



Medicare Part D Plans:

- Allwell CHF/Diabetes Medicare (HMO SNP) – AZ
- Allwell Dual Medicare (HMO SNP) – AZ, FL, GA, IN, KS, MO, MS, NM, OH, PA, SC, TX, WI
- Allwell Dual Medicare Essentials (HMO SNP) – SC
- Allwell Medicare (HMO) – AR, AZ, FL, GA, IL, IN, KS, LA, MO, MS, OH, PA, SC, TX
- Allwell Medicare (PPO) – IN
- Allwell Medicare Essentials (HMO) – AZ
- Allwell Medicare Essentials II (HMO) – AZ
- Allwell Medicare Premier (HMO) – AR, AZ, FL, GA
- Allwell Medicare Select (HMO) – AR
- Health Net Medicare Advantage – CA, OR
- Trillium Advantage Dual (HMO SNP) - OR

Medicare-Medicaid Plans:

- Absolute Total Care (Medicare-Medicaid Plan) – SC
- Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) – OH
- Health Net Cal MediConnect (Medicare-Medicaid Plan) – CA
- IlliniCare Health - MMAI (Medicare-Medicaid Plan) – IL
- Michigan Complete Health (Medicare-Medicaid Plan) - MI
- Superior HealthPlan STAR+PLUS (Medicare-Medicaid Plan) - TX

December 10, 2018

2019 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.

Payer Sheet

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

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Health Plan	BIN	PCN	RxGroup	Member ID
Health Net	004336	MEDDADV	RX6270	11 digit alpha numeric ID. One letter followed by 10 numbers.
Absolute Total Care Medicare Advantage	004336	MEDDADV	RX8917	11 digit alpha numeric ID. One letter followed by 10 numbers.
Arizona Complete Health Medicare Advantage	004336	MEDDADV	RX8120	11 digit alpha numeric ID. One letter followed by 10 numbers.
Sunshine Health Medicare Advantage	004336	MEDDADV	RX8907 RX8121	11 digit alpha numeric ID. One letter followed by 10 numbers.
Peach State Health Plan Medicare Advantage	004336	MEDDADV	RX8906	11 digit alpha numeric ID. One letter followed by 10 numbers.
Magnolia Health Medicare Advantage	004336	MEDDADV	RX8908	11 digit alpha numeric ID. One letter followed by 10 numbers.
Superior HealthPlan Medicare Advantage	004336	MEDDADV	RX8905 RX8124	11 digit alpha numeric ID. One letter followed by 10 numbers.
Arkansas Health & Wellness Medicare Advantage	004336	MEDDADV	RX8909	11 digit alpha numeric ID. One letter followed by 10 numbers.
IlliniCare Health Medicare Advantage	004336	MEDDADV	RX8919	11 digit alpha numeric ID. One letter followed by 10 numbers.
Managed Health Services (MHS) of Indiana Medicare Advantage	004336	MEDDADV	RX8910 RX8911	11 digit alpha numeric ID. One letter followed by 10 numbers.
MHS Health Wisconsin Medicare Advantage	004336	MEDDADV	RX8125	11 digit alpha numeric ID. One letter followed by 10 numbers.
Sunflower Health Plan Medicare Advantage	004336	MEDDADV	RX8912	11 digit alpha numeric ID. One letter followed by 10 numbers.
Louisiana Healthcare Connections Medicare Advantage	004336	MEDDADV	RX8913	11 digit alpha numeric ID. One letter followed by 10 numbers.
Home State Health Medicare Advantage	004336	MEDDADV	RX8914	11 digit alpha numeric ID. One letter followed by 10 numbers.
Western Sky Community Care Medicare Advantage	004336	MEDDADV	RX8126	11 digit alpha numeric ID. One letter followed by 10 numbers.

Health Plan	BIN	PCN	RxGroup	Member ID
Buckeye Health Plan Medicare Advantage	004336	MEDDADV	RX8122 RX8915	11 digit alpha numeric ID. One letter followed by 10 numbers.
Pennsylvania Health & Wellness Medicare Advantage	004336	MEDDADV	RX8916	11 digit alpha numeric ID. One letter followed by 10 numbers.
Trillium Advantage Medicare Advantage	004336	MEDDADV	RX8123	11 digit alpha numeric ID. One letter followed by 10 numbers.

