



SF HIV FOG
Open Enrollment
Boot Camp V

Monday, October 7, 2019

UCSF Mission Bay
550 16th Street
San Francisco

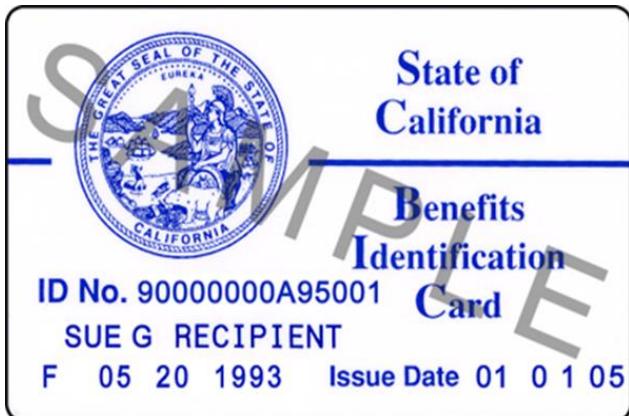
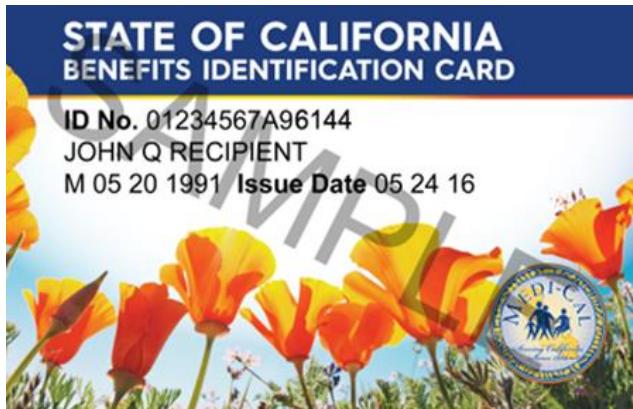
Resource Guide

Part VII Miscellaneous Information

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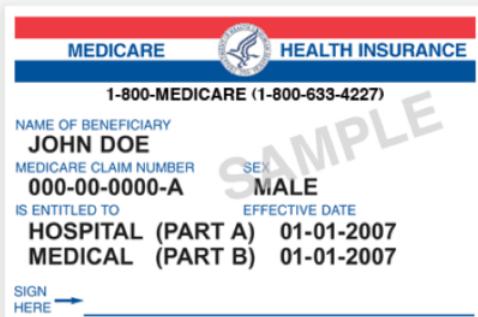
Medi-Cal Cards



Medicare Cards

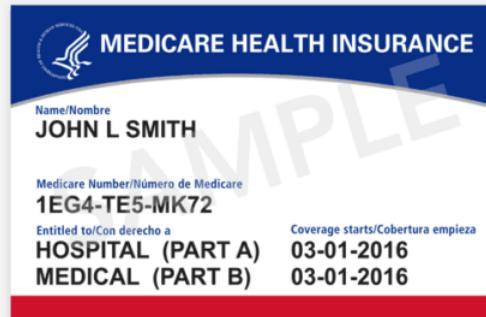
OLD

Medicare Card



NEW

Medicare Card



Example of ADAP Cards



RxBIN #: 018786

RXPCN #:

RxGrp #: RX222327

Issuer: 80840

Member ID #:

Member Name:



For pharmacy and medication billing questions, please call Magellan Rx Management at 1-800-424-5906.

To maintain your coverage in the program, you must re-enroll every year by your birth date and recertify every year six months after your birth date. If there is a change in your income, residency, or insurance, or if you have any questions about your program enrollment or eligibility, please contact your local enrollment worker or call CDPH at 1-844-421-7050.

Magellan Rx Management /11013 W. Broad Street, Suite 500 / Glen Allen, VA 23060



Pharmaceutical Company Patient Assistance Programs and Cost-sharing Assistance Programs: HIV

June 19, 2018

What is a Patient Assistance Program (PAP)?

A patient assistance program is a program run through pharmaceutical companies to provide free or low-cost medications to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid, Medicare, or AIDS Drug Assistance Programs (ADAPs). Each individual company has different eligibility criteria for application and enrollment in their patient assistance program.

HarborPath, a non-profit organization that helps uninsured individuals living with HIV gain access to brand-name prescription medicines at no cost, operates a special patient assistance program for individuals on ADAP waiting lists. An individual is eligible for the HarborPath ADAP waiting list program only if he or she has been deemed eligible for ADAP in his or her state and is verified to be on an ADAP waiting list in that state.

