



Department
of Health

Transition of Pharmacy Benefit from Managed Care to NYRx

All Stakeholders: Implementation Update

March 21, 2023

Overview

- NYRx Program Updates
- NYRx Education and Outreach
- Information for Members
- Information for Providers
- Resources and Updates
- Q&A

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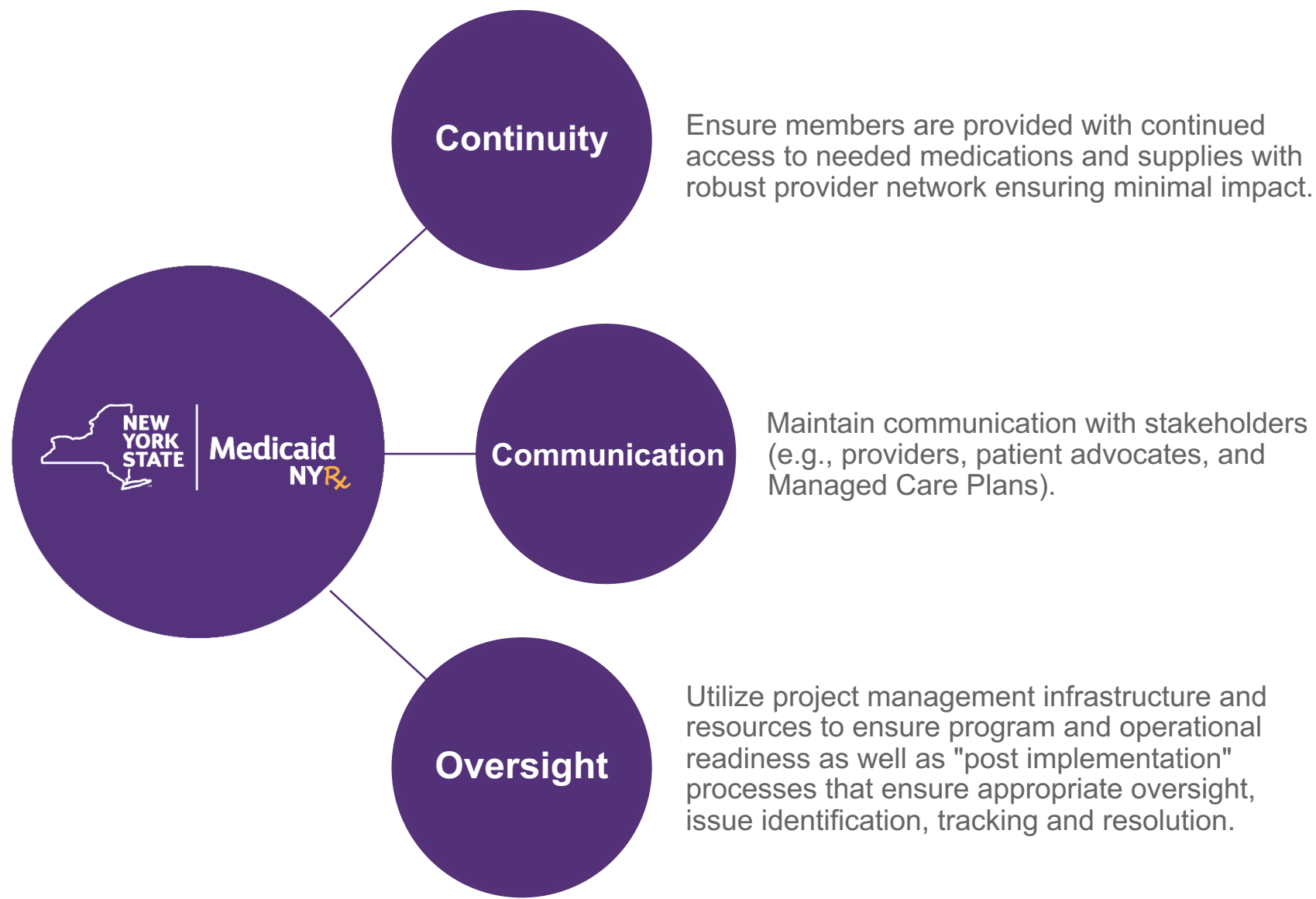


Transition Overview

- Beginning April 1, 2023, Medicaid members enrolled in mainstream Managed Care (MC) plans, Health and Recovery Plans (HARPs), and HIV-Special Needs (SNPs) will receive their pharmacy benefits through the Medicaid Fee for Service (FFS) Pharmacy Program.
- The transition will not apply to members enrolled in Managed Long-Term Care plans (e.g., PACE, MAP, and MLTC), the Essential Plan, or Child Health Plus.
- The transition will not change the scope of benefits (e.g., copayments and covered drugs) of the existing Medicaid Pharmacy Benefit.

