrollment as a participating pharmacy in the network. Pharmacy Providers must at all times maintain in good standing all licenses and/or permits required to operate a pharmacy. Once credentialed to participate in the Southern Scripts Network, the Pharmacy Provider must notify Southern Scripts immediately in writing if its licenses and/or permits are canceled, revoked, suspended, or otherwise terminated. Failure to immediately notify Southern Scripts in writing of any such action that may result in immediate termination from the pharmacy network. Moreover, failure to maintain the appropriate licenses and/or permits will result in immediate termination from the Southern Scripts Pharmacy Network.

Confidentiality and Proprietary Rights

- Pharmacy Provider shall maintain the confidentiality of any confidential or proprietary information of Southern Scripts, but not limited to, any confidential pricing, marketing or product information; Formulary information; in-network lists; information on invoices and reports provided by Southern Scripts; the Pharmacy Network Agreement, its terms, conditions and contents; and any other information designated as confidential or proprietary.
- All Member information related to Covered Prescription Services and other records identifying Member shall be treated by the participating pharmacy as confidential. All materials relating to pricing, contracts, programs, services, business practices and procedures of Southern Scripts are proprietary and confidential. The participating

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

pharmacy must maintain the confidential nature of such materials and return them to Southern Scripts upon termination of the agreement.

Changes in Documentation and Other Information

- Participating pharmacies must notify Southern Scripts in writing of any changes in documentation and other information provided to Southern Scripts in connection with any credentialing or re-credentialing initiatives. Pharmacy updates are processed through NCPDP on a monthly basis. Please submit all changes to NCPDP immediately, in order to ensure timely processing.

Reporting of Investigations and Disciplinary Actions

- Pharmacy Providers must notify Southern Scripts immediately in writing if its license(s) and/or permit(s) have been suspended or revoked. The Pharmacy Provider must also notify Southern Scripts immediately in writing if it receives notice of any proceedings that may lead to disciplinary actions, or if any disciplinary actions are taken against the participating pharmacy or any of its personnel, including actions by Boards of Pharmacy, the Office of Inspector General (OIG), or other regulatory bodies. Failure to immediately notify Southern Scripts in writing of any such investigations or disciplinary actions may result in immediate termination as a Pharmacy Provider. Southern Scripts periodically and routinely reviews federal and state exclusion databases to determine those pharmacies that are excluded from health care programs. Claims for Covered Prescription Services from any pharmacy that is identified as not able to participate in such programs will reject at point of sale.

Federal and State Credential and Exclusion Databases

- Southern Scripts will periodically review Federal and State databases to monitor the regulatory actions of all participating pharmacies and pharmacists.
- Federal databases include the Office of Inspector General (OIG) and SGA databases that identify exclusions to federal programs. If your pharmacy or personnel from your pharmacy is listed on the OIG or SGA databases, Southern Scripts must immediately terminate our agreement. Southern Scripts will not allow any excluded pharmacy into our network. Southern Scripts will also review the DEA database to ensure that our participating pharmacies are able to dispense controlled substances. Southern Scripts also routinely reviews prescribers to ensure participation in Federal programs and controlled substance writing authority.
- State databases include applicable state Board of Pharmacy (or similar state department) to review state license activity and disciplinary actions. If Southern Scripts identifies a questionable license or disciplinary action, the information will be upon review for further action.

PHARMACY PROVIDER RIGHTS & RESPONSIBILITIES

RIGHTS

- To be treated with respect and dignity.
- To receive prompt and courteous responses to inquiries directed to Southern Scripts.
- To receive timely communications from Southern Scripts on items affecting pharmacy services.
- To express a complaint and receive a response within a reasonable amount of time.
- To expect confidentiality of business and credentialing documents.

RESPONSIBILITIES

- Comply with laws and provide services in a manner compliant with the highest standards.
- Maintain the confidentiality of members in accordance with HIPAA privacy laws.
- Maintain facility and equipment in first-class condition.
- Provide annual training for staff to mitigate fraud, waste, and abuse.
- Maintain all materials relating to pricing, contracts, programs, services, and business practices of Southern Scripts as proprietary and confidential.
- Maintain and enforce comprehensive policies and procedures for operation.
- Non-discrimination against members.
- Fill prescriptions according to the prescriber's directions.
- Assure the authenticity of the Prescription Drug Order.
- Seek to prevent Prescription Drug Orders from being filled by multiple pharmacies.
- Ensure reasonable verification of the identity of the patient, prescriber and if appropriate caregiver.
- Obtain and maintain patient medication profiles.
- Maintain complete records related to:
 - Original prescriptions
 - Prescriber information
 - Signature and/or electronic tracking logs
 - Refill information
 - Patient profiles
 - Wholesaler, manufacturer and distributor invoices
- Display all DUR alerts to the dispensing pharmacist; respond to all online edits.
- Take appropriate action regarding suspected adverse drug reactions and errors.
- Inform patients or caregivers about drug recalls.
- Assure that medications and devices are maintained within appropriate temperature, light, and humidity standards during storage and shipment.
- Provide instructions to the patient on storage, dosing, side effects, potential interactions, and use of medication dispensed in accordance with professional practice guidelines.
- Collect from each member the applicable copayment or coinsurance.
- Submit claims electronically, at the point-of-sale, only for the patient for whom the prescription was written by the prescriber.

- Utilize accurate National Provider Identifier (NPI) in the correct NCPDP data field.
- Reverse claims for product returned to stock within 10 days of the original service date.
- Notify Southern Scripts immediately of any status change in pharmacy or pharmacist license.
- A dispensing pharmacist is under no obligation to dispense a prescription, which is his/her professional opinion, should not be dispensed.
- Professional Judgment: nothing in this Agreement shall prohibit Pharmacy's pharmacists from exercising professional judgment in the dispensing of Covered Prescription Services and such pharmacists may refuse to dispense any Covered Drug based upon their professional judgment.

PAYER SHEET

GENERAL INFORMATION

Payer Name: Southern Scripts		Date: 07/01/2012
Plan Name/Group Name: Southern Scripts	BIN: 015433	PCN: SSN
Processor: Secura Management Services		
Effective as of: 07/01/2012		NCPDP Telecommunication Standard Version/Release #: D.Ø
NCPDP Data Dictionary Version Date: 07/2007		NCPDP External Code List Version Date: 04/2012
Contact/Information Source: Trent Jackson		
Certification Testing Window: N/A		
Certification Contact Information: Certification not required		
Provider Relations Help Desk Info: 800-710-9348		
Other versions supported: N/A		

TRANSACTIONS SUPPORTED

Payer: <i>Please list each transaction supported with the segments, fields, and pertinent information on each transaction. Transaction Code</i>	Transaction Name
B1	Claim Billing
B2	Claim Reversal

FIELD LEGEND FOR COLUMNS

Payer Usage Column	Value	Explanation	Payer Situation Column
MANDATORY	M	The Field is mandatory for the Segment in the designated Transaction.	
REQUIRED	R	The Field has been designated with the situation of "Required" for the Segment in the designated Transaction.	
QUALIFIED REQUIREMENT	RW	"Required when". The situations designated have qualifications for usage.	
SITUATIONAL	S	The Field has been designated situational.	
OPTIONAL	O	The Field has been designated as optional and is not required.	

Fields not used in the Claim Billing transactions and those that do not have qualified requirements (i.e. not used) for this payer are excluded from the template.

CLAIM BILLING TRANSACTION

The following lists the segments and fields in a Claim Billing Transaction for the NCPDP Telecommunication Standard Implementation Guide Version D.Ø.

	Transaction Header Segment			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
1Ø1-A1	BIN NUMBER	015433	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B1	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	SSN	M	
1Ø9-A9	TRANSACTION COUNT	01 to 04	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	01 = National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	Blank fill	M	

	Insurance Segment			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGMENT IDENTIFICATION	04	M	
3Ø2-C2	CARDHOLDER ID		M	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE		S	
301-C1	GROUP ID		M	
303-C3	PERSON CODE		R	
306-C6	PATIENT RELATIONSHIP CODE		O	

	Patient Segment			Claim Billing
Field #	NCPDP Field Name	Value	Payer Usage	Payer Situation
111-AM	SEGEMENT IDENTIFICATION	01	M	
3Ø4-C4	DATE OF BIRTH		R	
3Ø5-C5-	PATIENT GENDER CODE		R	
31Ø-CA	PATIENT FIRST NAME		R	
311-CB	PATIENT LAST NAME		R	
322-CM	PATIENT STREET ADDRESS		O	
323-CN	PATIENT CITY ADDRESS		O	
324-CO	PATIENT STATE/ PROVINCE ADDRESS		O	
325-CP	PATIENT ZIP/ POSTAL CODE		O	

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

326-CQ	PATIENT PHONE NUMBER		O	
--------	----------------------	--	---	--

Claim Segment				Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
111-AM	SEGMENT IDENTIFICATION	07	M	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	1 = Rx Billing	M	
402-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
407-D7	PRODUCT/SERVICE ID		M	
442-E7	QUANTITY DISPENSED		R	
403-D3	FILL NUMBER		R	
405-D5	DAYS SUPPLY		R	
406-D6	COMPOUND CODE		R	
408-D8	DISPENSE AS WRITTEN (DAW) CODE		R	
414-DE	DATE PRESCRIPTION WRITTEN		R	
415-DF	NUMBER OF REFILLS AUTHORIZED		R	
419-DJ	PRESCRIPTION ORIGIN CODE		R	
354-NX	SUBMISSION CLARIFICATION CODE COUNT		R	
420-DK	SUBMISSION CLARIFICATION CODE		R	
308-C8	OTHER COVERAGE CODE		S	
461-EU	PRIOR AUTHORIZATION TYPE CODE		S	
462-EV	PRIOR AUTHORIZATION NUMBER		S	
996-G1	COMPOUND TYPE		O	