Applying for PAPs

In 2012, the Department of Health and Human Services (DHHS), along with seven pharmaceutical companies, the National Alliance of State and Territorial AIDS Directors (NASTAD), and community stakeholders developed a [common patient assistance program application form](#) that can be used by both providers and patients. Before, patients and advocates had to fill out different sets of paperwork for each company; the new application should help simplify this process; however, the form still has to be sent to each PAP to receive access to medications. This form combines common information collected on each individual company's form to allow individuals to fill out one form. Once the form is completed, case managers or individuals then submit the single form to each individual company, reducing the overall amount of paperwork necessary to apply for a patient assistance program.

In addition to serving as a special PAP for ADAP waiting list clients, [HarborPath](#) also operates as a streamlined, online portal for PAP access. HarborPath creates a single place for application and medication fulfillment. This "one stop shop" portal provides a streamlined, online process to qualify individuals and deliver the donated medications of the participating pharmaceutical companies through a mail-order pharmacy.

What is a Cost-sharing Assistance Program (CAP)?

A cost-sharing assistance program is a program operated by pharmaceutical companies to offer cost-sharing assistance (including deductibles, co-payments and co-insurance) to people with private health insurance to obtain HIV drugs at the pharmacy.

The following provides an overview of PAP contact information, drugs covered, and financial eligibility

Company	Contact Information	Drugs Covered	Financial Eligibility
AbbVie	800-222-6885 www.kaletra.com www.norvir.com	Kaletra and Norvir	500% FPL for Kaletra. No income limits for Norvir.
Boehringer Ingelheim	800-556-8317 https://www.boehringer-ingelheim.us/our-responsibility/patient-assistance-program	Aptivus and Viramune XR	500% FPL
Bristol-Myers Squibb	888-281-8981 www.bms.com	Reyataz, Evotaz, and Sustiva	500% FPL
Genentech	866-247-5084 www.fuzeon.com www.transplantaccessservices.com	Fuzeon and Invirase	Annual household income <\$100,000 OR annual household income \$100,000-\$150,000 and out-of-pocket medication costs exceed 5% of income
Gilead Sciences ¹	800-226-2056 www.atripla.com , www.complera.com	Atripla, Complera, Descovy, Emtriva,	500% FPL

¹ Effective July 1, 2015, patients who are insured and who do not meet their payer's coverage criteria will no longer be eligible for support via Gilead's patient assistance program. This includes clients whose insurer has limited access based on: step-therapy or clinical criteria (e.g., drug and alcohol testing).

NASTAD | Bridging Science, Policy, and Public Health

444 North Capitol Street NW, Suite 339 - Washington, DC 20001 - (202) 434.8090 - NASTAD.org

	www.descovy.com , www.genvoya.com _____, www.odefsey.com , www.stribild.com _____, www.truvada.com _____, www.tybost.com or www.viread.com	Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	
Janssen Therapeutics	800-652-6227 www.jjpaf.org	Edurant, Intelence, Prezcobix, and Prezista	300% FPL
Merck and Co.	800-727-5400 www.merckhelps.com	Crixivan, Isentress, and Isentress HD	400% FPL
ViiV Healthcare ²	844-588-3288 www.ViiVconnect.com	Combivir, Epivir, Epzicom, Juluca, Lexiva, Rescriptor, Retrovir, Selzentry, Tivicay, Triumeq, Trizivir, Viracept, and Ziagen	500% FPL

² If seeking Epivir for the treatment of hepatitis B (not HIV), please contact GlaxoSmithKline to enroll in their PAP.

The following provides an overview of CAP contact information, drugs covered, and assistance offered.

