

Pharmacy Update

January 1, 2021

New Implementation

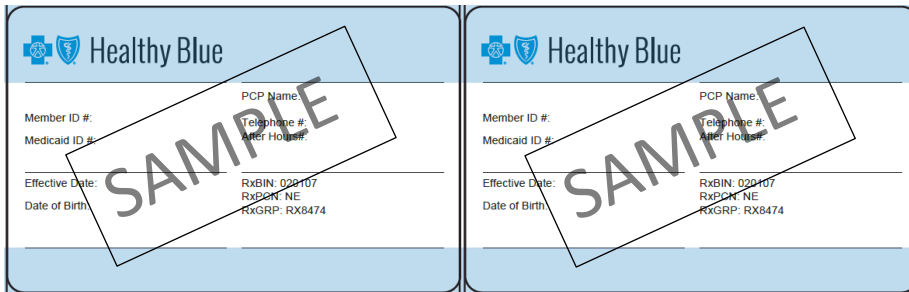
Healthy Blue

See new CHIP 599 Date of Birth Implementation section on page 3.

RXBIN: 020107
RXPCN: NE
RXGRP: RX8474

IngenioRx* and CVS Caremark® are pleased to announce that **January 1, 2021**, CVS Caremark will begin to process claims for Healthy Blue. All claims for Healthy Blue will be reimbursed according to your CVS Caremark Network Enrollment Forms and be paid according to CVS Caremark processing rules and payment cycles, which will appear on your CVS Caremark 835 or remittance advice.

Healthy Blue plan members will carry cards similar to the one illustrated below:



Vendor/Certification ID - CVS Caremark requires that a valid Software Vendor/Certification ID (110-AK) be submitted on all claims. If a valid CVS Caremark assigned Software Vendor/Certification ID is not submitted, the claim will reject with following message: **Reject AK <<M/I Software Vendor/Certification ID>>**. Please update the Software Vendor/Certification ID for all Healthy Blue claims.

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.

This update applies to:
All Network Pharmacies

State(s):
Nebraska

Line of Business:
Medicaid

Customer Care for Plan Members:
1-833-370-0703

Prior Authorization:
1-833-388-1406

Eligibility Verification:
1-833-388-1406

Plan Website:
provider.healthybluene.com

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-833-263-2870** if one is not provided.

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

* IngenioRx, Inc. and CVS Caremark are independent companies providing pharmacy benefit management services on behalf of Healthy Blue. Healthy Blue is the trade name of Community Care Health Plan of Nebraska, Inc., an independent licensee of the Blue Cross and Blue Shield Association. The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of-sale issues, network enrollment forms, and amendments to the Provider Manual.

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a Caremark Document within the meaning of the Provider Manual.



Medicaid Provider Enrollment: Federal law requires that all Medicaid Managed Care and Children’s Health Insurance Program network providers to be enrolled with State Medicaid programs. If you are not actively enrolled with the Nebraska Medicaid program and you are providing services to Medicaid-eligible members you must enroll in Medicaid or you may be removed from the applicable pharmacy network.

Days Supply: Members may receive up to a 31-day supply at retail or a 31-day supply for specialty. Certain classes of generic maintenance drugs may be eligible for a 90-day supply after one 31-day supply. Visit the Healthy Blue provider webpage for more details.

Emergency Supply: Pharmacies are authorized to enter overrides for an emergency fill without calling the Pharmacy Help Desk. Please use the information below:

Emergency Fill Claim Submission Information		
Field Name	Field Number	Submission Information
Days Supply	405-D5	3
Prior Auth Type Code	461-EU	1
Prior Auth Number Submitted	462-EV	22223333444

340B Drugs: Enter the appropriate claim identifiers when submitting a claim for payment of a 340B drug. Identifier(s) should be in compliance with the state the pharmacy is located in and should include at least one or two and sometimes all three of the following values:

- NCPDP Data Element 409-D9: Ingredient Cost Submitted = 340B Acquisition Cost
- NCPDP Data Element 420-DK: Submission Clarification Code = 20
- NCPDP Data Element 423-DN: Basis of Cost Determination = 08

Coordination of Benefits:

- Use the information provided in the chart below to submit the claim.
- The OPAP field (Other Payer Amount Paid) should be populated.
- All other forms of insurance coverage should be submitted before Medicaid.
- Update the member profile with COB information.

Scenario	If the Primary is...	If the Secondary is...	RXBIN	RXPCN	RXGRP	Other Coverage Code NCPDP Field #308-C8
1	Healthy Blue	N/A	020107	NE	RX8474	N/A
2	Other Medicare Plan	Healthy Blue	020107	IRXCOBOPAP	RX8474	2, 3, 4
3	Other Commercial Plan	Healthy Blue	020107	IRXCOMOPAP	RX8474	2, 3, 4

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a Caremark Document within the meaning of the Provider Manual.



Code	Description
2	Other Coverage exists – payment indicated: Code used in coordination of benefits transactions to convey that at least one payer has been billed and returned an approved response indicating payment greater than \$0.
3	Other Coverage Billed – claim rejected: Code used in coordination of benefits transactions to convey that all payers billed have returned rejected responses indicating the claim is not covered.
4	Other Coverage Exists – no payment indicated: Code used in coordination of benefits transactions to convey that the payer(s) has been billed and returned an approved response indicating a payment less than or equal to \$0.

CHIP 599 Members: A new date of birth for CHIP 599 members will be implemented where the member is covered under the unborn child’s ID number. Effective January 1, 2021, please use **January 1, 2000** as the date of birth for claims submission. This date of birth is also reflected on the member’s ID card.