FREQUENTLY ASKED QUESTIONS

Q **How long does it take CMS to accept a new member?**

A CMS requires a 21-day opt-out period for newly enrolled members. SilverScript advises that applications be submitted at least 45 days in advance of their effective date to allow for CMS processing of the applications and required mailings to be sent to new members. CMS guidelines are subject to change.

Q **What is the time frame for the enrollment process:**

A SilverScript receives the member information and prepares them to be submitted to the system to initiate the 21-day opt-out letter. (2-3 days)

The letter is mailed and received by the member (~3-5 days)

Opt-out period begins (21 days)

If member has not opted out, member record is submitted to CMS for approval (~1 week)

The member can call SilverScript to expedite the enrollment process at the toll-free number on the letter and attesting that they want to be enrolled in the plan.

CMS responds to SilverScript accepting the member (part of the one week process listed above)

SilverScript adds the member to the active group and a card and materials are mailed (10 days post response from CMS).

Q **When is a member eligible to enroll?**

A Members are eligible to enroll three months prior, to the month they turn 65 - through three months after their birth date. If they enroll after that time period they may incur a penalty imposed by CMS. Penalties will be assessed if there has been a break in credible coverage greater than 63 days.

Q **When will we receive our cards? What to do until then?**

A You will receive cards within 10-business days of becoming active with SilverScript. Until new cards are received a temporary ID card can be printed off of the CVT SilverScript microsite. The pharmacy can be provided with the information below to process the claim:

RX BIN: 004336
RX PCN: MEDDADV

RX GRP: RXCVSD

ID: G_____

Member Name

This information is also printed on correspondence sent to the member. Microsite URLs are listed below.

Plan A: http://cvt1.silverscript.com

Plan B: http://cvt2.silverscript.com

Plan C: http://cvt3.silverscript.com

Plan D: http://cvt4.silverscript.com

Plan 0: http://cvt5.silverscript.com

Q Why do I receive so many mailings from SilverScript? Can I opt-out?

A SilverScript is a Medicare Part D plan that must follow CMS guidelines. CMS requires periodic mailings to members regarding different aspects of the plan. These mailings are required by law and members cannot opt-out of receiving these mailings. You also cannot opt-out of the SilverScript pharmacy coverage without losing your medical coverage through CVT. **NOTE: SilverScript mailings will communicate information regarding your primary plan and does not take into consideration the secondary plan offered by CVT.**

Q If my doctor or I request a brand name drug when a generic is available, what will it cost me?

A Be prepared to pay the generic copayment, **and the difference between the cost of the generic and brand name drug.** The out-of-pocket amount could be quite significant. By asking your doctor if a generic is right for you, you would only pay the generic copayment. Your doctor would have to write a new prescription to allow the generic drug.

Q Why does a prescription need a Prior Authorization (PA) when it didn't before SilverScript?

A The SilverScript primary plan utilizes the PA process for certain drugs to verify the clinical appropriateness of drug therapy prior to initiation of therapy and ensure the safe and appropriate utilization of medications. It allows members, who have met certain criteria, access to medications that would typically not be covered under the program. If a PA is denied on the primary plan, the claim may still be paid through the wrap portion.

Q How long is PA good for?

A Typically a PA is approved for one year unless the member's physician requests the authorization to be short term depending on therapy. A PA can also be approved for less than one year if the drug will no longer be on the SilverScript Formulary for the next plan year.

Q Why didn't I get the correct co-pay and what should I do?

A Claims are processed thru a single transaction coordination of benefit between your primary SilverScript plan and your wrap/secondary plan. Client Support or the SilverScript Account Manager (through CVT) will be able to determine if the accounts are correctly linked, and will have the claims reprocessed if necessary.

Q Will I have a Gap in coverage?

A No, the CVT wrap/secondary plan will cover the difference between the primary SilverScript plan allowance and the applicable copayment.

Q I am going on vacation. Can I get an early refill?

A Plan guidelines allow for one 34-day supply vacation override per drug per year. CVT representatives should contact the SilverScript Account Manager to enter overrides. A new prescription will be needed to provide the retail pharmacy if the member usually uses mail order

Q I ordered a refill for my mail order prescription early. Why haven't I received it?

A Plan guidelines allow for mail order refills after 75% of the prescription has been used. For a 90-day supply, this would be 68 days. The mail order pharmacy will hold refills ordered early until they are ready to be filled, and then automatically ship them to members.

Q When can I refill my retail prescription?