Company	Contact Information	Drugs Covered	Assistance	Renewal
AbbVie	800-441-4987 www.kaletra.com <hr/> www.norvir.com	Kaletra and Norvir	The co-payment assistance covers the first \$400 per Kaletra prescription per month with a \$4,800 maximum benefit per year, and up to a \$100 per month/\$1,200 per year for co-payments for Norvir. The cards can be used once every 30 days.	Reapply each year.
Bristol-Myers Squibb	888-281-8981 www.bms.com	Evotaz, Reyataz, and Sustiva	The program covers up to \$7,500 annually for co-payments, deductibles and co-insurance in all commercially-insured plans for Evotaz, Reyataz, and Sustiva.	Automatic annual renewal for enrolled patients.
Genentech	866-247-5084 www.fuzeon.com <hr/> www.transplantaccessservices.com	Fuzeon and Invirase	The program covers all out-of-pocket costs for Fuzeon prescriptions for individuals who: (1) have insurance, (2) have an annual household income of \$150,000 or less, (3) spend 5% or more of their annual household income for Genetech prescriptions, and (4) have exhausted all other patient assistance options.	Must reapply each year.
Gilead Sciences	800-226-2056 www.atripla.com , www.biktarvy.com , www.complera.com , www.descovy.com , www.genvoya.com <hr/> www.odefsey.com , www.stribild.com , www.truvada.com , www.tybost.com , www.viread.com	Atripla, Biktarvy, Complera, Descovy, Emtriva, Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread	The program covers the first \$7,200 per year of co-payments for Biktarvy and Genvoya; the first \$6,000 per year of co-payments for Atripla, Complera, Odefsey, and Stribild; the first \$4,800 per year of co-payments for Descovy and Truvada; the first \$300 per month/\$3,600 per year of co-payments for Emtriva and Viread; and the first \$50 per month/\$600 per year of co-payments for Tybost.	Automatic annual renewal for enrolled patients.

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Janssen Therapeutics	877-227-3728 www.janssencarepath.com/hcp	Edurant, Intelence, Prezcobix, and Prezista	The program covers the first \$7,500 per year of co-payments, deductibles, and co-insurance.	Reapply each year.
Merck and Co.	800-727-5400 www.isentress.com	Isentress and Isentress HD	The program covers out-of-pocket costs up to a maximum total program savings of \$6,800. Coupon may be redeemed once every 21 days before the expiration date printed on the coupon, on each qualifying prescription up to 180 tablets each.	Must reapply after the coupon expires.
ViiV Healthcare	844-588-3288 www.ViiVconnect.com	Juluca, Lexiva, Selzentry, Tivicay, Triumeq, Trizivir, Rescriptor, Retrovir, Viracept, and Ziagen	The yearly maximum benefit is \$7,500 per patient for all medications. Tivicay, Juluca, and Triumeq have a \$7,500 per year/per patient maximum. Lexiva, Rescriptor, Selzentry, Retrovir, Ziagen, Trizivir, and Viracept have a \$4,800 per year/per patient maximum.	Automatic annual renewal for enrolled patient.

Foundations Providing Access to Care Assistance for People Living with HIV

[Needy Meds](#)

<http://www.needy meds.org/>

Needy Meds offers resources that are helpful to uninsured and underinsured patients including an MRI/CAT scan discount program and medical bill mediation.

[Patient Access Network \(PAN\) Foundation](#)

<https://panfoundation.org/index.php/en/> or 866-316-7263

The PAN Foundation offers a co-payment assistance program for individuals who have Medicare and whose annual income is less than 500% FPL. The yearly maximum benefit is \$3,600. Patients may apply for a second grant during their eligibility period subject to availability of funding. Otherwise, patients must reapply each year. See website for full list of eligible HIV medications.

[Patient Advocate Foundation](#)

www.copays.org/diseases/hiv-aids-and-prevention or 800-532-5274

The Patient Advocate Foundation offers a co-payment assistance program for insured individuals whose annual income is less than 400% FPL. The yearly maximum award is \$7,500 to help cover the out-of-pocket costs incurred for HIV treatment (the award is not drug-specific). Patients must have health insurance which covers the medication for which the patient seeks assistance. Patients must reapply every 12 months.

Additional Resources

The following resources may be of interest to individuals living with HIV.

Clinical Trials

www.clinicaltrials.gov

A service of the U.S. National Institutes of Health, ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

Fair Pricing Coalition (FPC)

www.fairpricingcoalition.org

As part of their advocacy work, the Fair Pricing Coalition (FPC) negotiates with companies to ensure that Patient Assistance Programs (PAPs) are adequately generous and easy to apply for.

Health Insurance Marketplace

www.healthcare.gov

The official site of the Health Insurance Marketplace, Healthcare.gov allows individuals and families to sign-up for insurance coverage through the Affordable Care Act.

Treatment Action Group

www.treatmentactiongroup.org

Treatment Action Group collaborates with activists, community members, scientists, governments, and drug companies to make safer, more effective and less toxic treatment for viral hepatitis available.



