# theSource CIF – MED D EGWP

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[Related Content](#_Toc71088086)

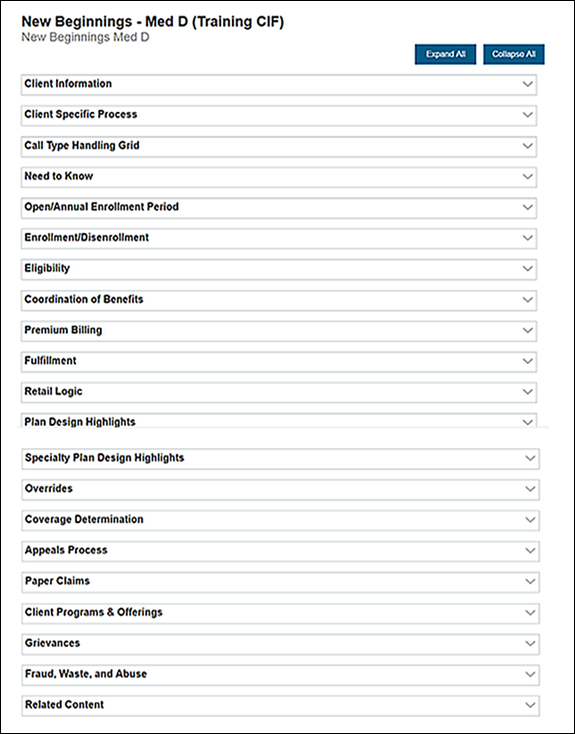
**Description:** This job aid provides information about how the CIF displays in theSource.

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| CIF |

 **Not all sections/categories apply to all clients. theSource only shows sections or categories relevant to the client.**

**Reminder:** Use CTRL+F to find key words if having trouble locating a specific topic.

The screen displays all the CIF sections in the Collapsed view. Clicking the down arrows to the right of each section expands the details.

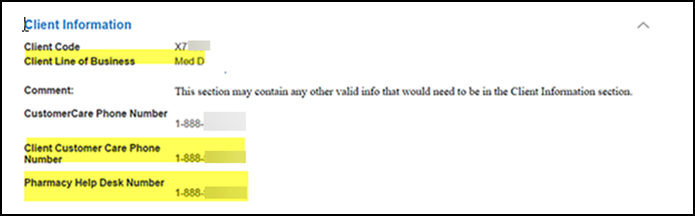


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| Client Information |

The Client Information section provides an overview of key information about the client:

* Client Line of Business
* Client Customer Care Number
* Pharmacy Help Desk Number

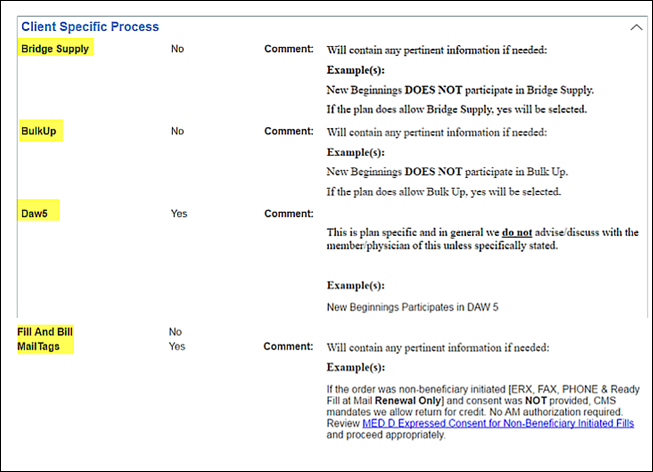


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| Client Specific Process |

The Client Specific Process section details the key plan options that the client has in place:

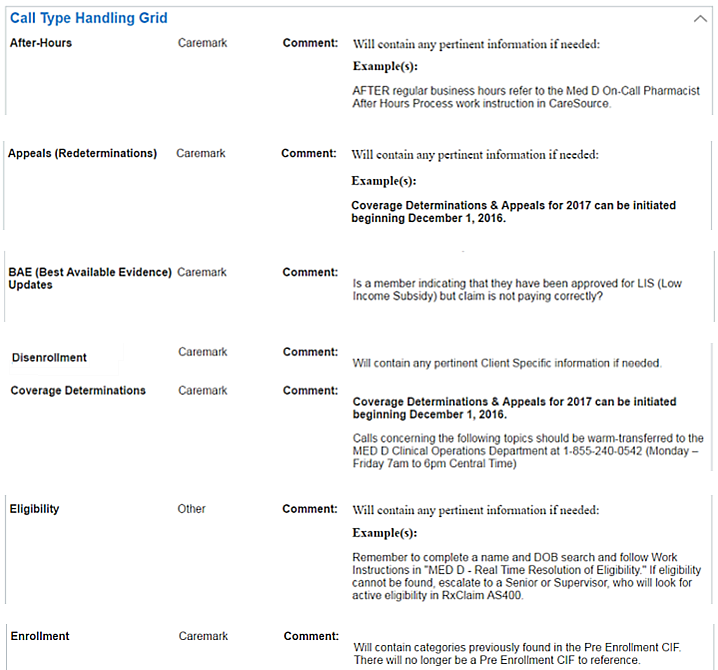
* Bridge Supply
* Bulk Up
* DAW5
* Fill & Bill
* Mail Tags

