GENERATIONS ADVANTAGE AND THE US FAMILY HEALTH PLANS: COVID-19 FREQUENTLY ASKED QUESTIONS

Updated 4/15/2020

A Message to Our Network Providers

Thank you for the extraordinary work you are doing to keep our communities as safe and healthy as possible during these challenging times.

Martin's Point is committed to working with our provider partners to remove barriers during the COVID-19 pandemic so you can focus on caring for your patients.

These FAQs are a quick source of information intended to ease the administrative burden associated with patient care during the COVID-19 pandemic. **Our phone lines remain open to respond to any additional questions you may have regarding billing guidelines, testing, and benefit changes implemented during this time.**

THIS FAQ WILL BE UPDATED REGULARLY. THE INFROMATION CONTAINED IN THIS DOCUMENT IS ACCURATE AS OF THE DATE OF THE LATEST UPDATE. Martin's Point will continue monitoring updates and guidance received from regulatory agencies and comply accordingly.

PLEASE NOTE: Unless otherwise indicated, answers apply to both the Martin's Point US Family Health Plan and the Martin's Point Generations Advantage plan.

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COST SHARE CHANGES

WHAT WILL THE COST SHARE BE FOR LABS UTILIZED TO TEST FOR COVID-19?

- **Generations Advantage:** The lab test 87635, U0001 and U0002 will be covered with no cost share for the member.
- **US Family Health Plan:** The lab test 87635, U0001 and U0002 will be covered with no cost share for the member.

WILL IN-NETWORK COST SHARES APPLY TO OUT-OF-NETWORK SERVICES?

- **Generation Advantage:** All plan-covered, out-of-network services will process with in-network member cost shares effective 3/10/2020 to correspond with guidance from The Centers for Medicare and Medicaid Services (CMS). The out-of-network maximum out of pocket (MOOP) still applies.
    - **Generations Advantage only**: Are in-network cost shares being applied only to services related to COVID-19 or to all services?
        - All plan-covered services will be subject to in-network cost shares as required by CMS
- **US Family Health Plan:** The US Family Health Plan is currently reaching out to the Defense Health Agency (DHA) to confirm if this is a possibility. Currently, out-of-network services will not be treated as in network unless already POS exempt or approved as in network by the Martin's Point Health Management department.

WILL COST SHARES BE WAIVED FOR ANY SERVICES?

- **Generations Advantage:**
    - **Detection of COVID-19:** In accordance with the Families First Corona Virus Response Act cost shares will be waived for the following service that result in an order for or administration of a COVID-19 test*:
        - Office and other outpatient services
        - Hospital observation services
        - Emergency department services
        - Nursing facility services
        - Domiciliary, rest home, or custodial care services
        - Home services
        - Online digital evaluation and management services

*Eligible providers must submit modifier CS on the claim lines eligible under the waiver. The waiving of cost share is limited to the following providers:

- Hospital Outpatient Departments paid under the Outpatient Prospective Payment System
- Physicians and other professionals under the Physician Fee Schedule
- Critical Access Hospitals (CAHs)
- Rural Health Clinics (RHCs)
- Federally Qualified Health Centers (FQHCs)

- **Treatment of COVID-19:** Cost shares will be waived for the following services (dates of service 3/10/2020 until the federal declaration ends) if billed with diagnosis code B97.29 or U07.1:

  - Emergency Room
  - Urgent Care
  - Office Visits
  - Telehealth

  *Please note Inpatient cost shares **will not** be waived.

  * Waiving of cost share **will not** expand to include influenza.

- **US Family Health Plan:** In accordance with the ''Families First Coronavirus Response Act,'' the US Family Health Plan is currently waiving copays for lab test used to detect COVID-19 and for the following services that result in an order for a lab or diagnostic used to detect COVID-19.
  - Emergency Room
  - Urgent Care
  - Office Visits
  - Telehealth

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REIMBURSEMENT

HOW WILL COVID-19 RELATED SERVICES BE REIMBURSED?