INSURANCE BENEFIT MANAGER (IBM), MEDICAL
BENEFIT MANAGER (MBM) AND PHARMACY
BENEFIT MANAGER (PBM) PAYMENTS JOB AID
RELEASE 8, AUGUST 29TH, 2019

Job Aid

IBM, MBM AND PBM PAYMENTS

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Summary of Changes

We have made the below changes since our last update on November 17th, 2018. All of the changes are reflected in orange throughout the job aid. Please note: This Job Aid is for ADAP staff and Enrollment Workers.

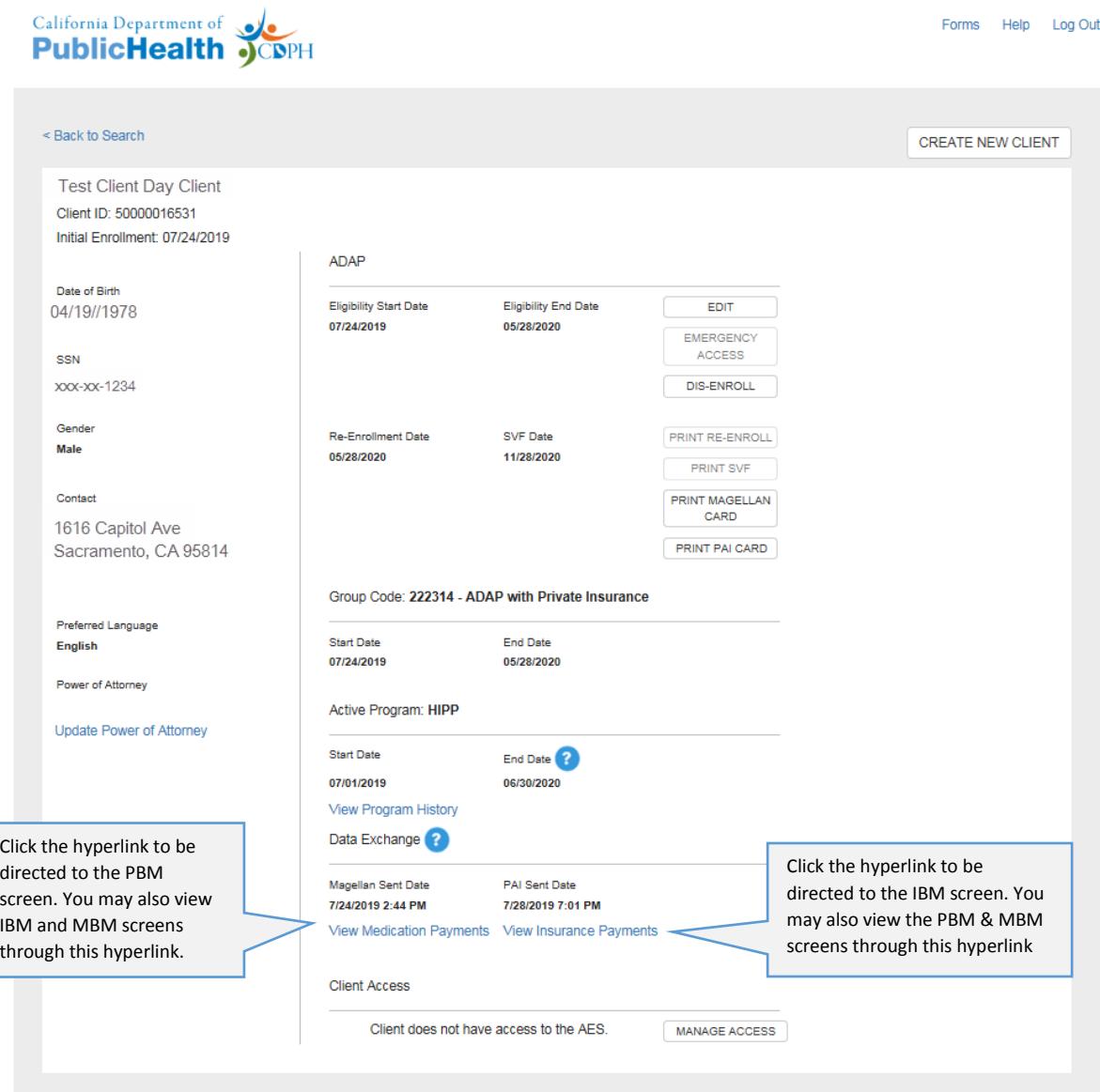
Release 8

Enrollment Workers and ADAP Staff can print Magellan and/or PAI benefit cards for clients enrolled in ADAP and/or one of ADAP's Insurance Assistance Programs.