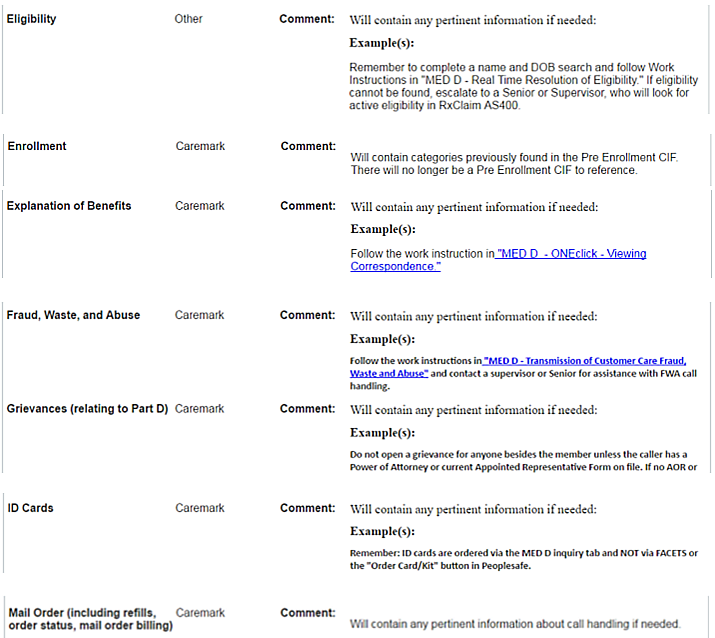


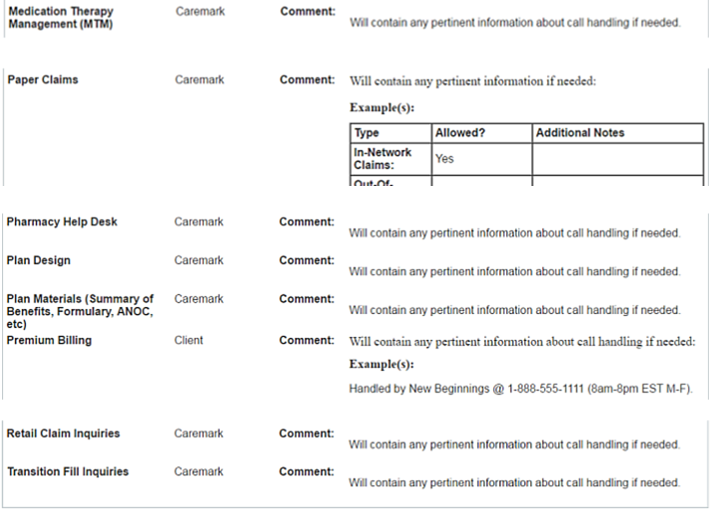
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| Call Type Handling Grid |

The Call Type Handling Grid section contains detailed instructions on which call types Caremark handles and which call types the client and/or other client’s vendor handles.

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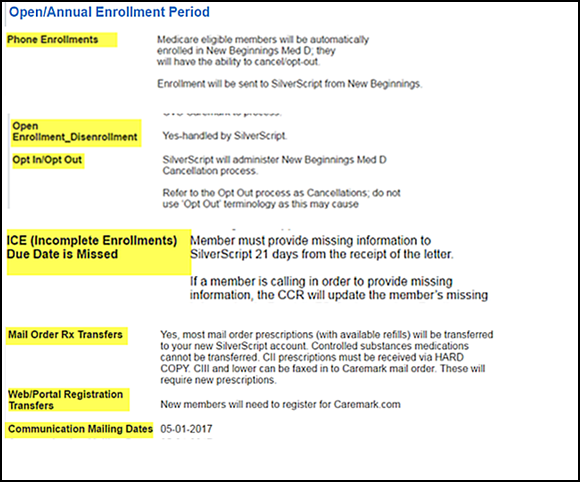
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| Need to Know |

The Need to Know section is where you will find items that do not have a section of their own or is an immediate “need to know” item.

