



**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 - Retail

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 <ul style="list-style-type: none"> <li>. "00" for males</li> <li>. "16" for females</li> </ul>
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"

### Payer Sheet

To view the CVS Caremark Payer Sheet for RxBIN 004336 go to [www.caremark.com/pharminfo](http://www.caremark.com/pharminfo).

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## **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.

## **Retail Medicare Part D and MMP Transition Program Overview**

- The Transition Policy is designed to ensure members are able to obtain up to a 30-day transition supply when they are within their first 90 days of coverage under our plan, and a prescribed drug they have been taking is not on our formulary or is on our formulary with a restriction.
- Members are also entitled to a 30-day transition supply within 90 days after our formulary changes from one benefit year to the next, and a drug they have been taking is no longer on our formulary or has a new restriction.
- If the member presents with a prescription written for less than a 30-day supply, Health Net will allow multiple fills to provide up to a total of a 30 day supply of medication.

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 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.

## Retail Pharmacies (Non-LTC)

Transition Fill Condition	Description	Allowed Transition Fill Supply
<b>Medicare Part D or MMP member who is newly enrolled in Plan</b>	Includes, not necessarily limited to: <ul style="list-style-type: none"> <li>• Transition of a new Medicare Part D or MMP member following the annual coordinated election or special enrollment period</li> <li>• Transition of newly eligible Medicare Part D or MMP member from other coverage</li> <li>• Transition of member switching from one plan to another after start of contract year</li> </ul>	At least 30 cumulative days supply within first 90 days of coverage in the new Plan
<b>Renewing Medicare Part D or MMP member across Plan contract years</b>	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 30 cumulative days supply within first 90 days of coverage in the new contract year
<b>Medicare Part D or MMP member requesting exception and decision still pending</b>	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 transition fill beyond 30 days supply (Contact the CVS Caremark Medicare Part D Pharmacy Help Desk for Overrides under this Condition)

### Level of Care Change

**If a member is changing from one treatment setting (hospital or long term care facility to home)**

- There is not an automated Level of Care (LOC) temporary supply override code.
- Pharmacies must call the CVS Caremark Medicare Part D Pharmacy Help Desk to request the LOC temporary supply override.
- The LOC temporary supply override will allow approval of claims for up to a 30-day supply  
**For each drug for each member for each level of care change, the LOC temporary supply override will only be effective for up to one 30-day supply.**

### 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>