1. Enrollment Workers and ADAP Staff will have the ability to [print a client's Magellan RX benefit card](#) from the client profile screen.
2. Enrollment Workers and ADAP Staff will have the ability [to print a client's PAI card](#) from the client profile screen.

1. View IBM, MBM and PBM Payments on the Client Profile screen

Users are able to view Insurance Benefit Manager (IBM), Medication Benefit Manager (MBM) and Pharmacy Benefit Manager (PBM) Payments on the Client Profile screen by clicking the “View Insurance Payments” link or the “View Medications Payment” link.



The screenshot shows the Client Profile screen for "Test Client Day Client" (Client ID: 50000016531). The screen is divided into sections:

- Demographic Information:** Date of Birth (04/19/1978), SSN (xxx-xx-1234), Gender (Male), Contact information (1616 Capitol Ave, Sacramento, CA 95814).
- Program Enrollment:** ADAP program details (Eligibility Start Date: 07/24/2019, Eligibility End Date: 05/28/2020). Buttons include EDIT, EMERGENCY ACCESS, and DIS-ENROLL.
- Insurance Details:** Group Code: 222314 - ADAP with Private Insurance. Shows Start Date (07/24/2019) and End Date (05/28/2020).
- Active Program:** HIPP program details (Start Date: 07/01/2019, End Date: 06/30/2020). Includes a View Program History link.
- Data Exchange:** Shows Magellan Sent Date (7/24/2019 2:44 PM) and PAI Sent Date (7/28/2019 7:01 PM). Includes links to View Medication Payments and View Insurance Payments.
- Client Access:** A note stating "Client does not have access to the AES." with a MANAGE ACCESS button.

Two callout boxes with arrows point to specific links:

- A blue box points to the "View Insurance Payments" link under the Data Exchange section, with the text: "Click the hyperlink to be directed to the PBM screen. You may also view IBM and MBM screens through this hyperlink."
- A blue box points to the "View Medication Payments" link under the Data Exchange section, with the text: "Click the hyperlink to be directed to the IBM screen. You may also view the PBM & MBM screens through this hyperlink."

2. View IBM Payment Information

Dylan_TEST Rodriguez_TEST
Client ID: 61470042135

Payments

Types of premiums include: Medical, Dental, Medicare Part D.

Premium amount paid by PAI.

PAI Paid From Date is the day that payment pays from. PAI Paid Thru Date is the day that payment pays to. The period covers certain benefits for a set of time period.

Type	Date Sent or Returned▼	Type of Coverage	Payee Name	Amount	Check Number	Payment Period
Provider	10/04/2017	Medical	ANTHEM BLUE CROSS (OFF)	\$ 1168.00	AC1084	11/01/2017 - 11/30/2017
Provider	10/02/2017	Dental	ANTHEM BLUE CROSS (DENTAL)	\$ 52.00	AC1082	11/01/2017 - 11/30/2017
Provider	09/08/2017	Medical	ANTHEM BLUE CROSS (OFF)	\$ 1168.00	AC0969	10/01/2017 - 10/31/2017
Provider	09/07/2017	Dental	ANTHEM BLUE CROSS (DENTAL)	\$ 52.00	AC0967	10/01/2017 - 10/31/2017
Provider	08/08/2017	Medical	ANTHEM BLUE CROSS (OFF)	\$ 1168.00	AC0878	09/01/2017 - 09/30/2017

Types include Provider and Insurer.

Date payment was made by PAI.

Payee name is the name that would appear on the "to" line of a physical check not necessarily the name of the insurance as is the case with COBRA plans. ON means on exchange covered CA plan; OFF means commercial insurance purchased off exchange.

The check number paid to the payee. If the check has an AC in front of the check number it's due to the payment being made electronically.

Click EXPORT if you'd like to export the payments to Excel.