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Transition Guiding Principles

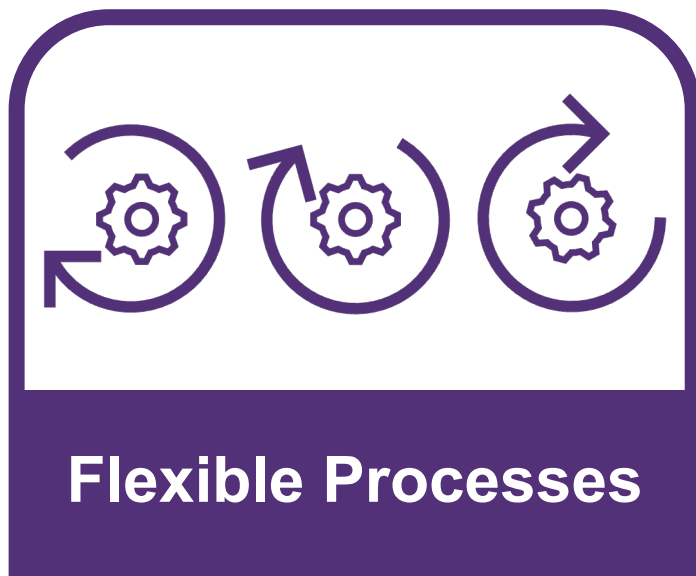


NYRx Program Updates

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Preparations for April 1, 2023

NYSDOH and Medicaid contractors continue to adjust and strengthen their existing systems and resources to support over 7 million members.



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Upcoming NYRx Program Updates

Practitioner Administered Drugs (PADs): After analyzing PADs that are provided as a pharmacy benefit through the Medicaid Managed Care Plans, NYSDOH will be adding certain PADs to the [Medicaid Pharmacy List of Reimbursable Drugs](#).

- Example: Cabenuva

DME National Drug Codes (NDCs): Certain DME NDCs have been opened, so providers have the option to use either the NDC or Healthcare Common Procedure Coding System (HCPCS). More information can be found on the NYRx Website under [Information for Providers](#) in the section titled Medical Supplies.

- Examples: Lancets, Pen Needles, etc.

Upcoming NYRx Program Updates Continued

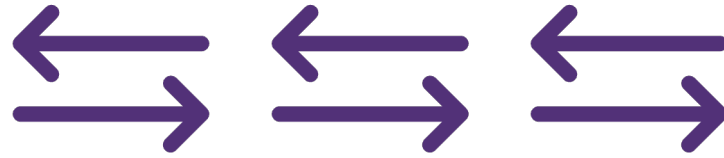
Response Messaging to Pharmacies: Improvements have been made to response messaging to pharmacies about claims submissions.

Examples:

NYRx Edit Code	NYRx Edit Description	Current Reject Code/Message	New Code/Message
02179	UNABLE TO PROCESS A PHARMACY PA PLEASE CALL MAGELLAN	85 - Claim Not Processed	75 - Prior Authorization Required
02218	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED	56 - NON-MATCHED PRESCRIBER ID	889 - Prescriber Not Enrolled in State Medicaid Program