- **Generations Advantage:**
  - **COVID-19 Specific Labs:** These will be reimbursed at the CMS Regional Carriers current allowed amount if one exists. Otherwise it will be reimbursed under the Prevailing Rate Policy.
  - **All other services:** All other services will follow standard FFS/prevailing process.
- **US Family Health Plan:**
  - **COVID-19 Specific Labs** These currently do not have a published rate. The prevailing charge policy would be utilized in lieu of rate being published.

All other services: All other services will follow standard TRICARE CMAC/prevailing process.

WILL MARTIN'S POINT HEALTH CARE WAIVE SEQUESTRATION REDUCTIONS IN ACCORDANCE WITH THE CARES ACT?

Yes, Generations Advantage will be waiving sequestration in accordance with the Coronavirus Aid, Relief and Economic Security Act (CARES Act) sections 3709.

WILL MARTIN'S POINT HEALTH CARE BE APPLYING THE CARES ACT'S INPATIENT PROSPECTIVE PAYMENT SYSTEM (IPPS) FOR HOSPITALS ADD-ON PAYMENT OF 20%?

Yes, Generations Advantage will follow guidance indicated in the Coronavirus Aid, Relief and Economic Security Act (CARES Act) section 3710.

DURABLE MEDICAL EQUIPMENT

WILL MARTIN'S POINT HEALTH CARE BE ADDING ADDITIONAL COVERAGE FOR GLOVES AND MASKS NOT COVERED UNDER THE ORIGINAL BENEFITS?

No, Martin's Point Health Care is not providing additional coverage for gloves and masks at this time.

WILL MARTIN'S POINT HEALTH CARE COVER HOME RESPIRATORY SERVICES, SUCH AS OXYGEN, CPAP, BIPAP, AND VENTILATOR FOR THE *ACUTE* TREATMENT OF COVID-19?

Yes, Martin's Point Health Care will consider waiving the chronic coverage requirement for home respiratory services. The determination of coverage will be made by the Health Management Department utilizing current clinical criteria.

WILL GENERATIONS ADVANTAGE ALLOW CMS'S DME FACE TO FACE REQUIREMENT (BOTH INITIAL AND RENEWAL) TO BE COMPLETED TELEPHONICALLY OR VIA TELEHEALTH TECHNOLOGY?

Yes, Generations Advantage will allow face to face to be completed via interactive telehealth to reduce exposure to members and staff.

However, if an item is lost, damaged, irreparable or otherwise unusable as a result of the coronavirus emergency the face to face requirement will be waived in accordance with CMS's Section 1135 and Section 1812(f) 'Blanket Waivers.'

WILL GENERATIONS ADVANTAGE FOLLOW CMS'S SECTION 1135 AND SECTION 1812(F) 'BLANKET WAIVERS' THAT REDUCE REQUIREMENTS FOR DME REPLACEMENT IF AN ITEM IS LOST, DAMAGED, IRREPARABLE OR OTHERWISE UNUSABLE AS A RESULT OF THE EMERGENCY?

Yes, Generations Advantage is waiving the following requirements in accordance with the 'Blanket Waiver' when replacing DME:

- face-to-face requirement
- new physician's order requirement
- new medical necessity documentation requirements

As indicated by CMS, "suppliers must still include a narrative description on the claim explaining the reason why the equipment must be replaced and are reminded to maintain documentation indicating that the DMEPOS was lost, destroyed, irreparably damaged or otherwise rendered unusable or unavailable as a result of the emergency."

WILL GENERATIONS ADVANTAGE WAIVE SIGNATURE AND PROOF OF DELIVERY REQUIREMENTS IN ACCORDANCE WITH CMS GUIDELINES?