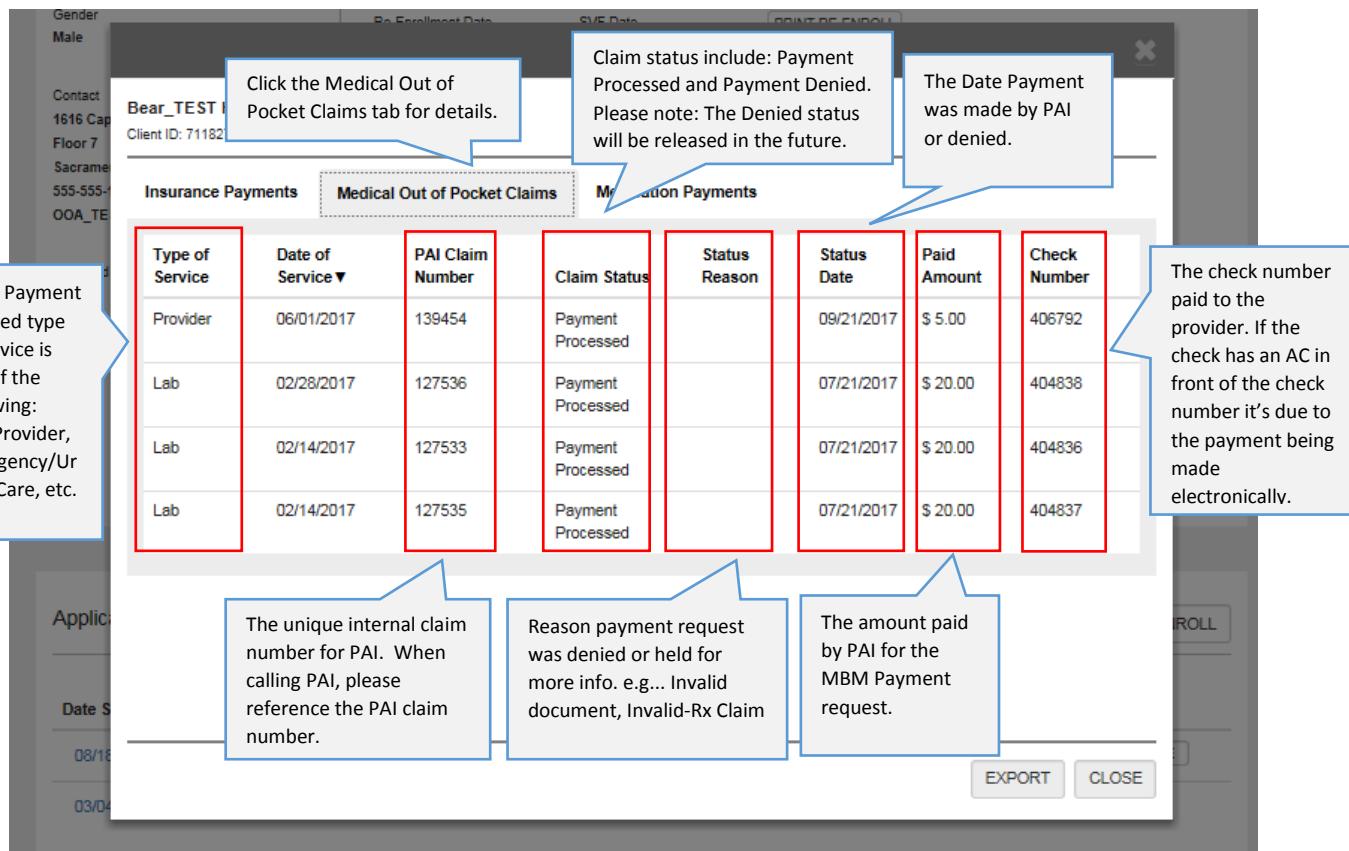
EXPORT **CLOSE**

Please note:

1. Any payments prior to 7/1/2017 can NOT be viewed in the IBM tab.
2. Returned payments/refunds are NOT displayed.

3. View MBM Payment Information

Click the Medical Out of Pocket Claims tab if you'd like to view Medical Out of Pocket Claims.



Gender: Male
Contact: 1616 Cap Floor 7 Sacramento 555-555-0000 OOA_TE

Bear_TEST Client ID: 71182

Re-Enrollment Date: S/E Date: POINT OF ENROLLMENT

Insurance Payments Medical Out of Pocket Claims Mutation Payments

Type of Service	Date of Service ▼	PAI Claim Number	Claim Status	Status Reason	Status Date	Paid Amount	Check Number
Provider	06/01/2017	139454	Payment Processed		09/21/2017	\$ 5.00	406792
Lab	02/28/2017	127536	Payment Processed		07/21/2017	\$ 20.00	404838
Lab	02/14/2017	127533	Payment Processed		07/21/2017	\$ 20.00	404836
Lab	02/14/2017	127535	Payment Processed		07/21/2017	\$ 20.00	404837

EXPORT CLOSE

MBM Payment detailed type of service is one of the following: Lab, Provider, Emergency/Urgent Care, etc.