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Data Sharing



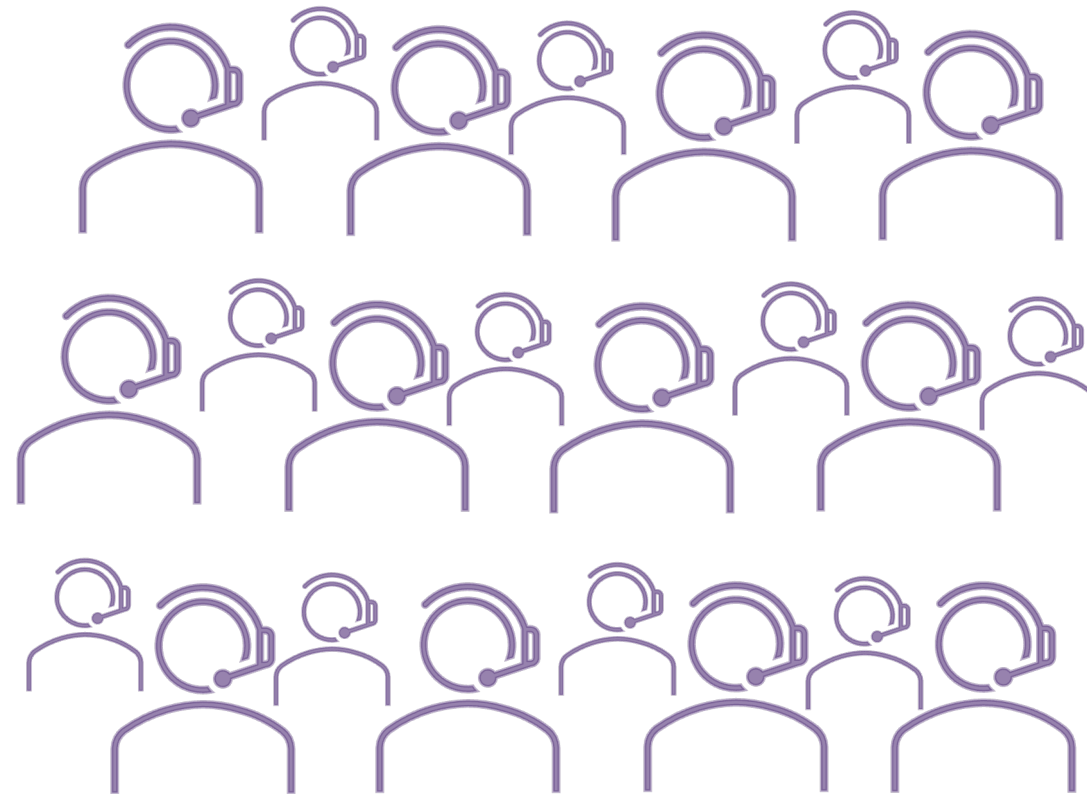
NYSDOH and its contractors have worked with the MC plans to facilitate data sharing of prior authorizations (PAs) and claims for the purposes of coordinating care.

Completed tasks include:	Upcoming tasks include:
<ul style="list-style-type: none"> • Confirmed technical contacts for each MC plan • Provided technical documentation and updated as necessary • Distributed and monitored schedules for testing and production • Tracked and provided feedback to resolve issues • Processed test PA files from each MC plan • Transferred and processed MC plans' PA files issued through February 28, 2023. • Each MC plan confirmed they have established internal processes, controls, and strategies to receive and process the daily claims files beginning April 2, 2023. 	<ul style="list-style-type: none"> • Transfer and process MC plans' PA files issued through March 31, 2023. • Deliver daily claims files (including paid, denied and reversed) to the MC plans beginning April 2, 2023.

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Additional Staff and Training

- Existing NYSDOH call centers have hired and trained additional staff to assist members and providers.
- Additionally, there will be a dedicated team led by Magellan serving as a liaison between the managed care plans and NYSDOH to support care coordination.
- Processes, including language access, are already in place that serve the diverse population of Medicaid members.
- The call centers are familiar with the needs of Medicaid members and have the skills and training to prevent disruption.



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NYRx Education and Outreach

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NYRx Education and Outreach

Two distinct and complimentary areas of stakeholder support:

- Education and Outreach Team
- Call Center staffed by Clinical Liaisons

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Education and Outreach Team

Supports NYRx program-related questions and non-member-specific questions.

Pharmacy services representatives monitor and respond to inquiries through emails, calls, and virtual support sessions.

The Education and Outreach team can also engage Clinical Liaisons for specialized support.

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Call Center Support

Monday-Friday, 8:00 - 5:00 p.m. ET

Clinical liaisons are trained to support and help solve complex pharmacy cases for:

- Managed Care Organizations
- Case workers and NYS agencies
- Prescribers, pharmacies, with questions regarding NYRx drug coverage, prior approval requirements, and NYRx enrolled pharmacies
- Complex care coordination for populations such as HIV/AIDS, Hemophilia, Foster Care Children, Serious Mental Illness, Substance Use Disorder, and Hepatitis C

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Members

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Spotlight FAQ 032

Section: Member Impact

Will members receive a new pharmacy insurance card to carry, or if they do not have their Medicaid card can members continue to use their Managed Care Health Plan (MCP) card at the pharmacy? Will member ID numbers change?