Pricing Segment				Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
111-AM	SEGMENT IDENTIFICATION	11	M	
409-D9	INGREDIENT COST		R	
412-DC	DISPENSING FEE		R	
438-E3	INCENTIVE AMOUNT		S	
481-HA	FLAT SALES TAX AMOUNT		RW	If sales tax is required
482-GE	PERCENTAGE SALES TAX AMOUNT		RW	If sales tax is required
483-HE	PERCENTAGE SALES TAX RATE		RW	If sales tax is required
484-JE	PERCENTAGE SALES TAX BASIS		RW	If sales tax is required
426-DQ	USUAL AND CUSTOMARY CHARGE		R	
430-DU	GROSS AMOUNT DUE		R	
423-DN	BASIS OF COST DETERMINATION		O	

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

	Prescriber Segment			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
111-AM	SEGMENT IDENTIFICATION	03	M	
466-EZ	PRESCRIBER ID QUALIFIER	Ø1= NATIONAL PROVIDER ID	R	
411-DB	PRESCRIBER ID		R	
427-DR	PRESCRIBER LAST NAME		R	
364-2J	PRESCRIBER FIRST NAME		O	

	Patient Segment			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
111-AM	SEGMENT IDENTIFICATION	10	M	
45Ø-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE		M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR		M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION		M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	Maximum 25 ingredients	M	
488-RE	COMPOUND PRODUCT ID QUALIFIER	03= National Drug Code	M	
489-TE	COMPOUND PRODUCT ID		M	
448-ED	COMPOUND INGREDIENT QUANTITY		M	
449-EE	COMPOUND INGREDIENT DRUG COST		R	
49Ø-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION		O	

CLAIM REVERSAL TRANSACTION

	Transaction Header Segment			Claim Billing
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
1Ø1-A1	BIN NUMBER	015433	M	
1Ø2-A2	VERSION/RELEASE NUMBER	DØ	M	
1Ø3-A3	TRANSACTION CODE	B2	M	
1Ø4-A4	PROCESSOR CONTROL NUMBER	SSN	M	
1Ø9-A9	TRANSACTION COUNT	01 - 04	M	
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	Ø1 = National Provider ID	M	
2Ø1-B1	SERVICE PROVIDER ID		M	
4Ø1-D1	DATE OF SERVICE		M	
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID		M	

Insurance Segment			Claim Billing	
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
111-AM	SEGMENT IDENTIFICATION	04	M	
301-C1	GROUP ID		R	

Claim Segment Segment Identification (111-AM) = "Ø7"			Claim Billing	
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>Payer Usage</i>	<i>Payer Situation</i>
111-AM	SEGMENT IDENTIFICATION	07	M	
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER		M	
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER		M	
436-E1	PRODUCT/SERVICE ID QUALIFIER		M	
4Ø7-D7	PRODUCT/SERVICE ID		M	
4Ø3-D3	FILL NUMBER		R	

CLAIMS ADJUDICATION

Claims Processing System

The SS Claims Processing System sets forth pricing, eligibility, and other information that governs participation in the network applicable to each Plan Sponsor and Member.

Each claim a Pharmacy Provider submits must contain complete and accurate information for each prescription dispensed. Pharmacy Provider will transmit claims to Southern Scripts with all required fields as defined by Southern Scripts using a NCPDP electronic claims standard in effect on the date of service. Claims must be submitted only for the Member for whom the prescription is written for by the Prescriber.

The SS Claims Processing System also provides information necessary to effectively implement Southern Scripts' clinical and benefit management initiatives such as drug utilization review, prior authorization, and formulary management programs on behalf of Plan Sponsors. Pharmacy Provider will submit all claims through the SS Claims Processing System and will comply with all information communicated via the SS Claims Processing System or otherwise by Southern Scripts.

Pharmacy Provider will submit all SS claims simultaneously with dispensing unless unusual circumstances require otherwise, in which event Pharmacy Provider will submit SS claims within 90 days of the date of service. SS Claims Processing System claims can be reversed during the cycle in which the specific transaction adjudicated and up to 90 days after the date of service. Claims submitted to Southern Scripts after the applicable claims cutoff date may not be eligible for payment.

Southern Scripts will pay all Clean Claims in accordance with the payment rate established for the applicable plan within Southern Scripts' next regular claims cycle less the applicable co-payment/coinsurance, deductible, or other payments, such as administrative fees for certain programs, to be paid directly by the Member.

The authorization code transmitted to Pharmacy Provider via the SS Claims Processing System does not in any way limit or preclude Southern Scripts' right to review or audit claims.

General Submission Policies

- All claims for Covered Services are required to be submitted to Southern Scripts.
- Claims should be submitted at the time of service electronically through the SS Claims Processing System.
- The online system is generally available for claims processing 24 hours a day, 365 days a year.
- All claims must be accurate and complete.

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

- All claims must be transmitted using the actual date of fill.
- All Pharmacy Providers must comply with NCPDP standard transactions for pharmacy drug claims, coordination of benefits and related pharmacy services.
- The submitted NDC must be the complete NDC of the medication dispensed including the actual package sized used.
- Benefit design and formulary coverage may vary by Plan Sponsor. As a result, Pharmacy Provider must rely on the on-line system for determination of medication coverage and Member copays.
- Over-the-counter (“OTC”) medications submitted as a prescription through the SS System should be filled pursuant to a prescriber’s prescription or order. OTC coverage will be subject to the Member’s specific plan design.
- Generic medications should be dispensed whenever possible and as permitted by law.
- Follow all guidelines and requirements when submitting claims with a Dispense as Written (DAW) Code as set forth in this manual.
- Submit accurate National Provider Identification (NPI) on all claims.
- Collect member copay/co-insurance. Pharmacy Provider will not routinely waive copay/co-insurance.
- Any claim for prescription drugs not picked up by the Member (including partials) must be reversed online within the time frame stated in the Pharmacy Network Agreement.
- Pharmacy Providers that are required to collect any federal, state, or local sales taxes and/or fees are required to submit those taxes and/or fees during the time of claim submission.
- Pharmacy Provider should calculate and transmit the exact number of days supply. Day supply must be calculated based on the directions documented on the prescription.
- Pharmacy Provider should transmit the exact metric quantity as indicated on the prescription.
- Pharmacy Provider should contact the Pharmacy Help Desk regarding any rejected claims or claim requiring Prior Authorization.

Member Eligibility

The Plan Sponsor determines member eligibility. Southern Scripts updates eligibility to our claims processing system on a regular basis. It is important to remember that a member’s eligibility can change. **Remember, possession of an ID card does not guarantee eligibility for benefits coverage or payment. Eligibility should be confirmed through the claims adjudication system at the time of dispensing.**

Newborn Eligibility

For assistance with pharmacy claims for newborns, Members should be directed to contact their Plan Sponsor to ensure the newborn has been enrolled. Pharmacy Providers may contact the Pharmacy Help Desk to determine if Identification Numbers and/or dependent codes have been assigned. The Pharmacy Help Desk will not be able to enroll the newborn in the Plan.

Member Date of Birth

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 (reject code 91), please contact Pharmacy Help Desk at 1-800-710-9341 to verify the member's date of birth.

Member ID Card

Members should be asked to present their Southern Scripts Member ID card at each visit. Prior to furnishing any Covered Prescription Service, pharmacy shall verify that the individual receiving such Covered Prescription Service is an eligible Member. Such verification shall be performed by the pharmacy through point-of-sale ("POS") data communication between the pharmacy and claims processor. If any pharmacy is unable to confirm a Member's eligibility by POS communication, then the pharmacy shall call the Pharmacy Help Desk for verification.

- Southern Scripts Member ID cards may vary by Plan Sponsor; Southern Scripts also may produce separate pharmacy or combination medical/pharmacy benefit cards for clients.
- When using a Southern Scripts ID Card, submit the number indicated by "ID" for the subscriber.
- Each dependent will have his or her dependent code.
- The ID field length varies by plan and may be a combination of letters and numbers.
- If the ID is unable to find a Member match the claim rejects "Non-matched Cardholder ID"
- Group numbers are required, may vary by length, and may be a combination of letters and numbers.
- The Pharmacy Help Desk phone number is printed on the back of the Member ID card.

Identification Cards

Southern Scripts may furnish Members with prescription drug ID cards to be presented to a Pharmacy Provider or may implement alternative eligibility verification methods. Pharmacy Provider will not be paid for Covered Services provided to persons whose eligibility to participate in Southern Scripts program has not been verified and communicated to Pharmacy Provider by the SS Claims Processing System or other applicable eligibility verification methods used by Southern Scripts. In addition, Pharmacy Provider will not be paid if the claim was submitted for a person other than the person for whom the prescription was written for by the Prescriber. If the Member does not yet have an identification card, please follow the instructions on any documents the Member will provide you that will allow you to obtain the identification number for the Member.

Information Needed to Process a Claim

CARDHOLDER ID- The ID format can consist of all numeric digits or alphanumeric digits. The National Council for Prescription Drug Programs (“NCPDP”) standard for this field allows up to 20 alphanumeric characters.

GROUP NUMBER- Usually a 7-character field assigned by Southern Scripts. This field may, however, contain up to 15 alphanumeric characters.

DEPENDENT COVERAGE may include spouse and/or children. The card may be coded to indicate which family members are covered. Covered family members are identified by the following:

RELATIONSHIP CODES:

- “01” Cardholder- Eligible Primary Person or Subscriber
- “02” Spouse of the Cardholder
- “03” Dependent Child
- “04” Dependent Child

CLARIFICATION ELIGIBILITY EXCEPTION CODES:

- “3” Full-time student
- “4” Disabled Dependent
- “5” Dependent Parent
- “6” Significant Other/ Dependent Adult/ Domestic Partner

IMPORTANT NOTE: *Use of the correct Relationship Code is important.*

Identification Cards


Pharmacy Provider should ask to see the ID card each time a Member presents a prescription for submission through our claims processing system. Eligibility of the individual Member or his/her covered dependents for whom the prescription is prescribed is confirmed via Southern Scripts. Some cards are valid to only the cardholder whose name is embossed on the prescription drug ID card; some cover only the Member or spouse, while others cover the entire family.

Collection of Copayments

Plan Sponsors establish the member’s copay and/or co-insurance. Pharmacy Providers are required to collect all copays/co-insurance for Covered Prescription Services. Pharmacy Provider shall not routinely waive or discount copays.

Pharmacy Provider shall extend the Usual & Customary Retail Price to a member if it is less than the Member’s Copay amount. Pharmacy Provider is still obligated to transmit all claims, including claims where Member pays 100% or pays the U&C price.