Yes, Generations Advantage in accordance with CMS guidance is waiving signature and proof of delivery requirements when a signature cannot be obtained because of the inability to collect signatures. Suppliers should document in the medical record the appropriate date of delivery and that a signature was not able to be obtained because of COVID-19. https://www.cms.gov/files/document/covid-dme.pdf

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SKILLED NURSING FACILITY

WILL MARTIN'S POINT HEALTH CARE WAIVE THE REQUIREMENT AT SECTION 1812(F) OF THE SOCIAL SECURITY ACT FOR 3-DAY PRIOR HOSPITALIZATIONS FOR COVERAGE OF A SNF STAY?

- **Generations Advantage:** Generations Advantage does not require a 3-day inpatient hospitalization stay prior to a skilled nursing stay.

- **US Family Health Plan:** The US Family Health Plan has not waived the 3-day requirement indicated in the TRICARE Reimbursement Manual Chapter 8 section 1. The US Family Health Plan as a federal plan is not allowed to waive requirements until permitted to do so by the Defense Health Agency.

IF A MEMBER HAS EXHAUSTED THEIR SNF BENEFIT DURING THE COVID-19 EMERGENCY WILL GENERATIONS ADVANTAGE PLANS RENEW SNF COVERAGE WITHOUT FIRST HAVE TO START A NEW BENEFIT PERIOD?

Yes, Martin's Point Health Care will follow CMS guidance, "In addition, for certain beneficiaries who recently exhausted their SNF benefits, it authorizes renewed SNF coverage without first having to start a new benefit period."

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TELEHEALTH AND TELEMEDICINE

WHICH SPECIFIC SERVICES ARE COVERED UNDER THE TELEHEALTH BENEFIT?

- **Generations Advantage:** Please reference the table below. Please see additional questions in this FAQ for interactive requirements.

Telemedicine Service	HCPC/CPT CODE	Patient Relationship with the provider
Telehealth Services	Common Telehealth Services include: • 99201-99215 (Office or other outpatient Visit) • G0425- G0427 (Telehealth consultation, emergency departments or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultation furnished to beneficiaries in hospital or SNF) For a comprehensive list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes	For new* or established patients: *To the extent the 1135 waiver requires and established relationship, HHD will not conduct audits to ensure that such a prior relationship existed for claims
Virtual Check-In	• G2010 • G2012	For established patient
E-Visits	• 99421 • 99422 • 99423 • G2061 • G2063	For established patient
Telephonic Evaluation Codes (covered only under 1135 waiver during the Public Health Emergency)	• 98966 • 98967 • 98968 • 99441 • 99442 • 99443	For new* or established patients: *To the extent the 1135 waiver requires and established relationship, HHD will not conduct audits

		to ensure that such a prior relationship existed for claims

- **US Family Health Plan:** Please reference the table below.

Telemedicine Service	HCPC/CPT CODE	Patient Relationship with the provider
Telehealth Services	Common Telehealth Services include: • 99201-99215 (Office or other outpatient Visit) • 99307-99310 (subsequent nursing facility care • 99354-99357 (prolonged service) • 99495-99498 (transitional care Management services • G0508-G0509 In accordance with the TRICARE Policy Chapter 7 section 22.1, *"The use of interactive telecommunications systems may be used to provide diagnostic and treatment services for otherwise covered TRICARE benefits when such services are medically or psychologically necessary and appropriate medical care."*	For new or established patients
Virtual Check-In	• Not Covered	Not applicable
E-Visits	• Not Covered	Not applicable
Telephonic Evaluation Codes	• Not Covered	Not applicable

HAS CMS OR DHA LIFTED ITS INTERACTIVE REQUIREMENTS FOR ALL TELEHEALTH SERVICES?