Existing Medicaid members will not receive a new NYS Benefit Card, also known as the Common Benefit Identification Card (CBIC), and there will be no change to member ID numbers. Members can show either their existing NYS Benefit Card or their Managed Care Health Plan Card at the pharmacy.

https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/pharmacy_transition_faq.htm

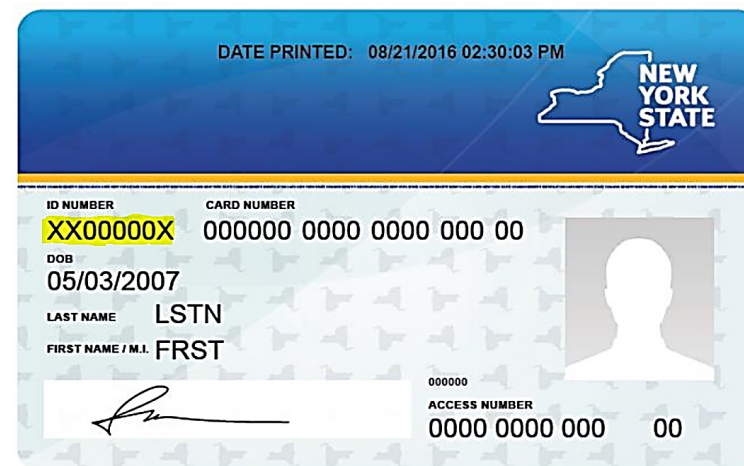
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Accessing NYRx Benefits

Beginning April 1, 2023, a member can show the pharmacy their:

- Managed Care Health Plan Card*
- OR
- NYS Benefit Card
also known as the Common Benefit Identification Card (CBIC)

Each card contains the member's unique **Client Identification Number (CIN)** which providers use to check eligibility and submit claims to Medicaid.



*Visit <https://mmcdruginformation.nysdoh.suny.edu/> for information about the Managed Care Plans.

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Text Messages to Members

In addition to mailing notices to members, NYSDOH is sending text messages to remind them about the transition to NYRx. The texts remind members to:

- Use their NYS benefit card or health plan card to fill their prescriptions.
- Contact the NYRx helpline 1-855-648-1909 if they have questions about their pharmacy coverage.

If you have not received these text messages, you can sign up by texting START to 1-866-988-0327.

You will receive text alerts from NY State of Health about important health insurance updates, including when it's time to renew your coverage.

Learn more at <https://info.nystateofhealth.ny.gov/COVID-19-Changes>.

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NYRx Helpline for Members



Phone: (855) 648-1909

TTY: (800) 662-1220

Regular Hours: Monday - Friday 8AM - 8PM. Saturday 9AM - 1PM

Hours on Saturday 4/1 and Sunday 4/2: 9AM – 5PM

Website: member.emedny.org

Members and their caretakers can contact the NYRx helpline if they have questions about their Medicaid pharmacy coverage. Language assistance is available.

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Providers

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Pharmacies should review this checklist to ensure their readiness for the benefit transition from Medicaid Managed Care to NYRx that begins April 1, 2023.

Identify Medicaid Members

Review your customer population and identify Medicaid members. Work with your system administrator to automate member identification based on the Client Identification Number (CIN) which is always in the format of 2 letters, 5 numbers, and 1 letter (e.g., AB12345C). The CIN can be found on a member's NYS Benefit Insurance Card and may also be embedded in their managed care plan card. In addition to the CIN, utilize BIN 004740 which identifies Medicaid as the insurance provider.

Review Reject Codes

Reject Code 831 – Starting April 1, if you submit a pharmacy claim to a Medicaid Managed Care plan, you will see NCPDP reject code 831 (Provider Service ID Carve-Out, Bill Medicaid Fee For Service) with a message to bill the claim to NYRx, using BIN 004740.

Reject Code 889 – Use the correct override combination for NCPDP reject code 889 (Prescriber not enrolled in State Medicaid Program), which can be applied to prescriptions written by unlicensed residents, interns, or foreign physicians in training programs.