Group Name: RxBin: 015433
RxPCN: SSN
Primary Cardholder Name: RxGrp:
Effective Date:
Member ID:
Southern Scripts, LLC. Issuer
(80840) 9151014609
Live Pharmacy Help Desk:
 **(800) 710-9341**
www.southernscripts.net

TPA information if needed*

Down-Time Procedures

Southern Scripts attempts to minimize planned adjudication down-time and to correct unexpected down-time issues as quickly as possible. In the rare event of an unexpected down-time or in the event of planned down-time, we ask our Pharmacy Providers attempt to service our members with minimal disruption. Southern Scripts is available to assist Pharmacy Providers with maintaining business operations during adjudication down-time.

When online submission is not possible, call the Pharmacy Help Desk for assistance with:

- Confirming eligibility
- Verifying coverage
- Copay information
- Expected time claims processing will resume

Reversals

Pharmacy Providers are required to complete reversals within the same payment cycle as the submission or up to 10 days after the claim was adjudicated for prescriptions that have not been picked up by Member. Failure to reverse appropriate claims may result in an audit recovery and recapture of all costs involved in the reversal. If unable to reverse a claim online, contact the Pharmacy Help Desk.

If a Member receives only a partial amount of his/her covered prescription, the Pharmacy Provider must modify the claim via the processing system within 10 days to accurately represent the quantity of medication received and billed.

Timely Filing Limits

Points of Sale (POS) claims are generally submitted at the time of dispensing. However, there may be mitigating reasons that require a claim to be submitted after being dispensed. Transmission of claims using the current date for a past service date is a violation of program policy and could result in an audit exception. Pharmacy Provider must submit Claims for reimbursement no later than ninety (90) days from the date Covered Prescription Services are rendered to Member. At no time shall Pharmacy Provider be required to submit a Claim sooner than thirty (30) days from the date Covered Prescription Services are rendered to Member. Pharmacy Provider shall ensure that all Claims are timely and cooperate with Claims Processor and/or Southern Scripts in the adjudication and processing of Claims in a timely and efficient manner.

Claim Edits

Following an online claim transmission by a Pharmacy Provider, the SS adjudicating system will return a response to indicate the outcome of processing. If the claim passes all edits, a "Paid" response will be returned with the Southern Scripts allowed amount for the paid claim. A "Rejected" response will be returned when a claim fails one or more edits. Pharmacy Provider will review any "Rejected" response and make every attempt to resolve the issue. Pharmacy Provider will contact the Pharmacy Help Desk for assistance.

Days Supply

The "Day Supply" field (405-D5) is one of the key fields in Drug Utilization Review (DUR) edits as well as the early refill edit. Incorrect day supply can result in inaccurate DUR alerts and can cause claims to reject for early refill. Please use the correct method of determining the days supply.

The calculation should be made using the metric quantity prescribed and the prescriber's written directions. For prescriptions where the directions do not clearly allow for days supply to be calculated such as "as directed" or "prn", the Pharmacy Provider must call the prescriber or ask the Member for the directions and document directions on the prescription. In all cases, the pharmacist must be able to justify the Days Supply calculation with written documentation on the prescription if not clearly delineated by the prescriber.

The benefit limitation for quantity of Covered Medications for each Plan Sponsor may vary according to their plan limitations. Each Plan Sponsor will cover, at minimum, 30 days supply for those products without a specific quantity limitation and/or 100 units. Certain benefit plans for some populations may include a limited formulary that allows up to 90-day supply of Covered Products. You may attempt to process a claim for a Covered Product up to 90-day supply using the correct day supply field. A response that includes a NCPDP plan limitations exceeded (Reject 76) will indicate that the particular product does not qualify for 90-day supply.

Quantity

Pharmacy Providers must submit claims for reimbursement for the amount actually dispensed at the point of sale in the "Quantity Dispensed" field (442-E7). Pharmacy Providers must dispense the quantity prescribed or ordered by the prescriber as allowed by State law or benefit design limitation put forward by the managed care plan. Many National Drug Code (NDC) numbers are

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

packaged in a size that is not a whole number. When entering a claim for a drug that is packaged in a metric decimal sized package (i.e. 1Ø.2; 2.5; 6.8; etc.), be sure to include the decimals on your claims and do not round up. For example, if you dispense one 1Ø.2 gm inhaler, you should be entering “1Ø.2” in the “Quantity Dispensed” field. The same goes for inhalers where the package quantity is 12.9 gm for 1 inhaler. When dispensing ophthalmic drops be sure to include the decimal quantity and do not round up.

Drugs in “unbreakable” packages should be dispensed only in the original container or package as directed. All other packages are considered “breakable” and must be dispensed in the quantity prescribed.

National Drug Code

Pharmacy Provider must submit the complete NDC number of the package size dispensed. Pharmacy Provider should use products that result in the lowest ingredient cost including the lowest dosage form and the lowest cost package/size container available. Claims for repackaged and/or relabeled NDCs may be rejected during processing. If a claim using a repackage and/or relabeled NDC results in a higher cost to the plan and/or member, Southern Scripts may audit for overpayment.

Refills

Refills may only be submitted when requested by the member. Participating pharmacy must not bill Southern Scripts unless the member has requested the refill. This includes pharmacies that use automated refill systems/programs.

Refill Limitations:

- DEA schedule= Ø Original + 11 refills within 365 days from original Date Rx Written
- DEA schedule= 2 No refills allowed
- DEA schedule= 3, 4, 5 Original + 5 refills within 185 days form original Date Rx Written

Dispense As Written Codes

Prescriptions with a DAW request must indicate the DAW code NCPDP field 408-D8 (also known as Product Selection Code) on the submitted claim. Prescriptions indicated as “Dispense as Written (DAW)” or “Brand Necessary” by the Prescriber, or requested by the patient (where allowed by law), must be noted on the actual prescription.

Submit “1” in “Dispense as Written” (DAW) (Field 4Ø8-D8) when a physician wants a brand name dispensed and writes the phrase “Brand Necessary,” “Brand Medically Necessary,” “Brand Name Necessary,” or “Brand Name Medically Necessary” across the face of the prescription. Do note that a DAW “1” will not override the applicable MAC price for a generic product, regardless if the product is a “branded” generic.

Cost-sharing with DAW claims will vary by Plan Sponsor. Contact the Pharmacy Help Desk with questions or concerns.

Prior Authorization

Southern Scripts processes Prior Authorizations for Members. The formulary, prior authorization criteria, and the length of the prior authorization approval are determined by the individual Plan Sponsor. Information regarding the formulary and the specific prior authorization criteria can be found at www.southernscripts.net.

Pharmacy Providers will submit pharmacy claims to Southern Scripts. Medications that require Prior Authorization will undergo an automated review to determine if the criteria are met for approval. If all the criteria are met, the claim is approved and paid, and the Pharmacy Provider continues with dispensing process. If the automated review determines that all the criteria are not met, the claim will be rejected and the Pharmacy Provider will receive a message indicating that the drug requires Prior Authorization. At that point, the Pharmacy Provider should contact the Pharmacy Help Desk.

If you receive a rejection message of “75- *Prior Authorization Required*,” please call the Pharmacy Help Desk as the initial step. Prior Authorizations may be resolved by additional information being supplied by the pharmacist to the help desk. If further information is required beyond that provided by the pharmacist, the prescriber may need to be consulted for the Prior Authorization.

Pharmacy Provider Fees, Care Taxes, and Other State Fees

Southern Scripts supports all state sales tax fields in accordance with the most current NCPDP electronic claims standard. Southern Scripts updates its database of current tax rates quarterly to ensure optimal reimbursement to pharmacies. Pharmacy Provider is required to submit the tax rate in all claims at the time of processing.

In states where provider fees are charged and are reimbursed by third party payors, providers have sole responsibility for submitting such fees in the flat rate tax field. For providers in states that charge a flat tax rate and a provider fee, please contact the Pharmacy Help Desk for support.

All taxes and fees will be included in the Remittance Advice supplied to Pharmacy Providers with payment for claims. Pharmacy Providers should review Remittance Advices carefully including the stated tax amounts paid. Pharmacy Providers should notify Southern Scripts of any errors in taxes within 30 days of receipt of Remittance Advice. If no tax amounts are disputed within 30 days of receipt, Remittance Advice is deemed to be confirmed accurate from the Pharmacy Provider.

Pharmacy Provider is required to immediately notify Southern Scripts of any error in payment of taxes or fees.

National Provider Identifier (NPI)

National Provider Identifier (NPI) is the required pharmacy and prescriber identifier by the Health Insurance Portability and Accountability Act of 1996 replacing legacy identifiers (ie: NABP number, DEA) on all electronically transmitted claims into Southern Scripts. The NPI is a unique 10-digit identifier assigned to healthcare providers, such as prescribers and pharmacies, to use

when submitting a HIPAA standard transaction. Southern Scripts requires the use of NPI in transactions.

The Pharmacy Provider must submit their NPI in NCPDP field 201-B1 (Service Provider ID) with the qualifier "01" in NCPDP field 202-B2 (Service Provider ID Qualifier).

Prescriber NPI is required to submit accurate information identifying the Prescriber for each claim submitted. Prescriber NPI must be submitted in NCPDP field 411-DB- (Prescriber ID) along with the qualifier "01" in the NCPDP field 466-EZ- (Prescriber ID Qualifier).

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://npiregistry.cms.hhs.gov/NPPESRegistry/NPIRegistryHome.do>

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 Pharmacy Help Desk at 1-800-710-9341.

Compounded Prescriptions

A compound consists of two or more ingredients, one of which must be a formulary Federal Legend Drug that is weighed, measured, prepared, or mixed according to the prescription order. The pharmacist is responsible for compounding approved ingredients of acceptable strength, quality, and purity, with appropriate packaging and labeling in accordance with good compounding practices.

For Southern Scripts to cover a compound, all active ingredients must be covered on the Member's formulary. In general, drugs used in a compound follow the Member's formulary as if each drug components were being dispensed individually. The plan must include compound drugs as a covered benefit for the member of Southern Scripts to allow reimbursement.

