



New Implementation

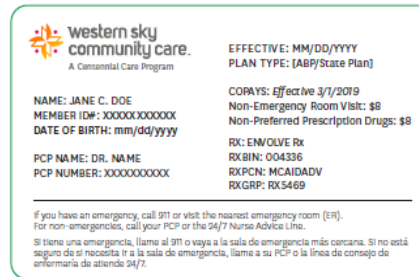
New Mexico Medicaid Western Sky Community Care

Involve Pharmacy Solutions (formerly US Script) and CVS Caremark® are pleased to announce that **effective January 1, 2019**, CVS Caremark will begin to process claims for Western Sky Community Care. All claims for Western Sky Community Care 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.

Please update or create plan participant profiles to reflect the claims processing changes and note new phone numbers included in this communication.

RXBIN: 004336
RXPCN: MCAIDADV
RXGRP: RX5469
Participant ID Format: U12345678911

Western Sky Community Care participants will carry cards similar to the one illustrated below:



This update applies to:
All Network Pharmacies

States:
New Mexico

Line of Business:
Medicaid

Customer Care for Plan Participants:
1-844-543-8996

Prior Authorization:
1-844-792-2436

Eligibility Verification:
1-844-738-5019

Plan Website:
WesternSkyCommunityCare.com

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk:
1-844-212-8505

Payer Sheets: For additional claim processing information, refer to the CVS Caremark Payer Sheets at www.caremark.com/pharminfo > NCPDP Payer Sheets.

Patient Pay Amount

Please rely on the claims system to determine the correct amount to collect from the plan participant, 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.

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 New Mexico 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.

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. 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.