

**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://medproviders.anthem.com/va>

**Pharmacy Inquiries:**  
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](http://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:

<p>Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.</p>		<p>Member Services: 1-800-901-0020 Provider Services: 1-800-901-0020 TTY: 711 24/7 NurseLine: 1-800-901-0020 Behavioral Health Crisis Line: 1-844-429-9620 Authorization: 1-800-901-0020 Smiles for Children: 1-888-912-3456 Transportation Services: 1-877-892-3988 Pharmacy Member Services: 1-833-207-3120 Help for Pharmacists: 1-833-253-4452 *Department of Medical Assistance Services program</p>
Member ID	PCP Name PCP Phone Medicaid ID	<p>Members: When submitting inquiries, always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911. Pharmacies: For network contracting and claims inquiries, call the pharmacists-only number listed to the right. Providers: Please submit claims to your local BCBS plan. To ensure proper claims processing, please include the 3-digit prefix that precedes the patient's identification number listed on the front of this card. Claims Filing Address: Post Office Box 27401 Richmond, VA 23279 Contractor ID: 0047003253 VA21 10/18</p>
Group Number	PCP/Specialist	
BC/BS Plan	Outpatient	
RxBIN:	Inpatient	
RxPCN:	Emergency	

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

<p>Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.</p>		<p>Member Services: 1-855-323-4687 Provider Services: 1-855-323-4687 Care Coordinator: 1-855-323-4687 TTY: 711 24/7 NurseLine: 1-855-323-4687 Mental Health Services: 1-855-323-4687 Authorization: 1-855-323-4687 Smiles for Children: 1-888-912-3456 Transportation Services: 1-855-325-7591 Pharmacy Member Services: 1-833-235-2027 Help for Pharmacists: 1-833-253-4452 *Contracts directly with this group</p>
Member ID	PCP Name PCP Phone Medicaid ID	<p>Members: When submitting inquiries, always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911. Providers: Please submit claims to your local BCBS plan. To ensure proper claims processing, please include the 3-digit prefix that precedes the patient's identification number listed on the front of this card. Claims Filing Address: Post Office Box 27401 Richmond, VA 23279 Contractor ID: 0047003253 VA28 10/18</p>
Group Number	PCP/Specialist	
BC/BS Plan	Outpatient	
RxBIN:	Inpatient	
RxPCN:	Emergency	

**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](mailto: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.

**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** 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 submitted 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 field 420-DK: Submission Clarification Code ‘20’
- NCPDP field 423-DN: Basis of Cost Determination ‘08’
- NCPDP field 409-D9: Ingredient Cost Submitted ‘340B Acquisition Cost’

**Transition of Care** Members may receive temporary, transitional fills of some medications, identified by secondary messages on paid claims stating “Paid under Transition Fill.” When you see this transition messaging, please alert the member to the temporary nature of his or her fill and have the member call Pharmacy Member Services. The Pharmacy Member Services number is on the back of the member's ID card. Members can also have their Prescriber request a prior authorization (PA) or switch to a formulary medication.

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