Any compounded prescription ingredient that is not approved by the FDA (e.g. Estriol) is considered a non-covered product and will not be eligible for reimbursement.

Please contact the Pharmacy Help Desk to see if a client allows for compound prescriptions.

PROCESSING COMPOUND PRESCRIPTIONS

- Southern Scripts uses a combination of the claims, and compound segment to fully adjudicate a compound prescription. Use the Compound Code of 02 (NCPDP field 406-D6 located in Claim Segment on payer sheet) when submitting compound claims.
- The claim must include a qualifier of "03" (NDC) to be populate in NCPDP field 448-RE followed by NCPDP field 489-TE (NDC's).

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

- For many Southern Scripts payers, compounds with a cost exceeding \$200 must receive an approved prior authorization from Southern Scripts for coverage to be considered.
- If a compound includes a drug that requires prior authorization under the member's plan, the prior authorization must be approved before the compound is submitted.

EXAMPLE OF THE NCPDP D.0 FIELDS FOR SUBMITTING A COMPOUND CLAIM:

450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR
452-EH	COMPOUND ROUTE OF ADMINISTRATION
447-EC	COMPOUND INGREDIENT COMPONENT COUNT
488-RE	COMPOUND PRODUCT ID QUALIFIER
489-TE	COMPOUND PRODUCT ID
448-ED	COMPOUND INGREDIENT QUANTITY
449-EE	COMPOUND INGREDIENT DRUG COST
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION
474-8E	DUR/PPS LEVEL OF EFFORT

Vacation or Lost Med Overrides

Allowances for travel medication and/or replacement of lost, stolen, or forgotten medication varies by plan benefit design. Please contact the Pharmacy Help Desk to obtain individual member benefit information.

Emergency Override for Refill Too Soon Due to Natural Disasters

Subject to direction from Plan Sponsors, Southern Scripts has provisions to implement an Emergency Refill Too Soon override procedure. When a member is affected due to a natural disaster such as a flood, wildfire, hurricane or tornado, and the claim rejects with NCPDP Reject 79 (Refill Too Soon), Pharmacy Provider should enter override code 99999 in NCPDP vD.0 field 462-EV (Prior Auth Number Submitted). This override code may be used to process claims ONLY for Members in the affected areas during a specified timeframe.

Vaccines

At the request of some Plan Sponsors, certain vaccine drug products and/or the administration of the vaccine drug products will be a covered service according to the Member's specific plan benefit design. For those Plan Sponsors that cover vaccine drug product administration, Pharmacy Provider attests that registered pharmacists, or other healthcare professional staff, under its employer are certified, trained, and qualified to administer the covered vaccine drug products.

Pharmacy Provider shall submit the vaccine drug product with the administration fee claim electronically through the SS claims processing system in accordance with the current Southern

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

Scripts Payer Sheets available at
<http://southernscripts.net/providers.php>

When Pharmacy Provider dispenses and administers the vaccine drug product, Pharmacy Provider will transmit both the drug product and administration on the same claim submission. Pharmacy Provider will submit as the pharmacy's U&C, the total cost of the vaccine drug product and the administration fee. The Pharmacy Provider must not, under any circumstances, undermine the U&C price by inflating the U&C above the price the provider charges for the same vaccine product and administration a cash patient or customer would have paid on the same day the prescription was dispensed, inclusive of all applicable discounts.

Plan Sponsors may elect to cover just the vaccine drug product under the Member's prescription drug benefit. In that situation, the Member is responsible for the administration charges. Pharmacy Provider may not add or represent the administration fee to the Member as the co-payment. The drug product co-payment must be represented as a separate charge.

PHARMACY PROVIDER REIMBURSEMENT

Pharmacy Provider will receive reimbursement from Southern Scripts for Covered Prescription Services provided to Members as identified in the Pharmacy Network Agreement including all amendments, exhibits, and the Pharmacy Services Manual. The net reimbursement due to the Pharmacy Provider will be less the applicable copay, co-insurance, and any deductibles.

The Provider will be reimbursed for clean payable claims transmitted electronically through the SS Claims Processing System according to a specified claim cycle, except as may be required by federal or state requirements.

Member Cost Share

Pharmacy Provider will collect from each Member the applicable co-payment/coinsurance or other direct payment as communicated via the SS Claims Processing System or other method established by Southern Scripts.

Pharmacy Provider will not charge or collect from any Member any amount for Covered Prescription Services in excess of the applicable co-payment/coinsurance or other direct payment communicated by Southern Scripts. Pharmacy Provider acknowledges that the co-payment/coinsurance or other direct payment is an integral part of the plan design selected by the Sponsor, and Pharmacy Provider will not waive or discount the applicable co-payment/coinsurance or other direct payment under any circumstances.

Pharmacy Provider Reimbursement

Pharmacy Providers may be paid an amount other than what was submitted as the ingredient cost, dispensing fee, or Usual and Customary Price. Pharmacy Provider reimbursement will be as follows:

For Covered Services, Southern Scripts will pay the lowest of either (1) Usual & Customary (U&C) or the applicable price formula described below:

- Average Wholesale Price (AWP) minus the applicable contracted discount plus the applicable contracted dispensing fee; OR
- Maximum Allowable Cost (MAC) plus the applicable contracted dispensing fee; OR
- Submitted Ingredient Cost plus the applicable contracted dispensing fee

There may be specific reimbursement logic that Sponsors put into place that alters the reimbursement formula set out above.

Zero Balance Logic (ZBL) may apply where allowed by Plan Sponsor.

For compounded Prescription claims, Pharmacy Provider will be reimbursed the lowest of:

- The aggregated lowest price of each ingredient in the compound, plus the contracted dispensing fee;

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

- The Provider's total Submitted Ingredient Cost for the compound, plus the contracted dispensing fee; OR
- The Provider's Usual and Customary Price for the compound

Elements of Reimbursement

USUAL AND CUSTOMARY PRICE (U&C)

The lowest net cash price a cash patient or customer would have paid the day the prescription was dispensed inclusive of all applicable discounts. U&C does not include sales tax.

The Pharmacy Provider must not, under any circumstances, undermine U&C or compound pricing as a component of the compensation contemplated in this Agreement in any way, including but not limited to, (1) owning, operating, or affiliating with a nonparticipating Provider; or (2) separating cash and third-party prescription business. Pharmacy Provider will not be allowed to participate in the Southern Scripts network if Southern Scripts determines, in its sole discretion, that Pharmacy Provider has taken actions to undermine U&C or compound pricing.

MAXIMUM ALLOWABLE COST (MAC)

Southern Scripts' MAC program consists of a list or lists of drugs maintained by Southern Scripts or its Sponsors. The list(s) specify the maximum allowable ingredient cost payable for drugs on the list. Southern Scripts and/or Sponsor may review and update MAC pricing frequently and as deemed necessary to reflect changes in market pricing. For MAC inquiries contact the Pharmacy Help Desk.

AVERAGE WHOLESALE PRICE (AWP)

"AWP" as used herein means the current Average Wholesale Price as listed in print or electronically by a nationally recognized pricing source determined by Southern Scripts based on the package size dispensed.

Southern Scripts uses the most current file available from a nationally recognized pricing source. Updates will be made no less than weekly. If the designated nationally recognized pricing source ceases publishing or replaces AWP, or if Southern Scripts decides to use another recognized pricing source or a pricing benchmark other than AWP, Southern Scripts will provide notice of such change(s).

Fees

GENERAL FEES

From time to time, Southern Scripts may require Pharmacy Provider to demonstrate compliance with various regulatory or contractual requirements. If Pharmacy Provider fails to comply with these requests, Southern Scripts reserves the right to charge up to a \$500 per day fee for each Pharmacy Provider location. Such fee will be deducted from claims payments to Pharmacy Provider.

SS CLAIMS PROCESSING SYSTEM FEES

Southern Scripts may deduct from claim payments to Pharmacy Provider, for Pharmacy Provider's use of the SS Claims Processing System, a minimum of \$0.20 per transaction transmitted in the most current NCPDP Standard and a minimum of \$0.99 for transactions transmitted in any other version. These amounts will constitute a fee to Southern Scripts for the SS Claims Processing System service. Southern Scripts may modify this fee from time to time, upon prior notice to the Pharmacy Provider. For nonstandard processing of Universal Claim Forms ("UCF"), Southern Scripts reserves the right to charge up to a \$5.00 administration fee per payable claim.

Where Pharmacy Provider fails to comply with Southern Scripts requests, as specified throughout this Manual, Southern Scripts reserves the right to increase the SS Claims Processing System fee to a minimum of \$0.30 per transaction transmitted.

Paper Claim Submission

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

**Southern Scripts
P.O. Box 2482
Natchitoches, LA 71457**

MAC Pricing Issues

Southern Scripts produces its own proprietary MAC list and corresponding unit costs on behalf of our clients. The unit costs are ascertained from information from many sources, including published MACs, wholesaler supplied information, pharmacy supplied information, and other sources.

If you experience negative reimbursement for a drug on our MAC list, please complete a MAC Appeal by visiting our website at www.southernscripts.net/providers.php. All relevant information must be provided including a copy of your wholesaler invoice that lists the net acquisition cost of the product. Contact the Southern Scripts Pharmacy Help Desk for help finding the MAC Appeals page on our website. Please note that Southern Scripts does NOT guarantee that all claims produce a positive margin. Southern Scripts will evaluate information provided, however Southern Scripts is not obligated to adjust any claim or make changes to the pharmacy reimbursement or the MAC list. We will respond via phone or in writing within 7 business days after receiving your request. If the NDC is approved for adjusted pricing, you can reprocess within 10 business days. All MAC Pricing Issues must be submitted using proper form and supporting documentation within 7 days of the service date.

Sales Tax

If any government authority imposes any taxes, assessments, or similar fees that are separately stated from the sales price and are triggered by the transfer for a consideration of ownership or

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

possession of tangible personal property or the rendering of services including, but not limited to, any sales tax, gross receipts tax, retail occupation tax, health care provider tax, or value-added tax ("Sales Tax"), on the pharmacy's provision of Covered Prescription Services to any Member, then pharmacy may request reimbursement from the Plan Sponsor for such Sales Taxes that are allowed and imposed by applicable law in accordance with the Plan. Pharmacy shall be solely responsible for any other taxes or surcharges associated with its performance under this Agreement.

