

This update applies to:

All Network Pharmacies

States:

Arkansas

Line of Business:

Medicaid

Customer Care for Plan Members:

1-844-278-5486

Prior Authorization:

1-844-865-7829

Eligibility

Verification:

1-866-261-1286

Plan Website:

<https://www.getempow.erhealth.com/>

Pharmacy Inquiries:

If you have questions, call the Pharmacy Help Desk number provided in the claim response or 1-844-865-7829 if one is not provided

Payer Sheets: For additional claim processing information,

refer to the CVS Caremark Payer Sheets at:

caremark.com/pharminf

o >NCPDP Payer Sheets.

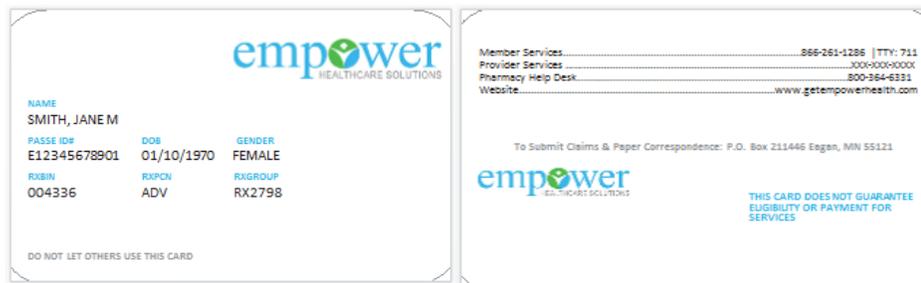
New Implementation

Empower Healthcare Solutions

Effective March 1, 2019, CVS Caremark® will begin to administer the prescription benefits for Empower Healthcare Solutions. Please update or create plan member profiles to reflect the changes regarding the following new plan adjudicating through CVS Caremark.

	Primary	Secondary to Med D
RXBIN:	004336	012114
RXPCN:	ADV	COBADV
RXGRP:	RX2798	RX2898
Member ID Format	10 digits, alphanumeric	10 digits, alphanumeric
Person Code:	2 digits, appended to Member ID	2 digits, appended to Member ID

Empower Healthcare Solutions plan members will carry cards similar to the one illustrated below:



Patient Pay Amount - Empower members should not have any out of pocket cost for covered medications. 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 Arkansas 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.

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.**

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- Days Supply** Members may receive up to a 30-day supply at retail.
- Emergency Supply** Pharmacies are authorized to enter overrides for an emergency fill without calling the Pharmacy Help Desk. A 5 day Emergency Fill for eligible medications can be given to the member.
- 340B Drugs** To properly submit claims for 340B drugs, use the following values:
- Pricing Segment (111-AM) = “11” 426-DQ U & C - 340b pharmacies must submit actual acquisition cost in this field 423-DN
 - Basis of Cost Determination = ‘ 08’ = 340B/
 - Disproportionate Share Pricing/Public Health Service For Compounds (111-AM) = 11 - 490-EU Compound ingredient Basis of Cost Determination = '08'
- Vaccines** Empower Healthcare Solutions will participate in the CVS Caremark Vaccine Administration Network. The following vaccines will be covered for members ages 19 – 64:
- Seasonal Influenza (trivalent, quadrivalent, intranasal, intradermal, high-dose)
 - Pneumonia
- Submit “MA” in the Professional Service Code Field (440-E5) of the DUR/PPS Segment along with a positive incentive fee amount in the Incentive Amount Submitted Field (438-E3) of the Pricing Segment when administering vaccines.
- 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 for RX2798.
 - The OPRR field (Other Payer Patient Responsibility) should be populated for RX2898.
 - All other forms of insurance coverage should be submitted before Medicaid
 - Update the member profile with COB information.

Common Claim Submission Scenarios

Scenario	If the Primary is...	If the Secondary is...	Other Coverage Code NCPDP Field #308-C8 RX2798	Other Coverage Code NCPDP Field #308-C8 RX2898
1	Empower Health Solutions	N/A	N/A	N/A
2	Other Medicare Part D Plan	Empower Health Solutions	N/A	3,8
3	Other Commercial Insurer	Empower Health Solutions	2,3,4	N/A

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Code	Description
2	Payment Collected: 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.
8	Claim Billing for Copay: Indicates secondary coverage; primary claim pays part of the claim and plan member has a copay.