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| Open/Annual Enrollment Period |

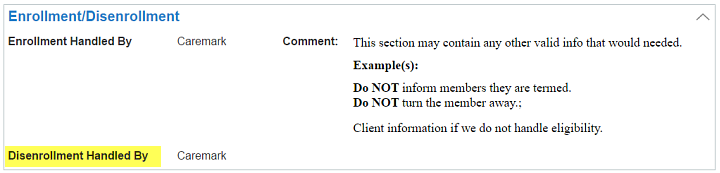
The Open/Annual Enrollment Period section contains specific information on how to handle certain call types during the Open/Annual Enrollment period.



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| Enrollment/Disenrollment |

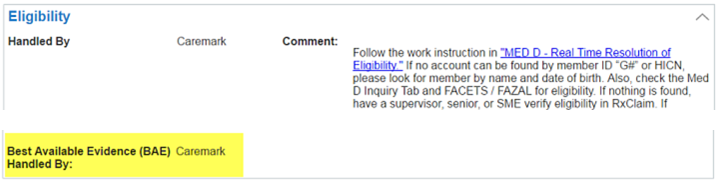
The Enrollment/Disenrollment section contains specific client information about how to handle enrollment and disenrollment inquiries.



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| Eligibility |

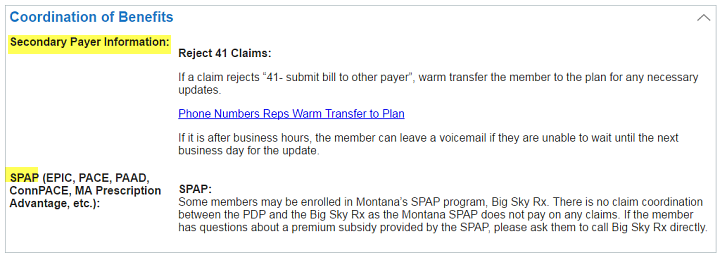
The Eligibility section contains information about how the client’s eligibility is set up and includes the Best Available Evidence category.



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| Coordination of Benefits |

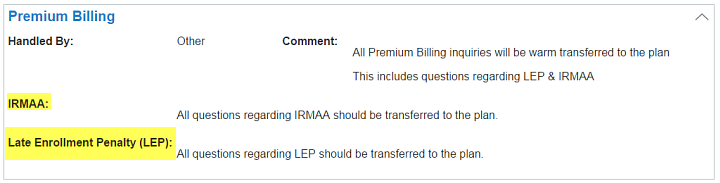
The Coordination of Benefits section contains details about how the plan handles COB requests and includes categories for Secondary Payer and SPAP.

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| Premium Billing |

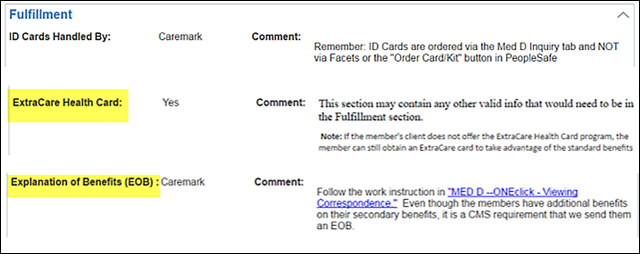
The Premium Billing section contains specific information about who handles Premium Billing for the client and includes categories for IRMAA and LEP.



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| Fulfillment |

The Fulfillment section contains information about who handles ID card mails, if the client participates in the ExtraCare Health Card program and who sends EOBs.

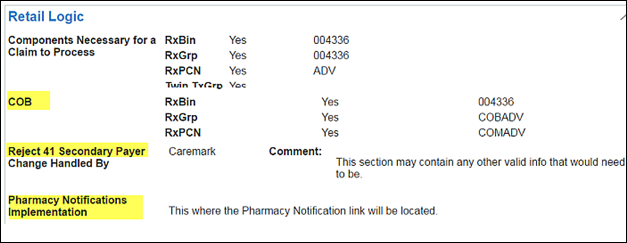


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| Retail Logic |

The Retail Logic section outlines the components necessary to process a claim, including:

* COB
* Reject 41 Secondary Payer Change Handled By
* Pharmacy Notifications Implementation