Pharmacy shall transmit the applicable Sales Tax amount that is allowed by law through the online claim system. Southern Scripts shall bill the Plan Sponsor for any federal, state, or local Sales Tax and will remit to pharmacy any such taxes collected from Sponsor. Pharmacy shall timely and accurately remit, or cause the Pharmacy to timely and accurately remit, the applicable Sales Tax to the appropriate taxing authority. In no event shall Southern Scripts or the Plan Sponsor be responsible for determining the applicable Sales Tax rate or calculating the amount of the Sales Tax obligation of the Pharmacy. If the Pharmacy submits an incorrect Sales Tax amount to any government authority, then in no event shall Southern Scripts be responsible; in this event, the Pharmacy shall be solely responsible for recovering any overpaid Sales Tax and promptly reimbursing Southern Scripts or the Sponsor on mutually agreed upon terms. In no event, including non-payment by the Plan Sponsor, shall Southern Scripts be liable for any Sales Tax on any Covered Prescription Services.

Payment Cycle

Southern Scripts reimbursement for claims submitted will be within 30 days after the close of the payment cycle subject to fund availability from the Plan Sponsor. Southern Scripts will pay in accordance with applicable state and federal prompt pay requirements and/or in accordance with the Member's plan.

Standard payment cycles:

- Date of fill 1st thru 15th
- Date of fill 16th thru last day of month

As of October 1, 2014 Southern Scripts is going paperless. It is now **MANDATORY** for all parties to complete the Direct Deposit Form and set up for electronic deposits for payments. This is the quickest way for pharmacies to be reimbursed.

Remittance

Southern Scripts will provide Pharmacy Provider with a payment record of all claims paid. Unless otherwise arranged, these reports are provided in printed-paper format and are mailed to the Pharmacy Provider. Electronic 835 remittance files are available upon request.

The initial remittance is provided to Pharmacy Provider at no charge. Any additional remittance reports will be charged via deduction for future remits according to the Fee Schedule below:

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

Paper Remittance	\$0.50 per page
Check Trace/Stop Payment	\$25.00
Claim Payment Verification	\$3.00 per claim

Reimbursement Not Received By a Pharmacy Provider

Pharmacy Provider must notify Southern Scripts within 6 months from date of service of any valid paid claim transmitted electronically through the SS Claims Processing System for which Pharmacy Provider has not received reimbursement. Pharmacy Provider agrees that any claim for unpaid reimbursement submitted to Southern Scripts after the applicable claim cut-off date will not be eligible for payment.

Please write to the below address should provider have questions on claim payment or lost payment:

Southern Scripts
PO Box 2482
Natchitoches, LA 71457

Payment Responsibility: Limitation of Liability

Southern Scripts operates only as an intermediary between Plans and Pharmacy Provider with respect to payment due under the Pharmacy Network Agreement and that Claim payment amounts due are the sole and exclusive responsibility of Plans. Southern Scripts is not obligated to pay Pharmacy Provider for Claims relating to a Plan if a Plan fails to provide Southern Scripts with sufficient funds related to Claims for payment, and Southern Scripts has no liability to Pharmacy Provider for non-payment or for any delay in payment from a Plan.

Disputed Claims

Pharmacy Providers are to review remittance advices when received to verify accuracy. Pharmacy Provider may dispute a claim payment or adjustment by notifying in writing Southern Scripts within thirty (30) days. Any claim not disputed within 30 days of receipt of remittance advice is deemed to be confirmed accurate from the Pharmacy Provider.

ADDITIONAL INFORMATION

Formularies

Plan Sponsors often adopt a formulary as part of their overall cost-containment programs, attempting to deliver a balance between cost containment and quality of care. Southern Scripts implements a variety of formulary programs for Plan Sponsors. Pharmacy Provider is required to support all formulary programs by dispensing formulary drugs to the maximum extent possible.

Formularies may be available online at www.southernscripts.net or may be requested by calling the Pharmacy Help Desk. Formulary listings are a general representation of products covered but are not exhaustive.

Brand and Generic Drug Standards

Southern Scripts administers many plans. Each has its own guidelines as to such things as days' supply, ingredient cost pricing, co-payment/coinsurance, drug coverage, and informational drug utilization messaging. Therefore, rely on the SS Claims Processing System to receive accurate information regarding the specific Member, group, prescription drug, co-payment/coinsurance, and pricing pertaining to the claim submitted.

For all plans, use of generics is encouraged. In some instances, a Plan Sponsor may have a preferred brand product rather than a generic. Thus, a Pharmacy Provider should rely on the SS System messaging to reinforce the use of generic and preferred brand products with Southern Scripts Members and Prescribers.

If a brand drug is appropriate, a Pharmacy Provider should dispense preferred co-branded drug products for nonpreferred co-branded drug products where applicable, in accordance with prevailing pharmacy laws and regulations.

Specialty Pharmacy Provider

Any Pharmacy Provider that meets our quality standards may contract through our Specialty Pharmacy Network. The Pharmacy Provider must agree to provide all supplies required to administer the drug to the patient and not charge any additional supply or shipping fees. Southern Scripts does not limit a member's choice of Specialty Pharmacy Provider. Customer Service will assist the Member in locating the most convenient specialty pharmacy provider.

LTC Pharmacy Provider

Pharmacy Provider participating in LTC pharmacy claims will provide all medication in specialty packaging according to the requirements of the individual facility. Pharmacy Provider may not charge an additional fee for specialty packaging.

Concurrent Drug Utilization Review

Southern Scripts Concurrent Drug Utilization Review (C-DUR) consists of various levels of responses, depending upon the level of severity of the interaction being measured. Southern Scripts' claims adjudication system may review potential Drug-Drug Interactions, Dose Check (high/low, maximum/minimum) Drug-Sex Interactions, Drug-Age Interactions, Duplicate Therapy, and Duplicate Prescription. If DUR is active, Southern Scripts may return a DUR message based on the severity of the interaction. This may include passive messaging, soft rejects requiring input of outcome and intervention codes, or a hard reject requiring a call to our Pharmacy Help Desk.

Hard Rejects cannot be overridden and require a call to the appropriate callcenter.

Reason for Service Codes

The following codes will be accepted by Southern Scripts:

Code	Description
AR	Adverse Drug Reaction- Code indicating an adverse reaction by a patient to a drug.
AT	Additive Toxicity- Code indicating a detection of drugs with similar side effects when used in combination could exhibit a toxic potential greater than either agent by itself.
DD	Drug- Drug Interaction- Indicates that drug combinations in which the net pharmacologic response may be different from the result expected when each drug is given separately.
DI	Drug Incompatibility- Indicates physical and chemical incompatibilities between two or more drugs.
ER	Overuse- Code indicating that the current prescription refill is occurring before the days supply of the previous filling should have been exhausted.
EX	Excessive Quantity- Code that documents the quantity is excessive for the single time period for which the drug is being prescribed.
HD	High Dose- Detects drug doses that fall above the standard dosing range.
ID	Ingredient Duplication- Code indicating that simultaneous use of drug products containing one or more identical generic chemical entities has been detected.
LR	Underuse- Code indicating that a prescription refill that occurred after the days supply of the previous filling should have been exhausted.
MX	Excessive Duration- Detects regimens that are longer than the maximal limit of therapy for a drug product based on the product's common uses.
PA	Drug Age- Indicates age-dependent drug problems.
SC	Suboptimal Compliance- Code indicating that professional service was provided to counsel the patient regarding the importance of adherence to the provided instructions and of consistent use of the prescribed product including any ill effects anticipated as a result of non-compliance.
Code	Description
SX	Drug-Gender- Indicates the therapy is inappropriate or contraindicated in either males or females.
TD	Therapeutic- Code indicating that a simultaneous use of different primary generic chemical entities that have the same therapeutic effect was detected.

Professional Service Codes

Select Professional Service Codes from the NCPDP External Code List:

DE	Dosing evaluation/ determination- Cognitive service whereby the pharmacist reviews and evaluates the appropriateness of a prescribed medication's dose, interval, frequency and/or formulation.
MØ	Prescriber consulted- Code indicating prescriber communication related to collection of information or clarification of a specific limited problem.
MR	Medication review- code indicating comprehensive review and evaluation of a patient's entire medication regimen.
PM	Patient monitoring- Code indicating the evaluation of established therapy for the purpose of determining whether an existing therapeutic plan should be altered.
PØ	Patient Consulted- Patient communication related to collection of information or clarification of a specific limited problem.

Result of Service Codes

Select Result of Service Codes from the NCPDP External Code List:

1A	Filled as Is, False Positive-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and determines the alert is incorrect for that filled prescription for that patient and fills the prescription as originally written.
1B	Filled Prescription As Is-Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and determines the alert is not relevant for that prescription for that patient and fills the prescription as originally written.
1C	Filled, With Different Dose- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different dose than was originally prescribed.
1D	Filled, With Different Directions- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with different directions than were originally prescribed.
1E	Filled, With Different Drug- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different drug than was originally prescribed.
1F	Filled, With Different Quantity- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different quantity than was originally prescribed.

1G	Filled, With Prescriber Approval- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription after consulting with or obtaining approval from the prescriber.
1K	Filled with Different Dosage Form- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert) and fills the prescription with a different dosage form than was originally prescribed.
2A	Prescription Not Filled- Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert) and determines that the prescription should not be filled as written.
2B	Not Filled, Direction Clarified- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert), consults with the prescriber or using professional judgment, does not fill the prescription and counsels the patient as to the prescriber's instructions.
3A	Recommendation Accepted- Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen then dispenses the alternative after consultation with the prescriber.
3B	Recommendation Not Accepted- Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen but the prescriber does not concur.
3C	Discontinued Drug- Cognitive service involving the pharmacist's review of drug therapy that results in the removal of a medication from the therapeutic regimen.
3D	Regimen Changed- Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate regimen then dispenses the recommended medication(s) after consultation with the prescriber.
3E	Therapy Changed- Code indicating a cognitive service. The pharmacist reviews and evaluates a therapeutic issue (alert), recommends a more appropriate product or regimen then dispenses the alternative after consultation with the prescriber.
3G	Drug Therapy Unchanged- Cognitive service whereby the pharmacist reviews and evaluates a therapeutic issue (alert), consults with the prescriber or uses professional judgment and subsequently fills the prescription as originally written.

