CVS/caremark™

Pharmacy Update

October 7, 2015

This update applies to:
All retail pharmacies

States:
Pennsylvania

Line of Business:
Medicaid

Customer Care for Plan Members:
866-638-1232

Prior Authorization:
866-638-1232
877-309-8077 fax

Eligibility Verification
866-638-1232

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk:
855-364-2970

Payer Sheets: For additional claim processing information, refer to the CVS/caremark Payer Sheets at www.caremark.com/pharminfo > NCPDP Payer Sheets.

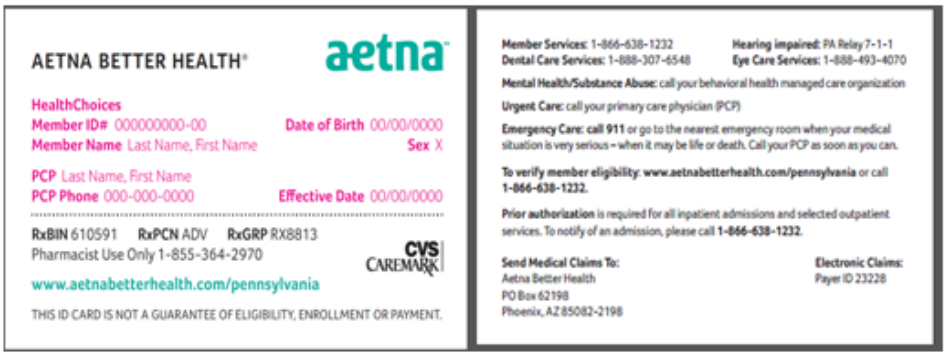
Aetna Better Health of Pennsylvania

New Member Identification Card Delay

Aetna Better Health of Pennsylvania is an existing Plan Sponsor with CVS/caremark. Effective October 1, 2015, new members were added to this plan; however, some members may not have received ID cards prior to their effective date. If the member does not have an ID card, pharmacy may process the claim using the members' current ACCESS ID and the RXBIN, RXPCN and RXGRP information detailed below:

RXBIN: 610591
RXPCN: ADV
RXGRP: RX8813
Member ID: Use member's ACCESS ID

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



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.

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 authorized to enter overrides for an emergency fill without calling the Pharmacy Help Desk. Emergency overrides can be issued for a 5-day supply. Pharmacy can refill up to 2 times (to equal a maximum of 15 days).

Override instructions:

- Enter '8' in "Prior Authorization Type Code' (field 461-EU)
- Enter '801' in "Prior Authorization Number Submitted" (Field 462-EV)
- Enter '5' in "Days Supply" in the claim segment of the billing transaction (Field 405-D5)

Coordination of Benefits (COB)

TABLE 1. Common Claim Submission Scenarios

Scenario	If the Primary is…	If the Secondary is…	RXBIN	RXPCN	RXGRP
Scenario #1	Aetna Better Health	N/A	610591	ADV	RX8813
Scenario #2	Medicare Part D Plan	Aetna Better Health*	610591	ADV	
Scenario #3	Other Commercial Plan	Aetna Better Health*	610591	ADV	

*OPAP = Use Other Coverage Codes 02, 03 or 04 [in NCPDP Field # 308-C8]

TABLE 2. Other Coverage Codes

CODE	OPPR / OPAP	DESCRIPTION
02	**OPAP Only**	***Payment Collected:*** Indicates secondary coverage; primary payer(s) paid something towards the claim.
03	**Both**	***Claim Not Covered:*** Indicates secondary coverage; primary plan denied or rejected the claim.
04	**OPAP**	***Payment Not Collected:*** Primary plan accepted or paid the claim, but claim cost is to be paid by the plan member.