- **Generations Advantage:** Yes, the HHS Office for Civil Rights (OCR) has relaxed the following requirements:
    i. **Everyday Communication Technology**: Everyday communications technologies, such as Facetime or Skype is now allowed. Members must be made aware there may be a risk in utilizing some of these technologies if they don't meet HIPPA Security requirements. For more information: https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html"
    ii. **Location Restrictions**: Additionally, CMS has indicated, "The Coronavirus Preparedness and Response Supplemental Appropriations Act, as signed into law by the President on March 6, 2020, includes a provision allowing the Secretary of the Department of Health and Human Services to waive certain Medicare telehealth payment requirements during the Public Health Emergency (PHE) declared by the Secretary of Health and Human Services January 31, 2020 to allow beneficiaries in all areas of the country to receive telehealth services, including at their home. "
    iii. **Telephone Evaluation**: On March 30th, 2020 the President authorized coverage and payment for the following services during the Public Health Emergency: CPT codes 98966-98968 and CPT codes 99441-99443. Specific CMS coverage requirements can be found here: https://www.cms.gov/files/document/covid-final-ifc.pdf
    iv. **Audio Only Devices**: OCR is exercising its enforcement discretion to not impose penalties for noncompliance with the HIPAA Rules in connection with the good faith provision of telehealth using such non-public facing audio or video communication products during the COVID-19 nationwide public health emergency. https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

- **US Family Health Plan:** The Defense Health Agency has not lifted any requirements for Telemedicine (DHA Telehealth term). In accordance with the TRICARE Policy Manual Chapter 7 section 22.2, "Video conferencing platforms used for telemedicine services must have the appropriate verification, confidentiality, and security parameters necessary to be properly utilized for this purpose and must meet the requirements of the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. Video-chat applications (e.g., Skype, Facetime) may not meet such requirements and should not be used unless appropriate measures are taken to ensure the application meets these requirements and that appropriate business associates agreements (if necessary) are in place to utilize such applications for telemedicine." Please see the TRICARE Policy Manual Chapter 7 section 22.1 for additional details.

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CAN PROVIDERS DELIVER TELEHEALTH SERVICES VIA AUDIO-ONLY CONNECTION DURING THE PUBLIC HEALTH EMERGENCY?

- **Generations Advantage:** Yes, telehealth services can be provided via audio-only connections for patients who don't have the ability to utilize interactive technology. Please note that the CMS Memo 'Applicability of diagnosis from telehealth services for risk adjustment', stipulates only interactive audio and video telecommunications system are permitted for the purpose of risk adjustment. Thus, audio only services are not risk adjustable. Please note under COVID 19 CMS has lifted HIPAA enforcements which previously prohibited use of certain applications (e.g. Facetime, Skype et al) enabling broader use of qualifying audio video telecommunications.

- **US Family Health Plan:** Not as of the date of this communication. The Defense Health Agency has not lifted any requirements for telemedicine (DHA telehealth term). Please see the TRICARE Policy Manual Chapter 7 section 22.1 for details.

WILL MARTIN'S POINT HEALTH CARE WAIVE THE REQUIREMENT THAT PROVIDERS MUST HAVE A PRE-EXISTING RELATIONSHIP WITH PATIENTS IN ORDER TO PROVIDE TELEHEALTH SERVICES?

- Yes, in accordance with the Coronavirus Aid, Relief and Economic Security Act (CARES Act), Martin's Point Generations Advantage plans will waive the pre-existing relationship requirement.

WHAT COST SHARE IS APPLIED TO TELEHEALTH SERVICES DURING THE COVID-19 NATIONAL EMERGENCY?

- **Generations Advantage:**
  - The office visit copay will be applied during the COVID-19 National Emergency*. If the provider can hold a PCP panel, the PCP copay will apply, otherwise the specialty copay will apply.

    *The telehealth copay will be waived (dates of service 3/10/2020 and after until the federal declaration ends) if the claim is billed with diagnosis code B97.29 or U07.1

- **US Family Health Plan**
  - The office visit copay will be applied during the COVID-19 National Emergency*. If the provider can hold a PCP panel, the PCP copay will apply, otherwise the specialty copay will apply.