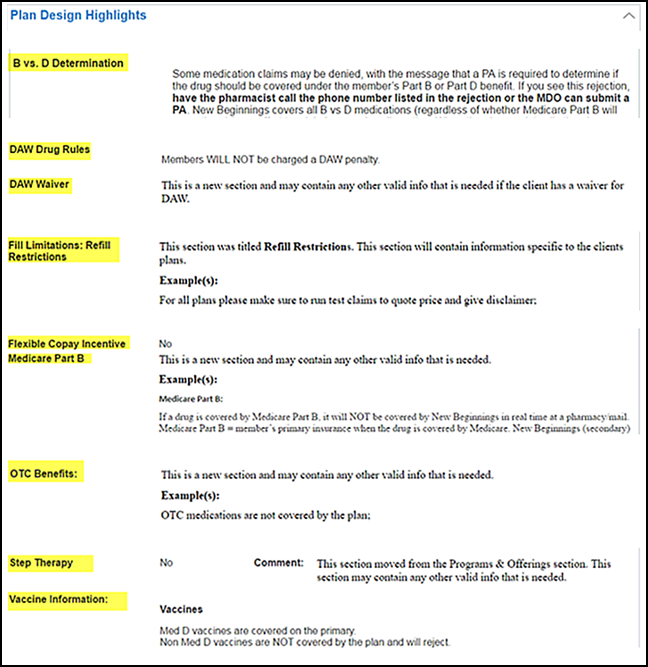


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| Plan Design Highlights |

The Plan Design section outlines key elements of the client’s plan design:

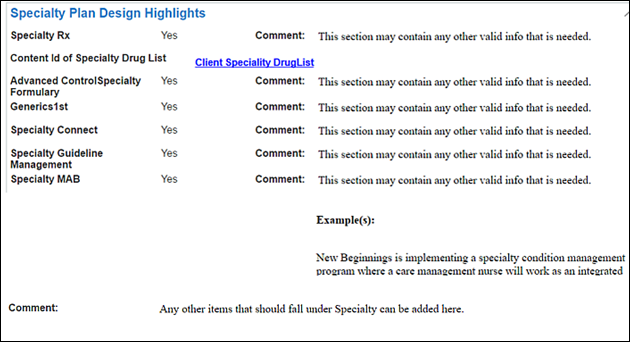
* B vs D Determination
* DAW Drug Rules
* DAW Waiver
* Fill Limitations/Refill Restrictions (changed from Refill Restrictions)
* Flexible Copay Incentive (moved from Programs & Offerings section)
* Medicare Part B
* OTC Benefits
* Step Therapy (moved from Programs & Offerings section)
* Vaccine Information



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| Specialty Plan Design Highlights |

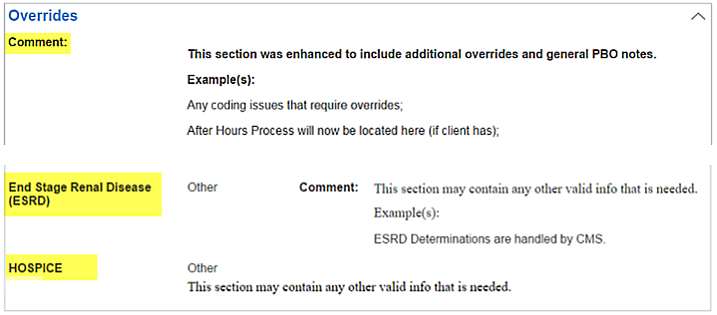
The Specialty Plan Design Highlights section provides information on key aspects of the client’s specialty offerings.



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| Overrides |

The Overrides section contains the information on which overrides are allowed by the plan.



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| Coverage Determination |

The Coverage Determination section contains specific information on how to handle Coverage Determination requests and after-hours processes, as well as a MedHOK Effective Date category for the client.



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| Appeals Process |

The Appeal Process section provides information about who the appeals processor is and the various levels of appeal available to members.

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| Paper Claims |

The Paper Claims section provides a comprehensive list of the various types of paper claims allowed by the plan.

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| Client Program & Offerings |

This section outlines the Client Programs and Offerings available to members.



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| Grievances |

The Grievance section contains details about who handles submitting a Grievance and any client specific instructions or sensitivities about how to handle them.

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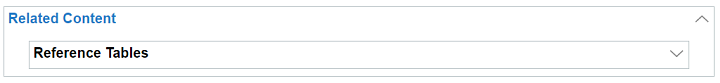
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| Fraud, Waste and Abuse |

The Fraud, Waste, and Abuse section contains details about who handles FWA claims and instructions on how to process FWA issues.

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| Related Content |

This section provides links to related content (samples) for the client, such as Job Aids, Drug List, Matrices, etc.



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