The unique internal claim number for PAI. When calling PAI, please reference the PAI claim number.

Reason payment request was denied or held for more info. e.g... Invalid document, Invalid-Rx Claim.

The amount paid by PAI for the MBM Payment request.

The check number paid to the provider. If the check has an AC in front of the check number it's due to the payment being made electronically.

Please note:

1. Any payments prior to 7/1/2017 can NOT be viewed in the MBM tab.
2. Denied payments and payments being held for more info are NOT displayed.

4. View PBM Payment Information

Click the Medication Payments tab if you'd like to view the client's medication information.

Sacramento, CA 95814 | Start Date | End Date | **Payments** | X

Bear_TEST Hurricane_TEST
Client ID: 71182771547

Insurance Payments **Medical Out of Pocket Claims** **Medication Payments**

Date of Service ▼	Days Supply	Refills Remaining	NPI	Pharmacy Name	Pharmacy Address	Pharmacy City	Pharmacy Zip
09/14/2017	0	5	1518045715	VALLEY HEALTH CNTR AT LENZEN PHARMACY	976 LENZEN AVE	SAN JOSE	95126
09/14/2017	10	0	1841468105	PIONEER PHARMACY	10990 WARNER AVE	FOUNTAIN VALLEY	92708
09/14/2017	30	1	1437160637	JEFFREY GOODMAN SPECIAL CARE PHARMACY	1625 N SCHRADER BLVD 1ST FLR	LOS ANGELES	90028
09/14/2017	30	1	1184707028	MCCARTHY DRUGS	2601 LINCOLN BLVD	SANTA MONICA	90405
09/14/2017	30	3	1639358047	QUALITY HOME INFUSION	212 W MAGNOLIA BLVD	BURBANK	91502

The amount of medication supplied to the client will be listed in days.

The number of refills the client has left on their prescription will be listed here.

The National Provider Identifier (NPI) will be a 10-digit identification number that is issued to health care providers.

The information of the pharmacy who disbursed the medication to the client can be found here.

Please note:

1. Any payments prior to 7/1/2017 can NOT be viewed in the Medication tab.
2. The client's information on the Medical Tab will be updated on a weekly basis (Thursday evening). The client update will reflect all transactions that occurred from the previous Thursday-through-Wednesday.

5. Print Magellan (PBM) and PAI (IBM & MBM) Benefits Cards for Clients.

Enrollment Workers and ADAP Staff can print Magellan Rx Card for clients enrolled in ADAP and can print PAI benefits cards for clients enrolled in an active Insurance Assistance Program.

Scenario 1: Navigate to the Client Profile screen to print the client's Magellan Card.

California Department of
Public Health CDPH

Forms Help Log Out

< Back to Search CREATE NEW CLIENT

Summer Day
Client ID: 50000026650
Initial Enrollment: 08/14/2019

ADAP

Date of Birth 08/14/1986	Eligibility Start Date 08/14/2019	Eligibility End Date 02/14/2020	EDIT
SSN XXX-XX-4321	EMERGENCY ACCESS		
Gender Female	Re-Enrollment Date 08/14/2020	SVF Date 02/14/2020	DIS-ENROLL
Contact 1616 Capitol Ave Sacramento, CA 95814 916-444-2132	PRINT RE-ENROLL		
Preferred Language English	PRINT SVF		
Power of Attorney	PRINT MAGELLAN CARD		

Group Code: 222314 - ADAP with Private Insurance

Start Date
08/15/2019 End Date
02/14/2020

Active Program:

Start Date
End Date ?

Data Exchange ?

Magellan Sent Date PAI Sent Date

[View Medication Payments](#) [View Insurance Payments](#)

Client Access

Client does not have access to the AES. **MANAGE ACCESS**

Click "Print Magellan Card" to print the client's PBM benefits card.