    * In accordance with the ''Families First Coronavirus Response Act,'' the US Family Health Plan will waive the telehealth copay if the visit results in a lab test for COVID-19.

WILL MARTIN'S POINT HEALTH CARE ALLOW FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND RURAL HEALTH CLINICS (RHC) AS SITES OF CARE FOR TELEHEALTH SERVICES?

- Yes, in accordance with the Coronavirus Aid, Relief and Economic Security Act (CARES Act), Martin's Point Generations Advantage plans recognize FQHC and RHC as sites of care for telehealth services.

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BILLING GUIDANCE

HOW DO I BILL FOR TELEHEALTH/TELEMEDICINE SERVICES*?

- **Generations Advantage:** In accordance with CMS guidance, "When billing professional claims for all telehealth services with dates of services on or after March 1, 2020, and for the duration of the Public Health Emergency (PHE), bill with:

  i. Place of Service (POS) equal to what it would have been had the service been furnished in-person

  ii. Modifier 95, indicating that the service rendered was actually performed via telehealth"

  Additional references:
  - Medicare Claims Processing Manual Chapter 12
  - CMS's MLN BOOKLET TELEHEATH SERVICES
  - CMS Covered Telehealth Services
  - CMS Telehealth FAQ

- **US Family Health Plan:** TRICARE does not follow CMS guidance for Telemedicine services.

  i. For synchronous telemedicine services, bill using CPT or HCPCS codes with a GT modifier for the distant site and Q3014 for the originating site to distinguish telemedicine services. Use place of service "02" in conjunction with the GT modifier.

  ii. For asynchronous telemedicine services, bill using CPT or HCPCS codes with a GQ modifier and place of service "02." Note: You may indicate "Signature not required – distance telemedicine site" in the required patient signature field on the claim form.

  Please see the TRICARE Policy Manual Chapter 7 section 22.1 for additional billing and coverage requirements.

WHERE CAN I FIND THE CDC'S CURRENT BILLING GUIDELINES?

- https://www.cdc.gov/nchs/data/icd/ICD-10-CM-Official-Coding-Gudance-Interim-Advice-coronavirus-feb-20-2020.pdf

ARE ANY BILLING ISSUES EXPECTED WHEN BILLING FOR SERVICES FOR A PROVIDER AT A LOCATION OTHER THAN THE ONE(S) ON THEIR ENROLLMENT FILE?

Billing issues are not expected; however, this is an unprecedented situation. Please contact Martin's Point Provider Inquiry should issues arise.

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COVERING PROVIDERS

IF A PROVIDER IS QUARANTINED IS THE BILLING ENTITY ABLE TO SEND ANOTHER PROVIDER TO SEE PATIENTS AT THAT OFFICE IN THEIR ABSENCE?

- In the absence of a particular provider due to quarantine, another provider may see patients at that office.

IF PROVIDER HAS MULTIPLE LOCATIONS WILL THE MEMBER BE ABLE TO SEE A COVERING PROVIDER AT ANOTHER LOCATION?

- Yes, additionally all covered services will be subject to the in-network cost share.

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GENERAL INFORMATION

WILL MARTIN'S POINT HEALTH CARE WAIVE TIMELY FILING REQUIREMENTS DURING THE COVID-19 NATIONAL EMERGENCY?

Martin's Point Health Care's timely filing requirements have not changed.

WHERE CAN I GET ADDITIONAL INFORMATION FROM CMS ON THE COVID-19 NATIONAL EMERGENCY?

- https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page

WILL GENERATIONS ADVANTAGE ALLOW AMBULATORY SURGICAL CENTERS TEMPORARILY TO ENROLL AS A HOSPITAL DURING THE PUBLIC HEALTH EMERGENCY (PHE)?

