



# Third Party Station

## Third Party Assistance Program

Enroll Online: [www.thirdpartystation.com](http://www.thirdpartystation.com), 'Join Now'



**PRESCRIPTION SUPPLY, INC.**  
 WHOLESAL E DISTRIBUTOR  
 SINCE 1955  
 PHARMACEUTICAL, HHC AND  
 DME PRODUCTS  
 "Your Direct Healthcare Partner"

**Chain Code: Please check one.**

- Chain 854 (third party assistance only)     Chain 866 (third party assistance with reconciliation)

*Rural Pharmacies are urged to contact us by phone before proceeding!*

**Contracting Administrative Fee = \$50.00/month. Fees are paid via Electronic Funds Transfer.**

### Pharmacy Information

Pharmacy Name: \_\_\_\_\_

NPI#: \_\_\_\_\_

NCPDP#: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pharmacy Mailing Address: \_\_\_\_\_

Pharmacy Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City, State ZIP

City, State ZIP

County: \_\_\_\_\_

County: \_\_\_\_\_

State License #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

DEA #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

BNDD #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Medicare B #: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

DPS (TX Pharmacies Only): \_\_\_\_\_

Software Vendor: \_\_\_\_\_

Limited Liability Company: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Limits: Per Occurrence: \_\_\_\_\_

Aggregate: \_\_\_\_\_

Current PSAO (Provider Services Administrative Organization): \_\_\_\_\_

(i.e. Access Health, EPIC, Good Neighbor, Leader Net, Tri Net, Net Rx, Provider Pay, RxPride, United Drugs)

**Hours of Operation:**     24 Hour Pharmacy     Open Specific Hours

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open							
Close							

**Fax to Third Party Station**  
**(913) 661-0297**

NCPDP: \_\_\_\_\_

Telephone: \_\_\_\_\_

## General Credentialing Record

1.) Have you or your pharmacy's state license or DEA registrations been limited, suspended or revoked in the last 3 years?  No  Yes

If Yes, please explain: \_\_\_\_\_

2.) Have any of your current pharmacists had their state license limited, suspended or revoked within the last 3 years?  No  Yes

If Yes, please explain: \_\_\_\_\_

3.) Has Medicaid or Medicare ever excluded, suspended, or sanctioned participation for you or your pharmacist's license and/or your pharmacy license?  No  Yes

If Yes, please explain: \_\_\_\_\_

4.) Will your pharmacy retain current copies of all pharmacy's state permit, DEA, BNDD, liability insurance and all staff pharmacists' license?  No  Yes\*

*\*Must mark yes for participation*

Pharmacy Type:  Retail  LTC  Mail Service  Closed Door  Clinic  Other \_\_\_\_\_

### Description of Services:

- |  |  |   |
|--|--|---|
| <input type="radio"/> Patient Counseling                       | <input type="radio"/> Compounding              | <input type="radio"/> Patient Resource Center   |
| <input type="radio"/> Prescription Literature                  | <input type="radio"/> Handicap Access          | <input type="radio"/> BP Monitoring             |
| <input type="radio"/> Durable Medical Equipment                | <input type="radio"/> Online Claim Submission  | <input type="radio"/> Generate Patient Profiles |
| <input type="radio"/> Drive Up Window                          | <input type="radio"/> NCPDP Standard Compliant | <input type="radio"/> Accept E-Prescriptions    |
| <input type="radio"/> Bi Lingual Staff- Languages Spoken _____ |  |   |

### Pharmacy Operations: (Check all that apply)

- |  |   |
|--|---|
| <input type="radio"/> Maintain Patient Signature Log   | <input type="radio"/> Medication error identification and reduction system. |
| <input type="radio"/> Maintain professional and general liability insurance \$1 million per occurrence/\$3 million aggregate for death and person injury (required by third party payer) | <input type="radio"/> Maintain Prescription Error Procedure                 |
| <input type="radio"/> Prescription Error Procedures  | <input type="radio"/> In good standing with state/federal agencies          |
|  | <input type="radio"/> HIPAA Compliant                                       |