- Field 439-E4 (Reason for Service Code): enter "PN" (Prescriber Consultation)
- Field 441-E6 (Result of Service Code): enter applicable value
- Field 420-DK (Submission Clarification Code): enter "02" (Other Override)

Verify Website Access

Make sure you can access:

newyork.fhsc.com – preferred products, drug criteria, and prior authorization resources

emedny.org – policy and billing manuals, ePACES information, medical supplies and criteria, and outpatient formulary file

health.ny.gov/nyrx – NYRx program information, including reimbursement methodology and immunization administration

Set Up ePACES

Make sure you can access ePACES to check member eligibility and if needed, submit medical claims for medical supplies and procedure codes. ePACES is a free, web-based application available to Medicaid providers. For help, call eMedNY at 1-800-343-9000.

Check Inventory

Make sure you have ample supply of products covered under the NYRx [Preferred Drug](#) and [Brand Less Than Generic \(BLTG\) Programs](#).



Pharmacy Checklist

- [Checklist](#) and [Quick Reference Guide](#) available on the transition website
- Included in notice to pharmacies distributed via Health Commerce System (HCS)

*** IMPORTANT MEDICAID PHONE NUMBERS ***
eMedNY 1-800-343-9000 for claims billing and ePACES help Mon – Fri 7 AM – 10 PM. Sat – Sun 8:30 AM – 5:30 PM
Magellan 1-877-309-9493 for prior authorizations. Open daily, 24 hours.
1-800-342-3005 for medical supplies and procedure code limits
1-866-211-1736, Option 1 for enteral nutrition prior authorization

Formulary File / List of Reimbursable Drugs

The screenshot shows the eMedNY website interface. At the top, there is a navigation menu with links for 'What's New', 'Information', 'Provider Enrollment', 'Provider Manuals', 'Provider Outreach and Training', 'Contacts', 'eMedNY HIPAA Support', 'eMedNY Tools Center', and 'PTAR'. A search bar is located in the top right corner, labeled 'ENHANCED BY Google'. Below the navigation menu, the main heading is 'Medicaid Pharmacy List of Reimbursable Drugs'. A paragraph of text explains that the page contains drug information from the pharmacy file and that the full list of reimbursable drugs can be viewed online or downloaded. Below this text, there is a section titled 'Attention Prescribers:' with two bullet points providing information about the Medicaid Pharmacy List of Reimbursable Drugs and coverage for managed care enrollees. To the left of the search form, there are three links: 'View/Download PDF of Reimbursable Drugs', 'Download CSV of Reimbursable Drugs', and 'View/Download Formulary and Benefits File Format'. The search form, titled 'Find File Information', has three fields: 'Field' (set to 'NDC Code'), 'Value' (empty), and 'Sort By' (set to 'NDC Code'). A green 'Search' button is located at the bottom of the form.

SEARCH TIPS

Medicaid Pharmacy List of Reimbursable Drugs

This page contains drug information from the pharmacy file. The full list of reimbursable drugs may be viewed online or downloaded, using the link provided below. Only those prescription and non-prescription drugs which appear on the list are reimbursable under the fee-for-service Medicaid Pharmacy Program.

Attention Prescribers:

- The Medicaid Pharmacy List of Reimbursable drugs includes only those drugs covered under the Pharmacy benefit and is not inclusive of all covered practitioner administered drugs. Information regarding Medicaid **fee-for-service** covered Practitioner Administered Drugs can be found in the [Provider Manuals](#) in the Procedure Code and Fee Schedule sections for Drugs, and in Provider Communications.
- For coverage information regarding Practitioner Administered Drugs for **managed care** enrollees, please refer to the managed care plan's medical benefit policies and procedures.

[View/Download PDF of Reimbursable Drugs](#)

[Download CSV of Reimbursable Drugs](#)

[View/Download Formulary and Benefits File Format](#)

This zip file contains eight pipe delimited text files and creates the following output files: Formulary Status; Copay List; Age Limit Coverage; Gender Limit; Prior Auth Coverage; Quantity Limit Coverage; Text Message Coverage; Cross Reference

[Formulary File Information](#)
This file contains the Formulary File Information and field layouts.

Find File Information

Field:

Value:

Sort By:

The full list of reimbursable drugs may be viewed online or downloaded.

