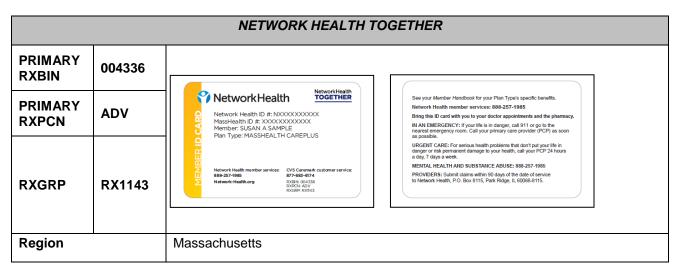![CVS/caremark]

ATTENTION: MEDICAID PHARMACY PROVIDERS
Electronic Coordination of Benefits for Supplemental Coverage
Network Health Together

CVS/caremark administers the prescription benefits for *Network Health Together*, a MassHealth Plan, including electronic coordination of benefits. Please update or create plan member profiles to reflect the changes regarding the following plan adjudicating through CVS/caremark.

NETWORK HEALTH TOGETHER		
PRIMARY RXBIN	**004336**	
PRIMARY RXPCN	**ADV**	
RXGRP	**RX1143**	
Region	Massachusetts	

Coordination of Benefits (COB) Detail for Supplemental Coverage

Medicaid is the payer of last resort, which pays after any other applicable primary programs have been billed. If you receive the following or similar reject:

REJECT 41: << Submit Bill to Other Processor or Primary Payer >>

- If the plan member is present, please inquire with the plan member regarding possible additional coverage.
  - Ask for identification card(s)
- Use the returned additional insurance information contained within the **Response COB Segment** to resubmit the claim
- Review screens / automate pharmacy systems to capture the additional coverage data returned on claims and apply it to the patient profiles

FOR *NETWORK HEALTH TOGETHER* PLAN MEMBERS WITH OTHER COVERAGE THAT IS PRIMARY, PLEASE USE THE FOLLOWING RXBIN AND RXPCN INFORMATION. THE RXGRP WILL REMAIN THE SAME.

TABLE 1. Common Claim Submission Scenarios

Scenario	If the Primary is…	If the Secondary is…	RXBIN	RXPCN	RXGRP
Scenario #1	Plan Sponsor	N/A	004336	ADV	RX1143
Scenario #2	Medicare Part D Plan	Plan Sponsor*	012114	COBSEGADV	RX1143
Scenario #3	Other Commercial Plan	Plan Sponsor*	013089	COMSEGADV	RX1143

*OPAP = Use Other Coverage Codes 02, 03 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.
03	**Claim Not Covered:** Indicates secondary coverage; primary plan denied or rejected the claim.
04	**Payment Not Collected:** Primary plan accepted or paid the claim, but claim cost is to be paid by the plan member.

Plan members are encouraged to present the identification card at the point of sale. If a member states that he/she does not have his/her new ID card or has forgotten it, pharmacies can still bill using the *Network Health Together* RXBIN, RXPCN, and RXGRP numbers.

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

If you have any questions, please call the Pharmacy Help Desk at **1-800-364-6331.**

Thank you for delivering high quality, cost-effective pharmacy services to *Network Health Together* members.