

October 30, 2023

 GH.122083.406242

LINDSEY BARTON
7461 EAST DRIVE
STE 102
MONTGOMERY, AL 36117-2714

CONFIDENTIAL INFORMATION

Important information about your
patient(s) from GuidedHealth®

Dear LINDSEY BARTON,

Prime Therapeutics' GuidedHealth program offers valuable insights that may enhance the care you provide to your patients. Many of these opportunities are also considered to be important patient outcome measures by the Centers for Medicare & Medicaid Services (CMS). The following potential clinical situations may not be apparent from medical records alone.

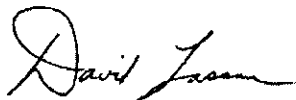
Patient Name	Date of Birth	Drug Therapy Opportunity	Page Number
KAYLA FREE	10-21-1999	Non-adherent to asthma medication	3

We encourage you to use the information in the enclosed health guide(s) to supplement your patient records, as well as to help evaluate whether a change in therapy or discussion with your patient is appropriate. Please communicate any changes directly to your patient and your patient's pharmacy. If you feel the recommendation(s) does not apply, please disregard this message.

We identify prescribers based on the National Provider Identifier (NPI) submitted by pharmacies on prescription drug claims. **If you have received a profile for a patient for whom you are not the prescriber and/or have not provided care, please complete the enclosed *Provider Follow-up form* and fax it with a copy of this letter to 1-877-869-8127. Please shred or otherwise destroy this document to protect patient confidentiality.**

If you have any questions, please call us at 1-866-203-6010, or fax us at 1-877-869-8127. Thank you for taking the time to review the enclosed health guide(s).

Sincerely,



David Lassen, PharmD
Chief Clinical Officer

Enclosures

GuidedHealth® is a registered trademark of Prime Therapeutics LLC (Prime), a pharmacy benefit management company.

Prime Therapeutics LLC (Prime) is an independent pharmacy benefit management company dedicated to providing innovative, clinically based, cost-effective pharmacy solutions.

Health Guide

Considerations to help your patients improve their health

KAYLA FREE
DOB: 10-21-1999
Member ID#: 85412439602
Plan: Blue Cross and Blue Shield of Alabama

Prepared for LINDSEY BARTON

A recent review of pharmacy claims has identified the following drug therapy opportunities for your patient.



Bottom line: Non-adherent to asthma medication

Action requested: Evaluate drug refill patterns

The Adherence asthma program identifies patients whose proportion of days covered (PDC) is less than 80%. This patient's PDC is 58% over the previous 365 days. Common reasons for non-adherence may include: side effects, affordability, or changes in the drug regimen. Please provide a new prescription if the regimen has changed, and/or discuss the importance of adherence and ways to address barriers with your patient.

Medication History: For a complete listing of the pharmacy claims associated with this drug therapy opportunity, please see Drug Therapy Opportunity **Adh Asthma** on the Supplemental Information page(s).

Due to the potential for claim submission errors, please validate the above information. This information is not intended to replace your clinical judgment and is being provided to you for purposes of quality, care coordination, and other health care operations as permitted by the Health Insurance Portability and Accountability Act (HIPAA). Only a physician in direct consultation with the patient may determine whether or not to pursue potential drug therapy opportunities. If you have received a profile for a patient for whom you are not the prescriber and/or have not provided care, please complete the form found on the back of this letter and fax with a copy of this letter to 1-877-869-8127. Please shred or otherwise destroy this document to protect patient confidentiality.

Health Guide

Supplemental Information

KAYLA FREE
DOB: 10-21-1999
Member ID#: 85412439602
Plan: Blue Cross and Blue Shield of Alabama

This supplement is provided for drug therapy opportunities involving multiple prescribers or prescriptions. This document provides a more detailed view of medications that have been dispensed to the patient.

The chart below identifies the pharmacy claims submitted for your patient during a recent review. It is current as of **10-23-2023**.