A Your retail prescription can be refilled after 85% of the prescription has been used.

Q How are compound prescriptions processed by SilverScript?

A Compound prescriptions are processed the same way as the commercial plan. The cost is determined by the most expensive active ingredient in the compound. Copayments will vary based on the ingredient.

Q Can I fill a 90-day supply at a retail pharmacy?

A Yes, you can fill up to a 90-day supply at a retail pharmacy. Copayments are based on the days supply. For 1-34 days, one copayment applies, for 35-60 days, two copayments apply and for 61-90 days, three copayments apply.

Q Why is a member being denied for other coverage?

A A new enrollment in SilverScript will override any current enrollment in a Medicare D plan. A member's application to CMS will be denied if they have Employer Subsidy Status. The member will need to confirm they have no other coverage and the enrollment will need to be submitted.

Q What are SEP's?

A Special Enrollment Periods (SEP) constitute periods outside of the usual Initial Enrollment Period (IEP), Annual Coordinated Election Period (AEP), or Open Enrollment Period (OEP) when an individual may elect a plan or change his or her current plan election. There are various types of SEP's, including SEP's for dual eligible individuals, for individuals whose current plan terminates, for individuals who change residence and for individuals who meet "exceptional conditions" as CMS may provide, consistent with §1860D-1(b) of the Act and §423.38(c) of the Part D regulations. Depending on the nature of the particular special election period, an individual may take a variety of actions, including:

- Discontinuing an enrollment in a Part D plan and enrolling in Original Medicare
- Switching from Original Medicare to a Part D plan
- Switching from one Part D plan to another Part D plan

The following are examples of questions that might be used to determine eligibility for an SEP:

TYPE OF SEP?	**EXAMPLE OF QUESTIONS**
Change in Residence	Have you recently moved? If so, when? Where did you move from?
Employer/Union Group Health Plan	Do you currently have (or are leaving) coverage offered by an employer or union? Have you recently lost such coverage?
Dual Eligible	Do you currently have Medicaid coverage? Does your state pay for your Medicare premiums? Did you recently receive a yellow letter from Medicare (for full duals)? Have you recently lost coverage under Medicaid?
Other Low Income Subsidy	Do you receive extra help? Have you recently received a green letter from Medicare? Did you receive a letter from Medicare letting you know that you automatically qualify for extra help? Do you receive SSI cash benefits without Medicaid?
Institutionalized	Are you moving into or are you a current resident of an institution, such as a nursing facility or long-term care hospital? Are you moving out of such a facility?
MA "open enrollment period"	If during January – March: Were you recently a member of a Medicare Advantage plan which included Medicare prescription drug coverage?

Q **How does a member file a paper claim?**

A A member must mail the completed claim form along with the receipt for the covered prescription drug to:

SilverScript
Medicare Part D Paper Claims
P.O. Box 52066
Phoenix, AZ 85072-2066

The claim form will be reviewed and an initial coverage determination will be made. The claim will be processed according to the plan coverage and the member will be notified of the outcome. For more information on initial coverage determinations, limits and financial responsibilities please refer to your Evidence of Coverage or call Customer Care.

Q **Does my Part D-IRMAA (Income Related Monthly Adjustment Amount) payment impact my relationship with CVT?**

A No, your IRMAA payment does not impact CVT, unless you are dis-enrolled in Medicare Part B or D due to non-payment. Medicare eligible members must be enrolled in Medicare Part A, B and D in order to remain eligible for CVT benefits. **NOTE:** If you do not pay the IRMAA premium payment timely and you are disenrolled from SilverScript, **you will be disenrolled from your medical plan.**

Q **Why are my copays sometimes lower than expected?**

A Starting in 2014, Medicare requires that plans pro-rate certain drug copays for days supply less than one month. This pro-ration may not apply later in the plan year for drugs that may have qualified earlier in the year.

Q **Why hasn't CVS Caremark Mail Pharmacy sent my drugs automatically?**

A Starting in 2014, Medicare requires that plans receive consent before any prescriptions which were not initiated by the member. Examples of these are auto-refills, e-prescribing by your doctor, and doctor's office calling in a prescription. CVS Caremark Mail will make 3 Interactive Voice Response (IVR) calls to obtain consent. If they do not receive consent, then the prescription will be held indefinitely until consent is received. CVS Caremark will also send a letter with the hold status when this occurs. If you're in this situation, please contact SilverScript and the representative can record your consent and release the prescription(s).