



Aetna, Coventry Health Care, and First Health are Offering Temporary Access for our Part D Members

Our Medicare Part D plans are designed to provide quality service and real savings for our members. Many members saw changes to their networks and plans for 2015. Last fall, we reached out to members in several ways to ensure these changes were well communicated.

To allow members extra time to understand their benefits and easily access their medicines, we have decided to provide all of our Part D members with *temporary access* to all pharmacies in our broadest Premier network. Until at least February 28, 2015 members in our Medicare Part D plans will be able to have prescriptions filled at pharmacies in our Premier network at in-network rates. This provides additional time for members to migrate to a pharmacy that is in their network, or to contact CMS at **1-800-MEDICARE** to request a Special Enrollment Period and discuss their other plan options for the remainder of 2015.

We are adding pharmacies every day. To find out whether a pharmacy is in your Part D plan network, please call the number on your member ID card.

Frequently Asked Questions

Are you providing this temporary access because pharmacies were incorrectly shown in CMS' Medicare Plan Finder and the plan's websites as being in your Part D plan networks?

No. We are providing this temporary access to allow members extra time to understand their benefits and find a pharmacy in their plan's network, or to contact CMS at **1-800-MEDICARE** to request a Special Enrollment Period and discuss their other plan options for the remainder of 2015. This is an investment that we are making for our members.

An earlier issue with [CMS' Medicare Plan Finder](#) and our plan's websites was discovered and fixed in December. A limited number of pharmacies were listed as participating in

some of our retail networks when they are only in-network for long-term care or home infusion. Members affected by the incorrect information on the plan finder can also contact Medicare to request a SEP and discuss other plan options for the remainder of 2015. The majority of pharmacies were not affected by this situation.

Does a member need to ask for temporary access?

No. Pharmacists in our Premier network have been informed that members in all of our Medicare Part D plans have temporary access to their pharmacies. Many members will see the change immediately. While it may take some time to implement the change for all of our plans, this temporary access does apply to all claims retroactive to January 1, 2015.

How does the temporary access work?

If a member with our Part D coverage goes to a pharmacy in our Premier network, the pharmacy will fill that prescription at in-network rates automatically.

If a member has any issue having a prescription filled at a Premier pharmacy, he/she should call the number on their member ID card.

When did we initiate this temporary access?

We began communicating about this temporary access on January 11. The effective date for this temporary member access is retroactive to January 1, 2015.

When does this temporary access end?

This temporary access is in place until at least February 28, 2015.

What happens when this temporary access ends?

Our Medicare Part D plan members will need to go to a pharmacy that is in their plan's network in order to have their prescriptions filled at in-network rates. If a member does

not wish to change their pharmacy, he/she may contact CMS at **1-800-MEDICARE** to request a Special Enrollment Period and discuss their other plan options for the remainder of 2015.

How will a member know the difference between getting a prescription at a network pharmacy versus one with temporary access?

There are several ways in which a member can tell if a pharmacy is in their plan's network.

- They can ask their pharmacist. We advise all pharmacies in our networks of their status with us, and which plans they are in network for.
- They can call us at the number on their member ID card. A customer service representative will check the pharmacy's network participation status. If a member is using a pharmacy under this temporary access that is not in their regular network, they can help find a participating pharmacy for future prescriptions.
- We are reaching out to members who have their prescriptions filled at out-of-network pharmacies to help them find a pharmacy in network.
- If the member does not wish to change pharmacies, he/she can call CMS at 1-800-MEDICARE to request a Special Enrollment Period and discuss their other plan options for the remainder of 2015.

Can pharmacies refuse to participate in the temporary access program?

All pharmacies in our Premier (broadest) network are required to participate in the temporary access program. Many members will see the change immediately. While it may take some time to implement the change for all of our plans, this temporary access does apply to all claims dating to January 1, 2015.

Does the member or out-of-network pharmacy need to take any different action to get a claim to process at in-network rates during the temporary access period?