Select non-prescription/OTC drugs included in the therapeutic categories listed below may be reimbursed by the New York State Medicaid Program:

- Allergy
- Analgesic
- Asthma and Sinus
- Cough and Cold
- Digestive
- Insulin
- Feminine Products
- Topical Products
- Smoking Cessation
- Vitamin/Mineral - when prescribed for a deficiency

<https://www.emedny.org/info/formfile.aspx>

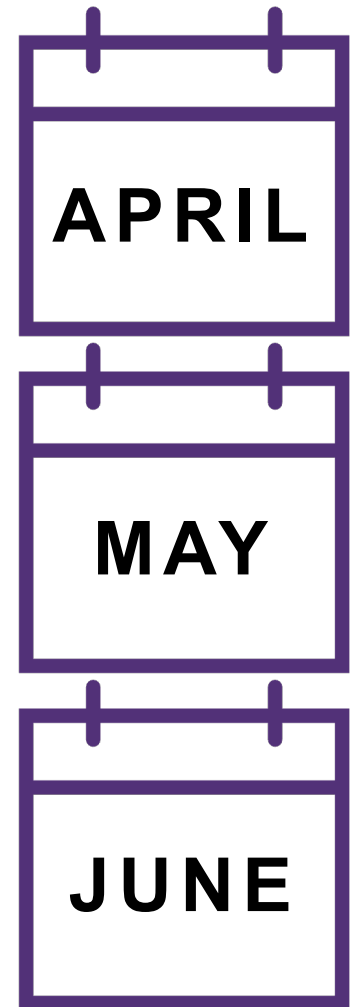
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Reminder: Transition Period and Access to Non-Preferred Products

- There will be a transition period from April 1 through June 30, 2023 where a member may be provided with a one-time, temporary fill for up to a 30-day supply for a drug that would normally require prior authorization (PA) under the [NYRx Preferred Drug Program](#).
- This allows additional time for prescribers to either seek prior authorization or change to a preferred drug, which does not require prior authorization.
- NYSDOH mailed letters in March to members with prescriptions for non-preferred products, informing them about the transition period.

Note: PAs issued by Medicaid Managed Care plans prior to April 1, 2023 (that are active/valid after April 1, 2023) will be honored by NYRx. This includes clinical PAs that also require authorization under NYRx.

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Medicaid Helplines for Providers

eMedNY Call Center	Magellan Clinical Call Center
<p>Phone: (800) 343-9000 Monday - Friday 7AM - 10PM Saturday - Sunday 8:30AM - 5:30PM</p> <p>Website: emedny.org</p> <p>Providers can contact eMedNY for assistance with Medicaid enrollment, billing, and ePACES.</p>	<p>Phone: (877) 309-9493 Daily 24 hours</p> <p>Website: newyork.fhsc.com</p> <p>Providers can contact Magellan for assistance with prior authorizations, clinical concerns, and NYRx programs, including the Preferred Drug and Preferred Diabetic Supply Programs.</p>

4.1 ENTERAL AND PARENTERAL THERAPY

ENTERAL FORMULAE AND ENTERAL SUPPLIES

CODE	DESCRIPTION	QUANTITY
B4034#	Enteral feeding supply kit; syringe fed, per day	up to 30/mo
B4035#	Enteral feeding supply kit; pump fed, per day	up to 30/mo
B4036#	Enteral feeding supply kit; gravity fed, per day	up to 30/mo
	<ul style="list-style-type: none"> Enteral feeding supply kits (B4034-B4036) include whatever supplies are necessary to administer the specific type of feeding, and maintain the feeding site. This includes, but is not limited to: syringes, measuring containers, tip adapters, anchoring device, gauze pads, protective-dressing wipes, tape, and tube cleaning brushes. 	
B4081#	Nasogastric tubing with stylet	one
B4082#	Nasogastric tubing without stylet	up to 2
B4083#	Stomach tube - Levine type	up to 2
B4087#	Gastrostomy/jejunostomy tube, standard, any material, any type, each	one
B4088#	Gastrostomy/jejunostomy tube, low-profile, any material, any type, each	one/3 months
	<ul style="list-style-type: none"> For beneficiaries who cannot tolerate the size of a standard gastrostomy tube or who have experienced failure of a standard gastrostomy tube. This code is for replacement in the patient's home and should not be billed when the tube is replaced in the physician's office, ER or facility with an all-inclusive rate. This kit includes tube/ button/ port, syringes, all extensions and/or decompression tubing and obturator if indicated. 	
B4100#	Food thickener, administered orally, per ounce	up to 180
B4149*	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units
B4150*	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units
B4152*	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units
B4153*	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	up to 600 caloric units
B4154*	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins	up to 600 caloric units

Medical Supplies, Enteral Therapy, and Hearing Aid Batteries

Providers should review the following resources about items that will be included in the transition to NYRx:

- Chart 2 in the [Scope of Benefits](#)
- [NYRx, Medical Supply Codes Billable by a Pharmacy](#)
- [Preferred Diabetic Supply Program \(PDSP\)](#)

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Prior Authorizations for Medical Supplies

There are certain medical supplies subject to the benefit transition, that require pre-approval.

