

New Implementation

Aetna Better Health of Michigan

Effective October 1, 2015, CVS/caremark will begin to administer the prescription benefits for Aetna Better Health of Michigan. Please update or create plan member profiles to reflect the changes regarding the following new plan adjudicating through CVS/caremark.

RXBIN	610591
RXPCN	ADV
RXGRP	RX8826
Member ID Format	10 digit
Person Code	2 digit person code not required

Some new members may not have received ID cards prior to start of this program. If a member does not have an ID number, please call Member Services at 1-866-316-3784 or the Pharmacy Help Desk at 1-800-364-6331 to verify eligibility.

Aetna Better Health of Michigan members will carry cards similar to the one illustrated below:

AETNA BETTER HEALTH® OF MICHIGAN 	
In case of an emergency go to the nearest emergency room or call 911.	
IMPORTANT NUMBERS FOR MEMBERS	
Member Services	1-866-316-3784
Behavioral Health Crisis Line	1-866-827-8704
24 Hour Nurse Line	1-866-711-6664 (TTY 711)
Hearing Impaired	TTY 711
IMPORTANT NUMBERS FOR PROVIDERS	
Pharmacy	1-855-432-6843
Eligibility	1-866-316-3784
Authorization	1-866-874-2567 (24 hours)
Behavioral Health	1-866-827-8704
Emergency admissions, elective admissions and outpatient surgery must be preauthorized.	
Submit claims to PO Box 66215, Phoenix, AZ 85082-6215	
Payer ID 126MI	
THIS CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT. H09H0001	

Patient Pay Amount

Please rely on the claims system to determine the correct amount to collect from the plan member, if applicable. Per Federal Medicaid law at 42 U.S.C. § 1396o(e): No provider participating under the State plan may deny services to an individual on account of such individual's inability to pay the patient pay amount.

Days Supply

Members may receive up to a 30-day supply at retail.

This update applies to:
All retail pharmacies

States:
Michigan

Line of Business:
Medicaid

Customer Care for Plan Members:
1-866-316-3784

Prior Authorization:
1-866-874-2567

Eligibility Verification
1-866-316-3784

Plan Website
www.aetnabetterhealth.com/michigan

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk:
1-800-364-6331

Payer Sheets: For additional claim processing information, refer to the CVS/caremark Payer Sheets at www.caremark.com/pharminfo > For Pharmacists and Medical Professionals (lower left) > NCPDP Payer Sheets.

Prescriber NPI	A valid and active individual prescriber's National Provider Identifier (NPI) is required. Failure to submit a valid Prescriber NPI will result in a reject.
Emergency Supply	Pharmacies are not authorized to enter overrides for an emergency fill without calling the Pharmacy Help Desk.
340B Drugs	To properly submit claims for 340B drugs, use the following values: • NCPDP Data Element 409-D9: Ingredient Cost Submitted = 340B • NCPDP Data Element 420-DK: Submission Clarification Code = 20
Vaccine	Aetna Better Health of Michigan will participate in the CVS/caremark Vaccine Administration Network. The following vaccines will be covered: • Injectable Seasonal Influenza Vaccine (TIV & TRIV) Submit the proper "MA" code in field 440-E5 of the DUR/PPS Segment along with a positive incentive fee amount in Field 438-E3 of the Pricing Segment when administering vaccines. For more information on the CVS/caremark Vaccine Administration Network, please call CVS/caremark Network Services at 1-866-488-4708.
Dose Optimization	Aetna Better Health of Michigan will implement the dose optimization program. The intent of the Dose Optimization Program is to reduce the number of medication doses a member takes by offering the choice of switching to a single daily dose at a higher strength. If a member is taking a drug that qualifies for potential dose optimization the claim will reject with the following message: <<USE HIGHER STRENGTH, 1 PER DAY QUESTIONS CALL X-XXX-XXXXXXX>> Please reprocess the claim using the higher strength/reduced quantity after contacting the prescriber as needed and informing the patient. If you need assistance with an override, contact the Pharmacy Help Desk number indicated in the reject message.

Coordination of Benefits (COB)

TABLE 1. Common Claim Submission Scenarios

Scenario	If the Primary is...	If the Secondary is...	RXBIN	RXPCN	RXGRP
1	Aetna Better Health of Michigan	N/A	610591	ADV	RX8826
2	Other Medicare Part D Plan	Aetna Better Health of Michigan			
3	Other Commercial Plan	Aetna Better Health of Michigan			

*OPAP = Use Other Coverage Codes 02 or 04 [in NCPDP Field # 308-C8]

TABLE 2. Other Coverage Codes

Code	Description
02	Payment Collected: Indicates secondary coverage; primary payer(s) paid something towards the claim.
04	Payment Not Collected: Primary plan accepted or paid the claim, but claim cost is to be paid by the plan member.