



Medicare Part D Plans:
 Health Net Medicare Advantage - AZ, CA, OR, WA
 Health Net Cal MediConnect Medicare-Medicaid - CA
 Magnolia Health Medicare Advantage - MS
 Peach State Health Plan Medicare Advantage - GA
 Sunshine Health Medicare Advantage - FL
 Superior HealthPlan Medicare Advantage - TX

December 13, 2016

Medicare Part D Transition Policy & Temporary Supply Claims Processing – Long Term Care

If a health plan member and a drug are eligible for a transition fill, the claim will automatically approve without the need for the pharmacy to submit an override code. If a claim does not approve and the pharmacy believes the health plan member and the drug should be eligible under the Medicare Part D or MMP Transition Policy, the pharmacy should call the CVS Caremark Pharmacy Help Desk at 1-888-865-6567 to request a temporary supply override.

Claims Processor Information

Medicare Part D and MMP pharmacy claims processing functions are performed by CVS Caremark.

Health Plan	BIN	PCN	RxGroup	Member ID
Health Net	004336	MEDDADV	RX6270	11 Digit number consisting of: "R" + 8 digits +2 digit code • "00" for males • "16" for females
Sunshine Health Medicare Advantage	004336	MEDDADV	RX8907	11 Digit number consisting of: "C" + 8 digits + "01"
Peach State Health Plan	004336	MEDDADV	RX8906	11 Digit number consisting of: "C" + 8 digits + "01"
Magnolia Health Medicare Advantage	004336	MEDDADV	RX8908	11 Digit number consisting of: "C" + 8 digits + "01"
Superior HealthPlan Medicare Advantage	004336	MEDDADV	RX8905	11 Digit number consisting of: "C" + 8 digits + "01"

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Payer Sheet

To view the CVS Caremark Payer Sheet for RxBIN 004336 go to www.caremark.com/pharminfo.

Assistance

For Claims Processing or Technical Support, contact the CVS Caremark Medicare Part D Pharmacy Help Desk at 1-888-865-6567.

Transition Fill Process

All Medicare Part D Plans and MMPs are required by the Centers for Medicare and Medicaid Services (CMS) to provide a formulary transition plan for Medicare Part D and MMP members who are eligible for a transition fill. The intent of the transition plan is to ensure immediate short-term coverage for Medicare Part D and MMP members who are either new to a Medicare Part D Plan or MMP or who otherwise qualify for a transition fill. This plan allows Medicare Part D and MMP members to continue ongoing therapies while either transitioning to an equivalent formulary drug, or pursuing prior authorization or a formulary exception. Drugs excluded under Medicare Part D (except for Medicaid coverable drugs for MMP members) are not eligible for a transition fill.

LTC Medicare Part D and MMP Transition Program Overview

- The transition fill will allow approval of claims for up to a **31-day supply** at an LTC pharmacy with multiple refills as necessary, up to a **98-day supply** during the 90-day initial eligibility transition period.
- CMS requires LTC pharmacies to dispense brand name oral solids in increments of 14-days or less. (See Appropriate Days Supply at LTC sections on page 4 for more details.)

Transition fill-eligible claims will process and approve upon initial submission and messages will indicate when claims have paid under transition fill rules. The messages (listed below) will be returned with paid transition fill claims so pharmacies can remind Medicare Part D and MMP members of actions that should be taken to ensure access to prescription drugs in accordance with Medicare Part D and MMP formularies and benefits:

- Paid under Transition Fill. Nonformulary.
- Paid under Transition Fill. PA required.
- Paid under Transition Fill. Other Reject. (Note: The other rejects represented by this message include Step Therapy, Quantity Limits, Daily Dose, etc.)