Applications

SVF RE-ENROLL

Date Submitted	Type of Application	Eligibility Start Date	Eligibility End Date	OA Program	Eligibility Exception	Date Reviewed
08/14/2019	Update	08/14/2019	02/14/2020	ADAP		REVIEW UPDATE
08/14/2019	Initial	08/14/2019	02/14/2020	ADAP		

The Magellan Card will display the RXBin #, RXPCN #, RXGrp #, Issuer, Member ID number, and Member name. Magellen Cards will have standard Group numbers, BIN numbers, and Issuer. PCN numbers will vary according to the type of health coverage (Group Code) the client is enrolled in. The Magellan card can be printed manually and given to the client.

Magellan Rx MANAGEMENTSM

RxBIN #: 018786

RXPCN #:

RxGrp #: RX222327

Issuer: 80840

Member ID #:

Member Name:

Verify the client's information is correct before printing the Magellan Card;

- Rx Group Number is always = RX222327
- Rx BIN Number is always = 018786
- Issuer is always = 80840

RX PCN # varies based on the following criteria:

- If Group Code is ADAP Only then PCN = RX222327
- If Group Code is ADAP with Medicare then PCN = TROOP
- If Group Code is ADAP with Medi-Cal then PCN = RX222327
- If Group Code is ADAP with Private Insurance then PCN = RX222327



For pharmacy and medication billing questions, please call Magellan Rx Management at 1-800-424-5906.

To maintain your coverage in the program, you must re-enroll every year by your birth date and recertify every year six months after your birth date. If there is a change in your income, residency, or insurance, or if you have any questions about your program enrollment or eligibility, please contact your local enrollment worker or call CDPH at 1-844-421-7050.

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Scenario 2: Navigate to the Client Profile Screen to print the client's [PAI Card](#).



[Forms](#) [Help](#) [Log Out](#)

< Back to Search [CREATE NEW CLIENT](#)

Test Client Day Client
Client ID: 50000016531
Initial Enrollment: 07/24/2019

Date of Birth
04/19/1978

SSN
xxx-xx-1234

Gender
Male

Contact
1616 Capitol Ave
Sacramento, CA 95814

Preferred Language
English

Power of Attorney
[Update Power of Attorney](#)

ADAP

Eligibility Start Date 07/24/2019	Eligibility End Date 05/28/2020	EDIT
		EMERGENCY ACCESS
		DIS-ENROLL
Re-Enrollment Date 05/28/2020	SVF Date 11/28/2020	PRINT RE-ENROLL
		PRINT SVF
		PRINT MAGELLAN CARD
		PRINT PAI CARD

Group Code: 222314 - ADAP with Private Insurance

Start Date 07/24/2019	End Date 05/28/2020
--------------------------	------------------------

Active Program: HIPP

Start Date 07/01/2019	End Date 06/30/2020
--------------------------	------------------------

[View Program History](#)

Data Exchange 

Magellan Sent Date 7/24/2019 2:44 PM	PAI Sent Date 7/28/2019 7:01 PM
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[View Medication Payments](#) [View Insurance Payments](#)

Client Access

Client does not have access to the AES. [MANAGE ACCESS](#)

Click Print PAI Card to print the client's IBM/MBM benefits card.

The PAI Card will display the members name, member ID number, and the Insurance Assistance Program the client is enrolled in. The PAI card can be printed manually and given to the client.

Verify the information on the PAI card is correct before printing.

- Members Name
- Members ID number
- Insurance Assistance Program



<Member Name Here>
Member ID: <Insert Member ID>
Program: <Insert Program Name>



To stay eligible for the program, you must re-enroll every year by your birth date and you must recertify every six months after your birth date. For eligibility, enrollment or insurance premium payment questions, please call:
1-844-421-7050 **001**

To Providers: This member is enrolled in a California Department of Public Health, health insurance assistance program. Please call **1-877-495-0990** to establish automated payments. Or, submit a claim and supporting documentation using one of the following methods:

1. Electronically: Payer ID: PAI02
2. Fax: (860) 560-8225
3. Email: CDPH_MB_MBM_Fax@pooladmin.com
4. Mail: PAI-CDPH-02, 628 Hebron Avenue, Suite 502, Glastonbury, CT 06033

This card does not guarantee eligibility. Please call the following number during each visit to confirm eligibility:
1-844-421-7050

6. Previous Changes

Release 7

1. [IBM and MBM](#) pages were deployed and accessible through the client profile page

Release 10-v3.0

1. Ability to view [PBM payment information](#) from the Client Profile page.
2. [PBM page](#) which displays client's medication payment information (i.e., date of service, day supply, refills remaining)