

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

**States:**  
Kentucky

**Line of Business:**  
Medicaid

**Customer Care for Plan Members:**  
1-800-578-0603

**Prior Authorization:**  
Specialty: 1- 866-814-5506  
Non-Specialty: 1-800-294-5979

**Eligibility Verification:**  
1-800-578-0603

**Plan Website:**  
[www.passporthealthplan.com](http://www.passporthealthplan.com)

**Pharmacy Inquiries:**  
If you have questions, call the Pharmacy Help Desk:  
1-888-512-8935, 24 hours a day

**Payer Sheets:** For additional claim processing information, refer to the CVS Caremark Payer Sheets at [www.caremark.com/pharminfo](http://www.caremark.com/pharminfo)  
> NCPDP Payer Sheets.

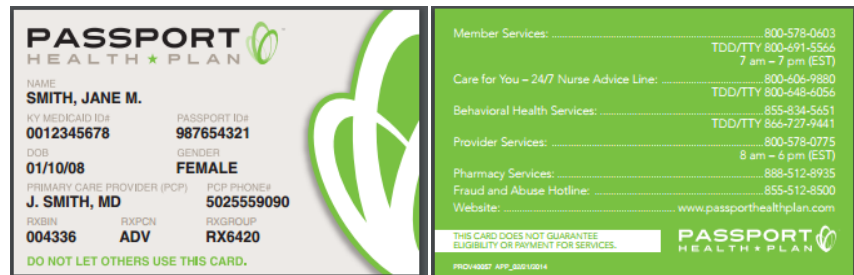
## New Implementation

### Kentucky Medicaid Passport Health Plan

Effective September 1, 2016, CVS Caremark® will begin to administer the prescription benefits for Passport Health Plan. Please update or create plan member profiles to reflect the following changes regarding the new plan adjudicating through CVS Caremark.

**RXBIN:** 004336  
**RXPCN:** ADV  
**RXGRP:** RX6420  
**Member ID Format:** 10 digits, numeric  
**Person Code:** Not required

Passport Health Plan members will carry cards similar to the one illustrated below:



### 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.

### Days Supply

Members may receive up to a 30-day supply at retail.

August 1, 2016

**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.

**Enrollment in Kentucky Medicaid**

Prescribers are required to be enrolled with Kentucky Medicaid. Prescriptions written by prescribers who are not enrolled as a provider with Kentucky Medicaid will reject.

**Vaccines**

Passport Health Plan will participate in the CVS Caremark Vaccine Administration Network. The following vaccines will be covered:

- Influenza – injectable, high dose
- HPV
- Zoster
- Pneumococcal
- Diphtheria, Tetanus, Pertussis (DTaP)

Submit the proper “MA” code in field 440-E5 of the DUR/PPS Segment along with a positive incentive fee amount in 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.
- 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
1	Passport Health Plan	N/A	02, 03, 04
2	Other Medicare Part B Plan	Passport Health Plan	02, 03 ,04
3	Other Commercial Plan	Passport Health Plan	02, 03, 04

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