Drug Therapy Opportunity	Date Filled	Drug Name/Strength	Quantity	Days Supply	Pharmacy Name/Phone	Prescriber of Record Name/Phone
Adh Asthma	10-05-2023	MONTELUKAST TAB 10MG	90.0	90	ALABAMA CVS PHARMACY, L.L.C. 334-365-0661	LINDSEY BARTON 334-568-2120
Adh Asthma	10-05-2023	QVAR REDIHA AER 80MCG	10.6	30	ALABAMA CVS PHARMACY, L.L.C. 334-365-0661	JOHN MEADOWS 334-272-6062
Adh Asthma	08-15-2023	MONTELUKAST TAB 10MG	30.0	30	ALABAMA CVS PHARMACY, L.L.C. 334-365-0661	LINDSEY BARTON 334-568-2120
Adh Asthma	06-16-2023	QVAR REDIHA AER 80MCG	10.6	30	ALABAMA CVS PHARMACY, L.L.C. 334-365-0661	JOHN MEADOWS 334-272-6062
Adh Asthma	04-08-2023	QVAR REDIHA AER 80MCG	10.6	30	ALABAMA CVS PHARMACY, L.L.C. 334-365-0661	JOHN MEADOWS 334-272-6062
Adh Asthma	03-02-2023	QVAR REDIHA AER 80MCG	10.6	30	ALABAMA CVS PHARMACY, L.L.C. 334-365-0661	JOHN MEADOWS 334-272-6062
Adh Asthma	01-05-2023	QVAR REDIHA AER 80MCG	10.6	30	ALABAMA CVS PHARMACY, L.L.C. 334-365-0661	JOHN MEADOWS 334-272-6062



Health Guide Survey

Our health guide is meant to provide useful information to complement your patient care and help improve your patients' well-being. We understand that you are busy, and we appreciate you taking time to complete this survey. This will help us improve our programs and help ensure that the information you receive in the future adds value to your patient care. To protect patient confidentiality, please do not include any patient identifiable information in this survey.

Thank you for your feedback!

Please visit the website below to complete our short survey and provide your feedback:

<https://www.primetherapeutics.com/GHSurvey>

*Note that URL is case sensitive and must be entered exactly.

Insurer code: BCBSAL

Batch code: 122083.406242

Confidential / Protected Health Information (PHI)
Provider Follow-Up

We strive to protect the confidential health information of your patients and provide you with accurate information*. In some instances, information in our records may be inaccurate, and we are required to act.

*Address information for prescribers is taken from the **NPPES NPI Registry Primary Practice Address**. They are responsible to make all contact updates at <https://nppes.cms.hhs.gov/#/>

- If you are the provider and the patient information is correct – **NO FURTHER ACTION IS REQUIRED**
- If you are not the provider or patient information is incorrect – please review the following statements, check all applicable boxes, and take appropriate action as requested

Do not send medical records – this page is all that is needed.

☐ **All PHI unrelated to this prescriber has been destroyed, and was not copied, saved, forwarded or retained (please check box). Date:** _____

Patient Related:

- ☐ I provided care at least once but no longer provide care for: Patient name(s): _____
- ☐ I have never provided care for: Patient name(s): _____
- ☐ Patient now seen by different provider at this location. Patient name(s): _____

If this is **not your patient**, we will work to correct this in our records and with the dispensing pharmacy if necessary. Please check the box, complete the information requested, and attach a cover sheet and **fax** to **1-877-869-8127**.

Provider Related:

I am not the provider listed on the health guide and the letter was sent to my address in error (please check all that apply):

- ☐ The provider listed never practiced here
- ☐ The provider listed no longer practices at this address
- ☐ The provider listed has retired
- ☐ I am completing this form on behalf of the provider listed

Name of individual and Practice/Clinic/Hospital completing this form _____

If the provider address is not at this location or in this network, please complete the information, attach a cover sheet and **fax** to **1-877-869-8127**. Thank you for your cooperation and assistance.

Provider Name: LINDSEY BARTON

NPI: 1215285879

Phone Number: _____

Fax Number: _____

Prime Therapeutics LLC (Prime) is a pharmacy benefit management company.

CONFIDENTIALITY NOTICE: This fax is for use only by the person named above. It is private. It may be subject to HIPAA Privacy and Security rules. You may not use, copy or share this fax without permission. Please call us at 1-866-203-6010 or fax us at 1-877-869-8127 if you received this fax by mistake. Do not destroy this fax until you have spoken with us. We may ask you to destroy or return the fax to us. Thank you for your cooperation.