During the temporary access period, out-of-network claims should automatically process at in-network rates. While it may take some time to implement the change for all of our plans, this temporary access does apply to all claims retroactive to January 1, 2015.

If a member has any issue having a prescription filled at a Premier pharmacy, he/she should call the number on their member ID card.

What if the pharmacy doesn't process the claim at in-network rates?

For members in certain plans, claims may not immediately be processed as in-network claims. We are implementing this process as quickly as possible. If a claim is not processed at in-network rates, members have several options:

- If it is an immediate or urgent need, the pharmacy can call the pharmacy benefit manager. The pharmacy benefit manager will immediately contact us, and we will work with the pharmacy to process the member's medication.
- The member can pay at out-of-network rates, and once the pharmacy is able to process prescriptions as in-network claims, the pharmacy can resubmit the claim. This will result in the claim being paid at in-network rates; the pharmacy will refund the member, and we will reimburse the pharmacy for that claim.

Alternatively, the member can submit a claim directly to us (paper claim) for reimbursement. Members can call the number of their member ID card for information.

- If it is a non-urgent prescription, the member can wait until the pharmacy is able to process claims at in-network rates.
- The member can choose to go to an existing in-network pharmacy.
- Members can call CMS at 1-800-MEDICARE to request a Special Enrollment Period and discuss their other plan options for the remainder of 2015.

What if a member had a prescription filled at out-of-network costs? Will they be reimbursed?

Once the pharmacy is able to process prescriptions as in-network claims, the pharmacy can resubmit the claim. This will result in the claim being paid at in-network rates; the pharmacy will refund the member, and we will reimburse the pharmacy for that claim.

Alternatively, the member can submit a claim directly to us (paper claim) for reimbursement. Members can call the number of their member ID card for information.

What if a member doesn't want to change his/her pharmacy?

Members can call CMS at **1-800-MEDICARE** to request a Special Enrollment Period and discuss their other plan options for the remainder of 2015.

Should customers expect an increase in plan costs because of this temporary network change?

No. This temporary access is an investment that we are making for our members. Plan premium and cost sharing for 2015 benefit plans will not change.

Does this temporary access apply to Group Medicare members?

Members in our Group Standard plan are in our broadest network and are not impacted.

Members in a Value or Preferred Value plan will be granted this temporary access to enable them to migrate to a pharmacy in their network.

Are we changing our Part D networks?

This temporary access lasts until at least February 28, 2015. We are providing this temporary access to assist members who need extra time to understand their benefits. During that time, we can help them find a pharmacy in their plan's network. If the member does not wish to change pharmacies, he/she may call CMS at **1-800-MEDICARE** to request a Special Enrollment Period and discuss their other plan options for the remainder of 2015.

We are adding pharmacies every day. To find out whether a pharmacy is in your Part D plan network, please call the number on your member ID card.

How did we communicate plan and network changes to members?

We recognize that any change to benefits or networks requires multiple, multipronged and direct communication to members.

Our customer service teams engaged in an outreach campaign in the fall of 2014 to help members understand the new networks and their impact on them, including where they can go for prescriptions and what their prescriptions will cost.

In addition to receiving their Annual Notice of Change (ANOC)/Evidence of Coverage (EOC), all members were sent a post-ANOC/EOC letter highlighting the changes to the networks, formularies, plan premiums and cost shares.

We also communicated to a majority of members through an outbound call campaign to educate them on the changes for 2015. The level of communication depended on the extent of the changes. Members with network changes received automated calls. Members who were experiencing network changes and benefit or formulary changes received an automated call and the opportunity to talk with customer service representative. In cases where more explanation was needed to clarify a combination of network, benefit and formulary changes, we called members directly.

Do you contract with independent pharmacies?

Yes.

Why do you have a set of smaller networks for some Part D plans?

We design our plans with a strategy of providing quality service and real savings for our members. Plans with smaller networks not only offer members a [price advantage](#), they also [score well with members](#) for both quality and service.