A Temporary Supply will NOT be allowed for the following drugs:

- CMS excluded drugs (not covered under Medicare Part D) except for Medicaid coverable drugs for MMP members.
- Medicare Part B drugs.
- Conditional Medicare Part B versus Part D drugs. These drugs are set up with prior authorization edits and require a review to determine coverage.
- Drugs with daily doses exceeding the FDA approved maximum daily dose.
- Drugs with PA edits to determine whether a drug:
 - is covered under Medicare Parts A or B as prescribed and administered,
 - is being used for a Medicare Part D medically accepted indication (as defined in section 1860D-2(e)(4) of the Act, e.g., Transmucosal Immediate Release Fentanyl (TIRF) products, Hepatitis C drugs, e.g., Sovaldi, Olysio, Harvoni, Viekira Pak, Technivie, Daklinza, in addition to Growth Hormones, Adcirca, Revatio, Lidoderm, Emend and Flector,
 - is a drug or drug class with a medical use that may be excluded from coverage or otherwise restricted under Medicare Part D as defined in section 1860D-2(e)(2) of the Act, e.g., Cialis when used for erectile dysfunction.

LTC Pharmacies (Non-LTC)

Transition Fill Condition	Description	Allowed Transition Fill Supply
Medicare Part D or MMP member who is newly enrolled in Plan	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new Medicare Part D or MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible Medicare Part D or MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	At least 31 days supply (or less as written) with multiple refills up to cumulative 98 days supply within first 90 days of coverage in the new Plan
Renewing Medicare Part D or MMP member across Plan contract years	Renewing Medicare Part D or MMP member impacted by negative formulary change across plan contract years – has history of utilization of impacted drug within 180 days from date of claim and previous claim not transition fill	At least 31 days supply (or less as written) with multiple refills up to cumulative 98 days supply within first 90 days of new Contract Year.
Medicare Part D or MMP member requesting exception and decision still pending	Medicare Part D or MMP member is requesting an exception and the decision is still pending by either the end of transition fill period, or the allowed transition fill days supply is exhausted	Where appropriate, the health plan can extend the LTC transition fill beyond the cumulative 98 days supply (Contact the CVS Caremark Medicare Part D Pharmacy Help Desk for Overrides under this Condition)

Emergency Fill

The emergency fill (EF) temporary supply override code is 07

- The EF temporary supply override is applicable after the initial 90 days of eligibility of the transition period has expired.
- The EF temporary supply override will allow approval of claims for up to a 31-day supply at an LTC pharmacy.
- For each drug for each member for each admission or re-admission to an LTC facility, and not associated with a level of care change TF prescription, the EF temporary supply override will be effective at an LTC pharmacy for up to one 31-day supply.
- **The LTC Emergency Fill must be submitted with the Pharmacy Service Type = 04 or 05 and Patient Residence = 03 or 09.**

Level of Care Change

The level of care (LOC) change new patient admission temporary supply override code is 18.

- The LTC temporary supply override will allow approval of claims for up to a 31-day supply.
- For each drug for each member, for each admission to an LTC facility, the LOC temporary supply override will only be effective for up to one 31-day supply.
- **The LOC new patient admission transition fill must be submitted with the Pharmacy Service Type = 04 or 05 and Patient Residence = 03 or 09.**

Appropriate Days Supply/ Short-Cycle Dispensing at LTC

- CMS requires LTC pharmacies to dispense brand name oral solids in increments of 14 days or less.

Appropriate Days Supply/ Short-Cycle Dispensing at LTC Override Codes

The 14-day or less appropriate days supply/ short cycle dispensing override codes are 21 or 36.

- Code 21 will allow approval of claims greater than a 14-day supply at LTC for antimicrobial drugs, medications whose FDA-approved labeling requires them to be dispensed in the original packaging and medications such as oral contraceptives, whose packaging helps patients comply with their prescribed regimen.
- Code 36 will allow approval of claims greater than a 14-day supply at LTC for claims that were originally submitted to a payer other than Medicare Part D that were subsequently determined to be covered under Medicare Part D.

Additional Information

You may also view other important information about the health plan's Medicare Part D program or MMP program on the health plan's website.

Health Net Medicare Part D - <https://www.healthnet.com/portal/provider/home.ndo>

Health Net Cal MediConnect Medicare-Medicaid Plan - <https://www.healthnet.com/calmediconnect>

Magnolia Health Medicare Advantage - <http://advantage.magnoliahealthplan.com>

Peach State Health Plan - <http://advantage.pshpgeorgia.com>

Sunshine Health - <http://advantage.sunshinehealth.com>

Superior HealthPlan Medicare Advantage - <http://advantage.superiorhealthplan.com>