To ensure a smooth transition for Medicaid Managed Care members:

- **DME authorization requirements will be temporarily relaxed (e.g., claims will not deny) during the transition period which starts April 1, 2023.**
- NYSDOH DME staff will monitor these claims and outreach to providers to assist them in obtaining the appropriate authorizations for future claims.
- At a future date, providers will be given notice regarding when PA requirements will commence.

More information and PA guidance for DME providers are in the [Medicaid Update: NYRx Special Edition Part Three](#).

Questions about DME should be addressed to OHIPMEDPA@health.ny.gov.

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Resources and Updates

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Spotlight FAQ 164

Section: Member Impact

Following the transition, how will members who currently receive prescriptions through the mail be affected?

Members may continue to receive their prescriptions from their mail order pharmacy as long as the pharmacy is enrolled in the NYRx program. To verify enrollment please visit the [Search for a Pharmacy or Medical Equipment Supplier tool](#).

https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/pharmacy_transition_faq.htm

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Spotlight FAQ 158

Section: Member Impact

Following the transition, are deliveries allowed? What documentation is needed for deliveries?

Delivery of prescription drugs, over-the-counter products, medical/surgical supplies, and medical equipment (DME) is an optional service that can be provided to Medicaid member's home or current residence including facilities and shelters. Pharmacies/DME providers must obtain a signature from the Medicaid member, their caregiver or their designee to confirm receipt of the prescription drugs, over-the-counter products, medical/surgical supplies, or DME items. Claim submission is not proof that the prescription or fiscal order was actually furnished.

For more information on delivery, please refer to page 9 of the [Pharmacy Provider Manual](#).

https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/pharmacy_transition_faq.htm

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Spotlight FAQ 60

Section: Claims Processing
& Operations

As a result of the pharmacy benefit transition, will the 5-limit refill on medications be imposed? If so, will this exclude contraceptives?

The 5-limit refill rule on medications is no longer in place. Effective, June 24, 2021, prescriptions are valid and may be filled for up to one year from the date issued. Once the prescription expires, a new prescription from the prescriber would be required. Contraceptives continue to be available for a one-year supply, per the November 2019 Medicaid Update Article, providing that the prescriber writes the prescription for a one-year supply.

https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition/pharmacy_transition_faq.htm

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Medicaid Update: NYRx Special Editions

- **Part 1 – October 2022** ([PDF](#)) ([Web](#))
 - NYRx programs that will apply to Medicaid Managed Care members starting April 1
- **Part 2 – January 2023** ([PDF](#)) ([Web](#))
 - Message responses to claims submissions, including transition fills
- **Part 3 – March 2023** ([PDF](#)) ([Web](#))
 - Dual eligible coverage
 - Medicare Limited Income Newly Eligible Transition Program (LINET)
 - Information for DME providers
 - PA guidance for DME

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Department
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Program

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Medicaid Update SPECIAL EDITION

PART THREE

Inside this issue:

NYRx Pharmacy Benefit Transition

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Dual-Eligible Coverage
Medicare Limited Income Net Program -
LINET

Provider Enrollment
Durable Medical Equipment, Prosthetics,
Orthotics, & Supplies (DMEPOS)
Providers

Information for DMEPOS Providers

Appendix A: Additional Prior
Authorization Guidance

Appendix B: Resources

Appendix C: Member Fact Sheet

NYRx Pharmacy Benefit Transition

Effective April 1, 2023, NYS Medicaid members enrolled in mainstream Medicaid Managed Care (MMC) Plans, Health and Recovery Plans (HARPs), and HIV-Special Needs Plans (SNPs) will receive their pharmacy benefits through NYRx, the Medicaid Pharmacy Program formerly known as Medicaid Fee-for-Service, instead of through their MMC Plan. The pharmacy benefit transition to NYRx does not apply to NYS Medicaid members enrolled in Managed Long-Term Care (MLTC) Plans [e.g., MLTC, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Advantage Plus (MAP), the Essential Plan, or Child Health Plus