For specific edits Southern Scripts will accept:

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

DUR REJECT 88	REASON FOR SERVICE	PROFESSIONAL SERVICE CODE (any one of)	RESULT OF SERVICE CODE (any one of)
Drug- Drug Interactions	DD (drug to drug interaction)	DE, MØ, MR, PØ, PH	1A, 1B, 1C, 1D, 1E, 1F, 1G, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G
	AR (adverse drug reaction)	MØ, PØ, PH, MR	1A, 1B, 1C, 1D, 1E, 1F, 1G, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G
	AT (additive toxicity)	DE, MØ, MR, PØ, PH	1A, 1B, 1C, 1D, 1E, 1F, 1G, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G
	DI (drug incompatibility)	DE, MØ, MR, PØ, PH	1A, 1B, 1C, 1D, 1E, 1F, 1G, 1K, 2A, 2B, 3A, 3B, 3C, 3D, 3E, 3G

Pharmacy Drug Utilization Review

Southern Scripts requires each Pharmacy Provider to include within their pharmacy system, a system that conducts prospective drug utilization review at the time of dispensing fill. Prospective review should take place at the dispensing pharmacy’s point-of-sale (POS). The prospective review at the POS should compare the prescribed medication against previous drug history for drug-to-drug, ingredient duplication, therapeutic duplication, and high dose situations. Southern Scripts will conduct retrospective reviews that monitor prescriber and Pharmacy Provider for outlier activities. Retrospective reviews should also determine whether services were delivered as prescribed and consistent with payment policies and procedures.

Compliance and Auditing

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 prescription 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 a 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 handed 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.

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:

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

- 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.

WHOLESALE 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 AIS clinics. Diverters take the discounted drugs, mark up the prices, and rapidly move them to small wholesalers. In some cases 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.

Member Complaints

The Pharmacy Provider is required to cooperate with Southern Scripts, Payors, and/or any state or federal entity to resolve complaints by members. The Pharmacy Provider must make a reasonable effort in a timely manner to rectify the situation that leads to the complaint from a member. The Pharmacy Provider must maintain written records of events and actions surrounding each complaint.

Auditing

As the pharmacy benefit manager for various plans, Southern Scripts has an obligation to ensure all contracted services are being provided. Compliance with the Pharmacy Network Agreement is critical. Southern Scripts will perform pharmacy audit functions to ensure program integrity.

Auditing may occur as either an Onsite Audit or as a Desk Audit. Audited pharmacies are identified based on internal analysis, external information provided to Southern Scripts, or compliance calls to Southern Scripts. A twenty-one day advance notice is provided to pharmacies, unless otherwise specified in Pharmacy Network Agreement or required by applicable State or Federal law; or suspected fraud has been identified. In regards to suspected fraud, no notice is required. Failure to comply may result in termination from the network.

The Pharmacy Provider shall cooperate in good faith with all record requests and audits and shall provide Southern Scripts, Plans, and their authorized representatives access to Pharmacy's premises and Records for such purposes. Pharmacy Provider shall provide copies of Records requested by Southern Scripts within twenty-one (21) calendar days from the date of a written request for such records. All records shall be provided at the sole cost and expense of the Pharmacy Provider. Records will be audited for actions that have resulted in overpayment; any such overpayment shall become immediately due and owing by Pharmacy Provider. In the event that an audit reveals actions that have resulted in overpayment, overpayment shall become immediately due and owing by the Pharmacy Provider. In the event that an audit reveals that Pharmacy Provider submitted Claims to Southern Scripts with information that is inaccurate and/or unverifiable, Southern Scripts shall be entitled to recover up to the total amount of the Claim.

Desk Audit: An iterative process in which the auditor and pharmacy manager exchange information via fax and/or telephone. For example, if there is a question and clarification is possible over the phone, then the question will be resolved as necessary based on the information provided. Auditing of Pharmacy Provider's records may also be conducted through the mail. Pharmacy Providers are frequently asked to furnish photocopies of specific documents in such cases.

Pharmacy Provider is to supply requested documentation within 21 calendar days of the request. In the event the requested documentation is not furnished within 21 days of the request, Southern Scripts is entitled to recover the full amount paid or due to Provider for the claim(s) in question.

Some claim specific audit considerations include, but are not limited, the following errors:

- Missing signature logs, or incomplete logs
- Dispensing an incorrect drug
- Billing the wrong member
- Missing hard copy of prescription
- Using a dispense as written (DAW) code incorrectly
- Over billing quantities
- Calculating the day supply incorrectly
- Billing incorrect physician
- Using an NCPDP/NPI number inappropriately

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

- Dispensing unauthorized, early or excessive refills
- Pharmacy purchasing invoices that do not correspond with the NDCs of submitted claims for reimbursement
- Review of pharmacy credentials (licensures, etc.)

Should an audit take place at your pharmacy, you will receive written results. With the large volume of prescriptions processed every day, we realize human errors do occur and feel our partner pharmacies do an outstanding job of providing pharmacy services to Southern Scripts' members. *Our intentions are to audit for fraudulent behavior and **NOT** to seek recoupment for technical errors unless excessive or errors that otherwise results in an over charge to the Plan Sponsor and/or member.*

Audit Recoveries: Recoveries may be necessitated by claim errors resulting from poor documentation or filing procedures. Premature destruction, incomplete records, or missing records will not be accepted as reasons for incomplete documentation. All unsubstantiated claims are subject to recovery as a Southern Scripts overpayment. Audit recoveries can be handled by:

- Offsetting the audit recovery amount from the pharmacy's next remittance, or
- Sending a check (payable to Southern Scripts)

If you have any questions regarding an on-site or desk top audit contact our Accounting Department (1-800-710-9341).

Protected Health Information (PHI)

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

Southern Scripts shall use and disclose PHI for the purpose of providing pharmacy benefit management services. Southern Scripts 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 Southern Scripts any use or disclosure of PHI not provided by this Agreement of which Southern Scripts becomes aware.
- (4) Require subcontractors or agents to whom Southern Scripts provides PHI to agree to the same restrictions and conditions that apply to Southern Scripts pursuant to this Agreement.

- (5) Transfer to Southern Scripts, upon request, information necessary to allow Southern Scripts 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 Southern Scripts 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, and description of PHI disclosed and purpose of disclosure.
- (8) Make Southern Scripts' 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 Southern Scripts' compliance with the HIPAA regulations.

All changes in format and distribution of PHI data must be made in writing by the pharmacy.

Pharmacy Provider Relations Department

The Southern Scripts Pharmacy Provider Relations Department main hours of operations are Monday through Friday 8:00am- 6:00 pm CST. For emergency calls, we are available 24/7. We are available to assist you with:

- Credentialing/ Contracts
- Orientation
- Reimbursement/ Network set-up
- MAC pricing
- General feedback

Contact us at: support@southernscripts.net or call 1-800-710-9341.

Optional Clinical Programs

Southern Scripts clinical and professional services programs aim to advance pharmacy practice and improve health for Southern Scripts members. There may be instances where a Pharmacy Provider agrees, by signing a specific Clinical Program Schedule, to provide additional clinical services. These Clinical Program Schedules will specifically reference the Pharmacy Services Manual and the provisions of this section applicable only to the services provided under that specific schedule. The language in this section does not apply to any other services provided by provider.

Medication Therapy Management

Medication Therapy Management (MTM) is a partnership of the pharmacist, the patient or their caregiver, and other health professionals that promotes the safe and effective use of medications and helps patients achieve the targeted outcomes from medication therapy. MTM includes the analytical, consultative, educational and monitoring services provided by pharmacists to help

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

consumers get the best results from medications through enhancing consumer understanding of medication therapy, increasing consumer adherence to medications, controlling costs, and preventing drug complications, conflicts, and interactions. This is the side of pharmacy giving value to cognitive services and removing the pharmacist from a solely distributive function. There are many topics/disease states that can be improved by MTM, including, but not limited to Diabetes, Asthma, and Senior Care.

A basic set of services provided through MTM includes a pharmacist's review of all the patient's medications in order to identify any potential drug interactions, duplications of drugs from the same family, doses, routes of administration, and the form of drug the patient is using. This review will also include evaluating the patient's medication habits including compliance with current therapies.

The plan has the option to provide MTM services to the portion of their population responsible or at greatest risk for incurring the highest cost. Fees charged are specific to the specific intervention type and/or disease state. MTM is reimbursed based on pharmacist time using national CPT codes. Current CPT code valuations are based on pharmacist time using national CPT codes. Southern Scripts will collect a disclosed percentage to cover services. MTM is highly proven to be successful at generating improved patient outcomes and savings to the overall health plan for employer groups on both the medical and prescription portions. Savings will be calculated and MTM performance will be justified. A plan sponsor may also elect to use their portion of the rebate allocation to fund their MTM and/or wellness program.

Southern Scripts has a network of pharmacists that have been at the forefront of providing MTM for Medicare beneficiaries and employer groups for ten years.

GENERAL PROVISIONS

Severability

In the event that any provision in this Agreement, shall be found by any government agency, court or arbitrator of competent jurisdiction to be invalid, illegal or unenforceable, such provision shall be construed and enforced as if it had been narrowly drawn so as not to be invalid, illegal or unenforceable, and the validity, legality and enforceability of the remaining provisions of this Agreement shall not in any way be affected or impaired thereby.

Dispute Resolution

The parties agree that they will attempt in good faith to resolve any dispute that may directly or indirectly arise out of or relate to this Agreement. If the parties are unable to resolve such dispute within thirty (30) calendar days after initial notice, each party may, by notice to the other, have such dispute referred to a senior officer of each party. Such officer shall attempt to resolve the dispute by good faith negotiation within thirty (30) calendar days after receipt of such notice. If the designated officers are not able to resolve such dispute within such thirty (30) calendar-day period, then the dispute shall be submitted, upon the motion of either party, to arbitration to be conducted in accordance with the appropriate rules of the American Arbitration Association (“AAA”) in Natchitoches, Louisiana. All such arbitration proceedings shall be administered by the AAA. The arbitration panel shall consist of three arbitrators. One arbitrator shall be appointed by each party. The third arbitrator, who shall act as chairman of the arbitration panel, shall be appointed by the other two arbitrators. If any arbitration is commenced against any party hereto with respect to the subject matter contained in this Agreement, the party prevailing in such arbitration shall be entitled, in addition to such other relief as may be granted in such proceeding, to a reasonable sum from the non-prevailing parties for attorney's fees, expenses, and costs in such arbitration, which sum shall be determined in such arbitration. The parties agree that the decision of the arbitrators shall be final and binding as to each of them.