Ambulatory Surgical Centers (ASC) will be allowed to operate as a hospital to the extent allowed by waiver 1135, if they meet conditions of participation and other requirements not waived by CMS. The provider must submit an attestation that the MAC approved enrollment with the effective date of enrollment.

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OPERATIONS UPDATES

ARE YOUR CALL CENTERS OPEN?

Yes, our call centers are open. Provider inquiry is available Monday through Friday from 8 am to 5 pm at 888-732-7364. Additionally, providers can utilize the Provider Portal to access remits, check eligibility and claim status.

CAN I CHECK MEMBER ELIGIBILITY AND CLAIMS STATUS AND REMITS ONLINE?

Yes, during and after the crises, providers can utilize the Provider Portal to access remits, check eligibility and claim status.

WILL CLAIMS PROCESSING STILL OCCUR?

Yes, currently there are no plans to stop the processing of claims.

WILL CLAIM PAYMENTS STILL OCCUR?

Yes, currently there are no plans to stop payment of claims.

WILL PROVIDERS BE ALLOWED TO SEND INFORMATION ELECTRONICALLY THAT MARTIN'S POINT HEALTH CARE NORMALLY WOULD REQUIRE TO BE SENT VIA MAIL, E.G. DISPUTES?

Currently, there are no changes to the dispute process. Providers should continue to submit disputes via U.S. Mail.

DO YOU ANTICIPATE ANY DELAYS OR CHANGE IN PROCESS (EX. CALL CENTER STAFFING OR CONTACT METHOD) IN PROVIDING AUTHORIZATION FOR ELECTIVE OR SCHEDULED SERVICES?

Martin's Point authorization processes have not changed. We do not anticipate any delays or change in process.

HAVE THERE BEEN ANY CHANGES TO MARTIN’S POINT HEALTH CARE’S UTILIZATION MANAGEMENT TEAM’S CONTACT INFORMATION?

No, there have been no changes to Martin’s Point Health Care’s Utilization Management team’s contact information.

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CLINICAL REVIEW AND UTILIZATION MANAGEMENT

DOES MARTIN'S POINT HEALTH CARE UTILIZE INFOCLIQUE FOR NOTICE OF ADMISSION?

No, Martin's Point does not utilize Infoclique.

WILL MARTIN'S POINT HEALTH CARE BE ADJUSTING ITS NOTICE OF ADMISSION TIMEFRAMES?

Martin's Point will not be adjusting our current Notice of Admission process at this time.

SHOULD A POST-ACUTE AUTHORIZATION (E.G. SNF OR MED REHAB) BE NEEDED, DO YOU ANTICIPATE ANY DELAYS?

Martin's Point Health Care does not anticipate any delays to the post-acute authorization process. The only delays that we anticipate would be in the availability of open beds for members to be transferred to.

WILL MARTIN'S POINT HEALTH CARE TEMPORARILY SUSPEND OR MODIFY ANY ADMISSION PROTOCOLS FOR ADMISSIONS TO POST-ACUTE CARE FACILITIES?

Covered Services: Admission protocols have not changed for covered services.

Non-Covered Services: Non-skilled care is not covered under Original Medicare and TRICARE. Martin's Point Health Care recognizes that due to the COVID-19 emergency, there may be situations in which the member is unable to leave the post-acute care facility. If this situation occurs, please contact the Martin's Point Health Management Department.

ARE PROVIDERS STILL ABLE TO ESCALATE AUTHORIZATION SHOULD THE NEED ARISE FOR FAST TURNOVER OF ACUTE BEDS?

Martin's Point Health Care's escalation process has not changed. If a provider needs to escalate an authorization, they must submit it as "urgent."

WILL MARTIN'S POINT HEALTH CARE'S UTILIZATION MANAGEMENT STAFF CONTINUE TO BE AVAILABLE FOR NEEDED CASE REVIEW INCLUDING RN TO RN REVIEW AND MD PEER TO PEER REVIEW IF NEEDED?

