

This update applies to: **All Network Pharmacies**

States: Virginia

Line of Business: Medicaid

Customer Care for Plan Members:

Medicaid: 1-833-207-3120 Anthem CCC Plus: 1-833-235-2027

Prior Authorization:

1-800-901-0020

Eligibility Verification: 1-800-901-0020

Plan Website:

https://mediproviders. anthem.com/va

Pharmacy Inguiries:

If you have questions, call the Pharmacy Help Desk number provided in the claim response or 1-833-253-4452 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.

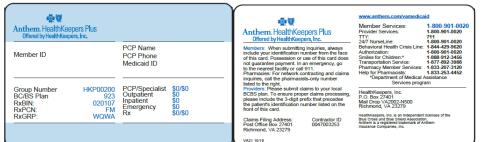
New Implementation

HealthKeepers, Inc.

IngenioRx and CVS Caremark® are pleased to announce that on October 1, 2019, CVS Caremark will begin to process claims for Anthem HealthKeepers Plus and Anthem HealthKeepers Plus, Commonwealth Coordinated Care Plus (Anthem CCC Plus) providers. All claims for HealthKeepers, Inc. 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.

RXBIN:	020107
RXPCN:	FM
RXGRP:	WQWA

Anthem HealthKeepers Plus members will carry cards similar to the one illustrated below:



Anthem CCC Plus 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 the following message: Reject AK <<M/I Software Vendor/Certification ID>>. Please update the Software Vendor/Certification ID for all Anthem HealthKeepers Plus and Anthem CCC Plus claims.

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.

CVS caremark Pharmacy Update

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.			
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 Virginia 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.			
Emergency Supply	y 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	
	Field Name Days Supply			
	Field Name Days Supply Prior Auth Type Code	Field Number	Submission Information	
	Field Name Days Supply	Field Number 405-D5	Submission Information 3	
340B Drugs	Field Name Days Supply Prior Auth Type Code Prior Auth Number	Field Number 405-D5 461-EU 462-EV tifiers when subn uld be submitted should include at ring values: ission Clarificatio of Cost Determin	Submission Information 3 1 22223333444 nitting a claim for payment in compliance with the state least one or two and n Code '20' nation '08'	

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.



Pharmacy Update

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 the Coordination of Benefits (COB) information.

Common Claim Submission Scenarios

Scenario	If the Primary is…	If the Secondary is…	RXBIN	RXPCN	RXGRP	Other Coverage Code NCPDP Field #308- C8
1	HealthKeepers, Inc.	N/A	020107	FM	WQWA	N/A
2	Other Medicare Plan	HealthKeepers, Inc.	020107	IRXCOBOPAP	WQWA	2, 3, 4
3	Other Commercial Plan	HealthKeepers, Inc.	020107	IRXCOMOPAP	WQWA	2, 3, 4

Code	Description
2	<i>Payment Collected:</i> Indicates secondary coverage; primary payer(s) paid something towards the claim.
3	Claim Not Covered: Indicates secondary coverage; primary plan denied or rejected the claim.
4	Payment Not Collected: Primary plan accepted or paid the claim, but claim cost is to be paid by the plan member.

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.