Notices

Unless otherwise provided for in the Agreement, written notice must be provided as set forth below. All notices called for hereunder shall be effective upon receipt. Notices required to be given pursuant to this Agreement related to breach, dispute, non-payment by Southern Scripts, and termination shall be in writing, postage prepaid, and shall be sent by certified mail, return receipt requested, or by an overnight delivery service which provides a written receipt evidencing delivery, to the address listed below. All other notices shall be given in the manner described above, or by facsimile, email, or US Mail, postage prepaid, to the other party at the facsimile, email or mail address designated below.

Manager of Pharmacy Networks
Southern Scripts, LLC
7500 151st Street #24123
Overland Park, KS 66283

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

With Copy To:
Southern Scripts, LLC
P.O. Box 7391
Natchitoches, LA 71457
Phone: (318) 214-4764
Fax: (318) 214-4190
Email: support@southernscripts.net

Intellectual Property

Pharmacy Provider will not use for its own commercial purposes any trademark, service mark, or corporate name of Southern Scripts without the prior written consent. Southern Scripts may use the Pharmacy's name and the name, address and telephone number in any promotional or advertising brochure, media announcement or other marketing information or benefit information packages in connection with the Covered Prescription Services distributed by Southern Scripts to Plan Sponsors, Members, or Physicians.

Professional Judgment

Pharmacy Provider is obligated to provide the Members and Prescribers whom it serves with an adequate inventory of quality drugs. The pharmacist is by profession uniquely qualified to judge the integrity and the quality of manufactured sources. Where a prescription is written in such a manner that the Pharmacy Provider is provided an option with respect to brand name, manufacturing source, or package size of the drug to be supplied, Pharmacy Provider will supply and charge for that drug that meets official compendium specifications, if listed therein; that has the lowest ingredient cost; that in the pharmacist's professional judgment fulfills the Prescriber's requirements; and that meets formulary requirements.

All professional services provided by Pharmacy Provider must be rendered only under the direct supervision of a licensed pharmacist and each prescription must be dispensed in accordance with a lawful Prescriber's directions, the terms and conditions contain in the Pharmacy Network Agreement with Southern Scripts, including the Manual and/or communicated via the SS claims processing system, and applicable State and Federal laws.

Pharmacy Provider must clarify and document ambiguous dosage directions regarding utilization prior to dispensing and must not combine Prescriber-authorized refills. Provider will at all times exercise good professional judgment in the dispensing of medications and may refuse to dispense any prescription based on the dispensing pharmacist's own professional judgment.

The Provider will inform Southern Members as to the proper storage, dosing, side effects, potential interactions, and use of the medication dispensed within professional practice guidelines.

Manual Updates and Amendments

Southern Scripts will, upon occasion, provide updates to the Manual. Southern Scripts will maintain an updated copy of the Manual via the website: www.southernscripts.net. It is the Pharmacy Provider's responsibility to visit the website to view updates to the Manual.

Southern Scripts will provide revisions, amendments, or modifications to Pharmacy Provider's Agreements with Southern Scripts from time to time. Pharmacy Provider will abide by the terms of Pharmacy Network Agreement with Southern Scripts, and all notices, revisions, amendments, and modifications thereto.

If Pharmacy Provider continues to submit claims after the effective date of any notice, revision, amendment, or modification by Southern Scripts to Pharmacy Provider, the notice, revision, amendment, or modification will be deemed accepted by Pharmacy Provider and will become part of Pharmacy Network Agreement with Southern Scripts as if Pharmacy Provider had given its express written consent thereto.

Disparagement

Pharmacy Provider agrees not to disparage Southern Scripts or its Plan Sponsors or encourage Members to use another Plan Sponsor based upon Confidential Information.

Governing Law and Jurisdiction

All disputes and matters between Pharmacy Provider and Southern Scripts arising out of the Pharmacy Network Agreement with Southern Scripts shall be litigated before the U.S. District Court for Louisiana, or, as to those lawsuits to which the Federal Court lacks subject matter jurisdiction, before a court located in Natchitoches, Louisiana. The Pharmacy Network Agreement with Southern Scripts shall be governed, construed, and enforced in accordance with the laws of the State of Louisiana.

Information is the Property of Southern Scripts

Southern Scripts is the owner of the information obtained by and through the administration and processing of any prescription claim by Pharmacy Provider through Southern Scripts.

All Confidential Information will remain the exclusive property of Southern Scripts. No right, title, or interest in the confidential information is conveyed to Pharmacy Provider by release of Confidential Information to it. Pharmacy Provider may not sell data or information that is adjudicated through the SS system. Pharmacy Provider will promptly notify Southern Scripts if it becomes aware of any use of the Confidential Information that is not authorized by Pharmacy Provider's Agreement with Southern Scripts. Pharmacy Provider understands that, in the event Pharmacy Provider or any of its employees do not adhere to this provision, Southern Scripts will suffer irreparable damages that cannot be fully remedied by monetary damages. Accordingly, Southern Scripts will be entitled to seek and obtain injunctive relief against any such non-adherence in any court of competent jurisdiction. Southern Scripts' rights under these confidentiality requirements will not in any way be construed to limit or restrict Southern Scripts' rights to seek or obtain other damages or relief available under the Pharmacy Network Agreement with Southern Scripts or applicable law.

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

Third-Party Requests for Information or Data

If a Pharmacy Provider receives a subpoena or third-party request for Southern Scripts information or data, the Pharmacy Provider will inform Southern Scripts prior to disclosing the information or data, and will give Southern Scripts an opportunity to file objections, if appropriate.

Pharmacy Provider will inform Southern Scripts within 14 days of removal of prescription records from Pharmacy Provider's custody by an authorized Federal, State, or local agency. Upon request, a receipt provided by the agency removing the records and/or the name and phone number of the agent removing the records must be furnished to Southern Scripts.

If Southern Scripts receives a subpoena or third-party request for information about a Pharmacy Provider, the Pharmacy Provider will bear the cost of complying with the subpoena or third-party request.

Third-Party Requests for Information or Data

Southern Scripts shall have the right to assign this Agreement without prior written notice to any Affiliated entity, or in connection with a merger, reorganization, transfer, sale of assets, or a change of control or ownership.

FREQUENTLY ASKED QUESTIONS

How can a Pharmacy join the Network?

Contact the Pharmacy Help Desk for information. 1-800-710-9341

www.southernscripts.net

PO Box 2482· Natchitoches, LA·71457· (P) 800-710-9341(F) 318-214-4190

Once the Contract requested is faxed, how long will it take?

The Pharmacy Network Agreement can be immediately accessed on <http://southernscripts.net/providers.php> for immediate approval into the Southern Scripts' network. Pharmacies can also call 1-800-710-9341 for assistance with this quick process to join our network.

How can I change my address and/or Tax ID number?

Contact the Southern Scripts Contracting Department at 800-710-9341.

What do I do if a customer states the amount charged for their prescription is incorrect?

You may contact the Pharmacy Help Desk for verification of the patient payamount.

What is the Member ID number and format?

On the front left corner of the member card.

What BIN number do I enter?

BIN 015433

What PCN number do I enter?

SSN (Use the letters "SSN", this is not Social Security Number)

Does Southern Scripts provide a Website for pharmacies?

Yes, it is www.southernscripts.net/providers.php.

Who do I contact for payment/remittance questions?

Contact Southern Scripts at 1-800-710-9341

Who do I contact if I want to file a dispute or appeal?

Contact Southern Scripts at 1-800-710-9341 or via email at support@southernscripts.net.

How can I file a complaint with Southern Scripts?

A verbal complaint may be filed by contacting Southern Scripts. A written complaint may be submitted to P.O. Box 2482 Natchitoches, LA 71457.

What are some of the most common reject codes and the process to follow if received?

Contact Southern Scripts if you receive the following:

Missing/ Invalid cardholder ID- reject 07

Missing/ Invalid Date of Birth- reject 09

Missing/ Invalid Group Number- reject 06

Invalid Day Supply- reject 19

Refill too soon- reject 79

Missing/ Invalid NDC (National Drug Code) Number- reject 21

DEFINITIONS

Affiliate shall mean and refer to any entity, whether partnership, corporation, individual, or otherwise, which either Southern Scripts or Pharmacy works with in a business relationship.

Average Wholesale Price or "AWP" means the benchmark price established by a nationally available reporting service as selected by Southern Scripts based on the 11-digit National Drug Code ("NDC") of the Covered Medication dispensed by Pharmacy.

Brand Drug Product means a Covered Drug or Medication with a proprietary name or trademark and/or has been determined a Covered "brand" Medication by Southern Scripts.

Claim shall mean and refer to a Pharmacy's billing or invoicing following NCPDP standards for a single prescription for Covered Prescription Services dispensed to a Member enrolled with a plan sponsor or group in accordance with this agreement.

Claims Processor shall mean and refer to Southern Scripts or a pharmacy Claims Processor with which Southern Scripts may contract. The Claims Processor shall provide Claims processing, eligibility verification and other mutually agreed upon administrative and reporting services for Plans in connection with the administration of their respective pharmacy benefits.

Clean Claim shall mean and refer to a Claim prepared in the standard format promulgated by the National Council for Prescription Drug Programs ("NCPDP") which contains all of the information necessary for processing that has been successfully electronically transmitted to Southern Scripts for processing and a positive response received by Pharmacy.

Co-payment means the amount (which may be expressed as either a percentage of the cost of a specific service or a specific dollar amount) communicated electronically by Southern Scripts that a Member is obligated to pay for a Covered Medication at the time the Covered Medication is provided, pursuant to his or her Plan, which amount shall be deducted from Pharmacy's reimbursement hereunder, including any deductibles and/or other ancillary charges.