Is your pharmacy rural? Yes or No Mileage to another pharmacy: \_\_\_\_\_

**Pharmacy Switch information- Please note the primary switch company used as well as the backup switch company used when your primary switch is down. Examples: ERx, Envoy/WebMD, DataRx, NDC/Relay Health, QSI)**

Primary Switch Company: \_\_\_\_\_ Secondary Switch: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**All broadcast communications, including deposit summaries, will be sent via e-mail to the e-mail address provided above.**

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(913) 661-0297**



## PROCESS OVERVIEW FOR PHARMACIES JOINING THIRD PARTY STATION

### **Pharmacy contacts Third Party Station to inquire about our program**

- Third Party Station explains our programs, answers all questions and sends out a marketing packet to the pharmacy.
- Marketing packet contains:
  - Third Party Assistance Enrollment form
  - List of third party payers that are contracted with Third Party Station
  - List of Medicare Part D plans that are contracted with Third Party Station
  - List of third party payers that are not contracted with Third Party Station and require that the pharmacy sign a “direct contract” with them. *Third Party Station will provide assistance to the pharmacy as necessary.*

### **Pharmacy completes and returns a Third Party Assistance Enrollment form**

- Pharmacy submits enrollment form to Third Party Station. This can be done either by completing the Third Party Station Enrollment Form and faxing the document to Third Party Station or the pharmacy can go to [www.thirdpartystation.com](http://www.thirdpartystation.com), select “Join Now” located on the Home Page, then select “Online Enrollment Form”. If the pharmacy decides to complete the “Online Enrollment Form”, they simply need to complete the required information and then select “Submit Enrollment Form”.
- Once Third Party Station receives a completed enrollment form from the pharmacy we contact the pharmacy to notify them that we did receive their enrollment form and will be sending out a pharmacy agreement. Third Party Station then auto-populates a pharmacy contract and sends this to the pharmacy. After faxing the contract to the pharmacy, Third Party Station will immediately contact the pharmacy to confirm that the agreement was received.
- Pharmacy needs to review, complete and submit all requested documents (i.e. copy of liability insurance, copy of state license, DEA certificate, EIN letter etc.) to Third Party Station.
- Upon receipt of a completed contract (including all required documents) from the pharmacy, Third Party Station will load the pharmacy in our system within 24 hours.
- Pharmacy needs to communicate and enroll with “direct contract” PBMs/payers (solicit assistance from Third Party Station as necessary).
- After Third Party Station has reviewed and loaded the pharmacy in our system we will contact the pharmacy for a “Welcome Call” notifying them that we have received their completed contract and will be processing their agreement. A pharmacy manual is mailed out to every pharmacy that joins Third Party Station, which includes a unique log-in and password for the pharmacy to access the “Members Section” of our website, as well as information pertaining to our program.
- Third Party Station provides uploads to all payer/PBMs and NCPDP.

- With more and more payers/PBMs validating our monthly uploads with NCPDP pharmacies enrolled in multiple affiliations can create problems at the time of conversion.
- Once a pharmacy has been loaded in Third Party Station's system and uploaded to all payers/PBM's and NCPDP, the pharmacy will be able to process claims as they always have at the pharmacy end (no changes will need to be made in the pharmacy's computer system). If a pharmacy does receive a "pharmacy not contracted" claim rejection from a payer that they are contracted with through Third Party Station the pharmacy needs to contact us immediately.
- If a pharmacy joins the Third Party Station Reconciliation 866 chain code then payment will be sent to Third Party Station for the payers included in our Standard Reconciliation program. Third Party Station electronically wires money in the pharmacy's bank account a minimum of three times a week (Monday, Wednesday and Friday). Third Party Station provides a detailed report on our website showing the general payment cycle for all payers included in our Standard Reconciliation program.
- Using a unique log-in and password all pharmacies are able to access the Third Party Station website. This will give the pharmacy access to various reports including their deposit summaries and remittance advices as well as an Aging Report for pharmacies enrolled under chain code 866.
- Every pharmacy will receive a 30 day follow up call from Third Party Station to ensure that the pharmacy is not experiencing any issues. If the pharmacy was with another PSAO central pay program Third Party Station will confirm that payment for all Direct Payers is being sent to the pharmacy.