Key Deliverables and Timeline Updates

Deliverable(s)	Target Date	
Complete Work Plan and Establish State Transition Team	June 2022	✓
Recurring Workgroup Calls with Health Plans about Transition begin	June 2022	✓
Finalize NYS DOH/Managed Care Plan Roles	June 2022	✓
Finalize NYS DOH/Managed Care Plan Scope of Benefits and Transition & Communications Timeline	July 2022	✓
NYS DOH Website Go-Live	July 2022	✓
Recurring All Stakeholders meetings begin	August 2022	✓
Transition Analysis Conducted (e.g., Formulary, DME, OTC Comparisons), Changes Made To Smooth Transition and Transition Strategy Finalized	August 2022	✓

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Key Deliverables and Timeline Updates

Deliverable(s)	Target Date	
Initial Special Edition Medicaid Update Published	November 2022	✓
Second Special Edition Medicaid Update Published	February 2023	✓
Member Notice of Change and Non-Enrolled Provider Notifications Sent	February 2023	✓
Systems Stress Testing	February 2023	✓
Third Special Edition Medicaid Update Published	March 2023	✓
Make Required Changes to Common Benefit Identification Card (CBIC) Carrier or Notice	April 2023	
Go Live	April 1, 2023	

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Resources



Websites

- **NYRx Benefit Transition:** Information regarding the transition of the pharmacy benefit from Managed Care to NYRx https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/pharmacy_transition
- **Member Website:** NYRx information and tools for Medicaid members <https://member.emedny.org>
- **Health Commerce System (HCS):** Notices to pharmacies are posted on the HCS, which is a shared resource for all NYS healthcare providers, public health employees, and partner agencies. <https://commerce.health.state.ny.us>
- **DOH Medicaid Update:** https://www.health.ny.gov/health_care/medicaid/program/update/main.htm
- **eMedNY Provider Training:** <https://www.emedny.org/training/index.aspx>

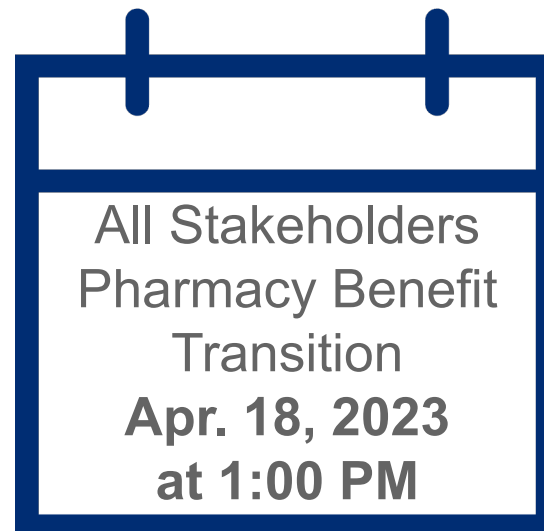
Email and Listservs

- NYRx@health.ny.gov -- Please include **Pharmacy Benefit Transition** in the subject line.
- **Medicaid Redesign Team (MRT) Listserv** https://health.ny.gov/health_care/medicaid/redesign/listserv.htm
- **Magellan Listserv** <https://newyork.fhsc.com/providers/notify.asp>
- **eMedNY Listserv** https://www.emedny.org/Listserv/eMedNY_Email_Alert_System.aspx

Next All Stakeholders Meeting: Apr. 18, 2023

The Slido form and Webex registration for the April 18 All Stakeholders Meeting will be sent via the [MRT Listserv](#) and posted on the [transition website](#).

- April 7 – Announcement with Webex and Slido information
- April 14 – Deadline to submit questions in Slido ahead of the meeting
- April 18 – At the end of the presentation, the NYRx team will answer questions received in Slido.



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Questions?

Please submit your questions in Slido.

Please go to www.slido.com or scan the QR code.

- **Event code: nyrx032123**
- Name and Email: Please enter your contact information so that we can follow up about your question after the webinar.
- Click “Add label” to categorize your question. This is helpful for organization and efficiency.

Thank you for being patient while we review your questions. Visit the transition website for [Frequently Asked Questions](#).



➔ Add label

- Benefits/Coverage (Drugs)
- Benefits/Coverage (Supplies)
- General
- Managed Care
- Member Impact
- PA and Billing Process
- Provider Enrollment