Martin's Point Health Care review process will remain the same including the peer-to-peer process.

DOES MARTIN'S POINT HEALTH CARE ANTICIPATE ANY DELAYS IN AUTHORIZING INPATIENT OR OBSERVATION CARE?

Martin's Point Health Care does not anticipate any delays to the prior-authorization process. Please note authorization is not required for observation.

DOES MARTIN'S POINT HEALTH CARE HAVE THE ABILITY SEND LEVEL OF CARE AUTHORIZATIONS AND DENIALS ELECTRONICALLY, E.G. EMAIL?

Authorization requests can be submitted to Martin's Point online, via fax/mail, or phone.
Approval and denial letters will still be sent via mail. Providers can check the status of their authorizations through our Portal or by calling us.

Martin's Point Health Care does not have the ability to send notifications via email.

WILL MARTIN’S POINT HEALTH CARE WAIVE AUTHORIZATION/MEDICAL REVIEW REQUIREMENTS FOR HOME RESPIRATORY SERVICES?

Martin’s Point authorization processes have not changed. If a provider needs to escalate an authorization, they must submit it as “urgent.”

WILL MARTIN’S POINT HEALTH CARE WAIVE MEDICAL NECESSITY REVIEW FOR DURABLE MEDICAL EQUIPMENT AND SUPPLIES THAT EXCEED QUANTITY LIMITS E.G. MUE?

No, medical necessity reviews will still be required when services exceed the quantity limit for durable medical equipment and supplies.

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PHARMACY UPDATES

IS MARTIN'S POINT HEALTH CARE WAIVING PHARMACY REFILLS FOR BEING TOO SOON OR WAIVING ANY FORMULARY REQUIREMENTS?

- **<u>Generations Advantage</u>**

  - Martin's Point Health Care has authorized enrollment in CVS Caremark's SCC 13 Override process, which was moved into production effective Friday, March 13, 2020. The SCC 13 Override early fill program includes:
    - Maximum day supply of 90 days for maintenance medications
    - Max number of early fills is ONE in 90 days
      - Members can receive a 30-day early fill, but the claims editing software will only allow One early fill per medication.
    - Does NOT exclude any specialty medications
    - Excludes OPIOID prescriptions only (this includes tramadol).

    In-network pharmacies will be able to place the override using the proper SCC 13 code. Pharmacies do not have to call the help desk to assist with overrides.

  - Generations Advantage Over-The-Counter supplemental benefit, provided by CVS'OTC Health Solutions, has placed the following limits on select products:

    - Hand sanitizer – limit of 2 per period
    - Disposable Nitrile gloves – limit of 1 per period
    - Alcohol & disinfectant wipes – limit of 1 per period
    - First Aid kits – limit of 1 per period
    - Digital Thermometer – Limit 1 per period
    - Unscented Wipes – Item B33 – Limit 1 per period

- **<u>US Family Health Plan</u>**

  - Martin's Point Health Care has authorized enrollment in CVS Caremark's SCC 13 Override process for maintenance medications only*.

  - The SCC 13 Override early fill program includes the following:

    - Max day supply of 30 days for early fills
    - Max number of fills 3 in 90 days for SCC 13 claims
    - Excludes ALL controlled substances (DEA 2-5)
    - HIV and transplant medications **<u>are</u>** eligible for 30-day overrides.

*Please note that 30-day overrides are not available for most specialty medications or controlled substances. Return to top

STATE MANDATES

DO STATE BUREAU OF INSURANCE EMERGENCY RESPONSE ORDERS APPLY TO THE US FAMILY HEALTH PLAN OR GENERATIONS ADVANTAGE?

The Generations Advantage and the US Family Health Plan are federal contracts in which federal preemption applies and Martin's Point Health Care is prohibited from changing benefits coverage and cost unless permitted to do so by The Centers for Medicare and Medicaid Services and/or Defense Health Agency.

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