Compound Prescriptions means a mixture of two or more ingredients with at least one ingredient that utilizes a Prescription Drug that is a Covered Product. A prescription will not be considered a Compound Prescription if it reconstituted or if, to the active ingredient, only water, alcohol or sodium chloride solution is added.

Covered Drugs or Medication or Products means those pharmaceutical products to which a Member is entitled to receive in accordance with and subject to the terms and conditions of the Plan.

Covered Prescription Services shall mean the services usually and customarily rendered by a pharmacy in the normal course of business, including but not limited to dispensing, counseling, pharmaceutical care, product consultation, and pharmacy services as otherwise defined by the state in which the pharmacy is licensed.

Day(s) Supply means the number of days that the dispensed quantity of a Covered Product is expect to last. The Days Supply shall be calculated as the quantity dispensed divided by the number of units used each day as directed by the prescribing practitioner's direction for use, subject to each Plan Specifications. Participating pharmacy, for purposes of calculation of Copayment, Coinsurance or Deductible must submit via Online Adjudication Processing the accurate number of Days Supply of a Covered Product dispensed to member.

Dispensing Fee shall mean the component of the Prescription Drug Compensation added to the Ingredient Cost and associated with the delivery of Covered Products or Covered Medications.

Drug Plan Formulary shall mean and refer to a standard listing of Covered pharmaceutical products, quantity limits, and clinical guidelines for determining coverage of such products developed by and periodically revised by Southern Scripts and/or Plans.

Force Majeure A party shall not be deemed to have breached this Agreement if its delay or failure to perform all or any part of its obligations hereunder results from a condition beyond its reasonable control, including without limitation, acts of God or the public enemy, flood or storm, strikes, riots, terrorist acts, war or other outbreak of hostilities, natural disaster, power or communication line failure, statute, or rule or action of any federal, state or local government agency.

Formulary means a list of preferred Prescription Drugs developed, published and periodically revised by Southern Scripts' pharmacy and therapeutics committee or a Payor, which practitioners are encouraged to prescribe and participating pharmacies are required to dispense, consistent with their professional judgment and applicable Law, and which members are encouraged to use.

Generic Drug Product means a drug identified by its chemical or non-proprietary name considered to be bioequivalent to the Brand Drug Product that has been determined to be a Covered "generic" Medication by Southern Scripts.

HIPAA means the Health Insurance Portability and Accountability Act of 1996.

HIPAA Privacy Rule means the medical records privacy, security and standard transaction rules and regulations under 45 CFR Parts 160, 162, and 164.

Ingredient Cost shall mean the component of Prescription Drug Compensation associated with the reimbursement of the Covered Medication dispensed.

Law means any federal, state, or local law, ordinance, rule regulation or judicial or administrative interpretation thereof.

MAC shall mean the maximum allowable cost at which Pharmacy will be paid for a Covered Medication as established and amended by Southern Scripts and/or Plans.

Member means an individual who is enrolled with a Plan Sponsor that is entitled to receive Covered Prescription Services.

NCPDP means the National Council for Prescription Drug Programs or its successor.

Negotiated Price means the “negotiated price,” established by Plan Sponsor and Southern Scripts and agreed upon by Pharmacy for Covered Drugs dispensed to Members.

Network Pharmacy means a pharmacy that has entered into Pharmacy Network Agreement with Southern Scripts to provide Covered Prescription Services to members.

NPI means the National Provider Identifier provided by the Centers for Medicare and Medicaid Services through the National Plan & Provider Enumeration System (NPPES), or its successor, as published by NCPDP or another NPI reporting service used by Southern Scripts.

Online Adjudication Processing means the transmission of Prescription Drug claims from participating pharmacy to Southern Scripts in compliance with the transaction standards set forth in applicable Law including the HIPAA Rules and, in turn, participating pharmacy receiving, via online messaging, information including, but not limited to, eligibility and coverage determination, and applicable Deductibles, Coinsurance and Copayments.

Payor means an employer, government or governmental authority, health maintenance organization, insurance company, managed care organization, preferred provider organization, self-funded plan or group, third party administrator or other entity responsible for providing access to a prescription drug program or funding payments of Covered Prescription Services under its Plan Specifications or in connection with the coordination of benefits and has selected Southern Scripts.

Pharmacy Benefit means the benefit portion that establishes coverage for pharmaceuticals and services on an outpatient basis to qualifying Members.

Pharmacy Services Manual or “PSM” shall mean and refer to those written descriptions of Southern Scripts’ expectations regarding standards of practice as they relate to the Covered Prescription Services provided by Pharmacy under this Agreement, which includes, without limitation, Claim submission guidelines, description of Covered Drugs and other Covered Prescription Services offered by the Plan Sponsors for which Southern Scripts provides pharmacy benefit management services, and other policies and procedures by which Southern Scripts and the Plan Sponsors require Pharmacy to adhere. The PSM is available electronically and is incorporated fully herein to this Agreement. The Plan Sponsor or Southern Scripts may amend the PSM by notice or posting on Southern Scripts’ website which amendment shall become effective after sixty (60) calendar days.

Plan shall mean any one or more of the various funded health plans or benefits operated, offered or provided by Southern Scripts/Plan Sponsors that entitle Members to receive reimbursement for, or payment of, medical expenses, including, without limitation, the Covered Prescription Services.

Plan Sponsor shall mean, including, but not limited to, an employer, health insurer, managed care organization, union health and welfare trust, government agency or third party administrator that operates, offers or provides the Plan(s) through Southern Scripts.

Plan Specifications means the coverages, exclusions, and limitations of Covered Products under a Payor's health benefit plan, as may be identified through an online identification of Covered Products; excluded items; applicable Coinsurance, Copayment and Deductible amounts; benefit maximums; and other items in connection with a particular plan specifications required by a Payor.

Practitioner means a physician or other health provider licensed in the state where the prescription is issued and who is authorized by Law to prescribe medication, devices and/or supplies to individuals including members.

Prescription Drug Compensation means the actual amount which Southern Scripts contractually required to reimburse Pharmacy, on behalf of a Plan Sponsor, for the dispensing of a Covered Drug to a Member, which amount shall be determined in accordance with Exhibit A or Exhibit B. Southern Scripts may from time to time amend the Prescription Drug Compensation which amendment shall become effective thirty (30) calendar days after such notice is received by Pharmacy unless, prior to such time, Pharmacy rejects the amendment in writing to Southern Scripts.

Protected Health Information or "PHI" means individually identifiable health information related to the past, present, or future physical or mental health or condition of a Member; the provision of health care to a Member; or the past, present, or future payment for the provision of health care to a Member, as more fully defined in the HIPAA Privacy Rule or otherwise deemed confidential under federal or state Law.

PSAO means a Pharmacy Services Administration Organization who has the authority to contract with Southern Scripts on behalf of multiple, independently owned pharmacies. PSAOs shall distribute all relevant documentation and amendments to this Agreement to all member pharmacies, within five (5) business days of PSAO's receipt of such documentation or amendment from Southern Scripts.

Rebates means any discounts, direct or indirect subsidies, rebates, other price concessions and/or direct or indirect remunerations that a Plan Sponsor has elected to apply or take into account in arriving at the Negotiated Price and/or to pass through at the point of sale for a Covered Drug, including, but not limited to, estimated or actual rebates paid by drug manufacturers or Affiliate ~~Rebate~~ Partner.

Specialty Drugs mean those scientifically engineered Covered Medications deemed specialty by Southern Scripts used to treat certain complex and rare medical conditions and are often self-injected or self-administered, which are set forth on Exhibit “B.”

Usual and Customary or “U&C” shall mean the price the Pharmacy would charge a cash-paying customer for the same prescription.

Wholesale Acquisition Cost or “WAC” means the price, as reported by a drug manufacturer, at which wholesalers may purchase drug products from that manufacturer. Southern Scripts shall update WAC pricing on at least a weekly basis with data received from the pricing source.

REGULATORY APPENDIX

Many states require that Pharmacy Providers comply with certain statutes and regulations when providing Covered Services to Members in that state. The following Regulatory Appendix, which is attached hereto and made a part of this Pharmacy Services Manual, contains various regulations, requirements, and laws (“Requirements”) that may apply to the arrangement between Southern Scripts, Pharmacy Provider, and/or Sponsor and the provision of applicable Covered Services by Provider.

Generally, the Requirements are applicable to Covered Services for Sponsors that are insurance companies, HMO(s), and governmental agencies and are usually not applicable to Sponsors that have self-funded plans. Provider is required to comply with all applicable Requirements. By providing Covered Services to an individual subject to any of these Requirements, this Provider Agreement is modified as set forth in the applicable state-specific provision. In the event that there is a conflict between a provision in this Manual and a provision in the Regulatory Appendix, the provision in the Regulatory Appendix shall control. This Regulatory Appendix may be amended to reflect any changes to the applicable law(s).

APPENDIX

Prescription Drug Claim Form _____ *p.55*

RX Manual Claim Form

Group Name: _____

Member ID Number: _____

Member's Last Name: _____ First Name: _____

Member's Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Patient's DOB: __/__/____ Patient's Sex: **Circle:** F M

Relationship Code: **Circle:** Self Spouse Dependent

Receipts must be included with the following information:

Patient's Name, Rx Number, Doctor's Name or DEA Number, Pharmacy Name and Address (or NPI number), Medication Name and strength or NDC number, Metric Quantity and Day Supply, Purchase Date and Total Charge.

Return Receipts and Form via email, fax, or mail to:

Southern Scripts, LLC.
PO Box 2482
Natchitoches, LA 71457
P: (800) 710-9341
F: (318) 214-4190
support@southernscripts.net

Rx Number:	Amount:	Co-Pay:	Total:
Total:			

Disclaimer:

The submission of this Rx Claim form, for you or and dependents, authorizes the release of all information to the Plan Sponsor, Administrator and/or Pharmacy Benefit Manager

Certification:

I certify that the information on this form is correct. I also confirm that the patient for whom this claim is made has coverage at the time the claim was incurred.

Signature: _____ Date: _____

For Internal Use Only:

Total Amount Owed to Member: \$ _____

Total Amount to Invoice Client: \$ _____

