

**March 29, 2023**

**High-Cost Specialty Drug (BIO) Coverage Reminder**

When a member with a High-Cost Specialty (BIO) case is eligible for, or enrolled in Medicare, all High-Cost Specialty drug claims, covered under Reinsurance, must first be submitted to Medicare.

Under Medicare, drug claims may be covered under Medicare Part B or Medicare Part D. Many of the drugs covered under Reinsurance could be covered under Medicare Part B or D depending on how the drug is administered to the member.

When a drug is administered at home or self-administered, the drug is not covered under Medicare Part B and should be billed to the member’s Medicare Part D plan. In some instances, the Medicare Part D plan may deny the requested drug, in which the member must appeal the decision through Medicare.

When a drug is physician-administered at the office or administered in an infusion center, then the drug, if listed under Medicare Part B, is billed to the Medicare Part B plan. The Medicare Part B plan reimburses the provider 80% of the cost of the drug and AHCCCS and its MCO Contractors are responsible for up to 20% of the remaining cost. The primary payment from Medicare plus the secondary payment (up to) 20% may not be greater than if AHCCCS had been the primary payer for the entire claim.

When an MCO has a request for Reinsurance, please verify if the member is eligible for or enrolled in Medicare. We are in the process of updating the Reinsurance Request Form to include Medicare enrollment information.

**Transplant Invoice and Reinsurance Action Request**

**Adjudication Times**

Due to the high volume of submissions and short staffing, please allow 30 days before inquiring about a Reinsurance Action Request or Transplant Invoice submission.