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

(See Retail Pharmacies (Non-LTC) table below for plan specific guidelines)

- The Transition Policy is designed to ensure members are able to obtain up to a 30, 90 or 180-day transition supply when they are within their first 90 or 180 days of coverage under the applicable plan, and a prescribed drug they have been taking is not on our formulary or is on our formulary with a restriction. (see Retail Pharmacies table below for plan specific guidelines)
- Members are also entitled to a 30, 90 or 180-day transition supply within 90 or 180 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 the allowed cumulative day supply, the health plan will allow multiple fills to provide up to a total allowed cumulative 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. Non-formulary.
- 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, Nuedexta, Juxtapid, methamphetamine, 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
Medicare Part D 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 30 cumulative days supply within first 90 days of coverage in the new Plan
Renewing Medicare Part D 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 30 cumulative days supply within first 90 days of coverage in the new contract year
Medicare Part D 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 transition fill beyond the 30 days supply (Contact the CVS Caremark Medicare Part D Pharmacy Help Desk for Overrides under this Condition)
Absolute Total Care MMP member who is newly enrolled in Plan (Part D drugs)	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	At least 30 cumulative days supply within first 180 days of coverage in the new Plan

Transition Fill Condition	Description	Allowed Transition Fill Supply
Renewing Absolute Total Care MMP member across Plan contract years (Part D drugs)	Renewing 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
Absolute Total Care MMP member who is newly enrolled in Plan (Medicaid drugs)	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	At least 90 cumulative days supply within first 180 days of coverage for maintenance drugs At least 30 cumulative days supply within first 180 days of coverage for non-maintenance drugs
Renewing Absolute Total Care MMP member across Plan contract years (Medicaid drugs)	Renewing 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 90 cumulative days supply within first 90 days of coverage for maintenance drugs At least 30 cumulative days supply within first 90 days of coverage for non-maintenance drugs
Absolute Total Care MMP member requesting exception and decision still pending	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 the 30 or 90 days supply (Contact the CVS Caremark Medicare Part D Pharmacy Help Desk for Overrides under this Condition)
Buckeye Health Plan MMP, Cal MediConnect MMP or Michigan Complete Health MMP member who is newly enrolled in Plan (Part D drugs)	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	At least 30 cumulative days supply within first 90 days of coverage in the new Plan
Renewing Buckeye Health Plan MMP, Cal MediConnect MMP or Michigan Complete Health MMP member across Plan contract years (Part D drugs)	Renewing 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
Buckeye Health Plan MMP, Cal MediConnect MMP or Michigan Complete Health MMP member who is newly enrolled in Plan (Medicaid drugs)	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	At least 30 cumulative days supply within first 90 days of coverage in the new Plan

Transition Fill Condition	Description	Allowed Transition Fill Supply
Renewing Buckeye Health Plan MMP, Cal MediConnect MMP or Michigan Complete Health MMP member across Plan contract years (Medicaid drugs)	Renewing 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 Plan
Buckeye Health Plan MMP, Cal MediConnect MMP or Michigan Complete Health MMP member requesting exception and decision still pending	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 the 30 or 90 days supply (Contact the CVS Caremark Medicare Part D Pharmacy Help Desk for Overrides under this Condition)
IlliniCare Health MMP member who is newly enrolled in Plan (Part D drugs)	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	At least 30 cumulative days supply within first 90 days of coverage in the new Plan
Renewing IlliniCare Health MMP member across Plan contract years (Part D drugs)	Renewing 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
IlliniCare Health MMP member who is newly enrolled in Plan (Medicaid drugs)	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	At least 180 cumulative days supply within first 180 days of coverage Max 30 day supply per fill
Renewing IlliniCare Health MMP member across Plan contract years (Medicaid drugs)	Renewing 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 180 cumulative days supply within first 180 days of coverage Max 30 day supply per fill
IlliniCare Health MMP member requesting exception and decision still pending	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 the 30, 90 or 180 days supply (Contact the CVS Caremark Medicare Part D Pharmacy Help Desk for Overrides under this Condition)

Transition Fill Condition	Description	Allowed Transition Fill Supply
Superior HealthPlan STAR+PLUS MMP member who is newly enrolled in Plan (Part D drugs)	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	At least 30 cumulative days supply within first 90 days of coverage in the new Plan
Renewing Superior HealthPlan STAR+PLUS MMP member across Plan contract years (Part D drugs)	Renewing 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 Plan
Superior HealthPlan STAR+PLUS MMP member who is newly enrolled in Plan (Medicaid drugs)	Includes, not necessarily limited to: <ul style="list-style-type: none"> • Transition of a new MMP member following the annual coordinated election or special enrollment period • Transition of newly eligible MMP member from other coverage • Transition of member switching from one plan to another after start of contract year 	No Transition Fill Supply
Renewing Superior HealthPlan STAR+PLUS MMP member across Plan contract years (Medicaid drugs)	Renewing 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	No Transition Fill Supply
Superior HealthPlan STAR+PLUS MMP member requesting exception and decision still pending	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	For Part D drugs, and where appropriate, the health plan can extend the transition fill beyond the 30 or 90 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 applicable 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.