

# Pharmacy Update

June 7, 2024

**This update applies to:** All Network Pharmacies  
**State(s):** Washington  
**Line of Business:** Apple Health Expansion  
**Customer Care for Plan Members:** 1-800-869-7165  
**Prior Authorization:** 1-855-322-4082  
**Plan Website:** <https://www.molinahealthcare.com/providers/wa/medicaid/drug/formulary.aspx>  
**Pharmacy Inquiries:** If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-833-251-9738** if one is not provided.  
**Payer Sheets:** For additional claim processing information, refer to the CVS Caremark Payer Sheets at [caremark.com/pharminfo](http://caremark.com/pharminfo) > NCPDP Payer Sheets.

## Washington Medicaid Molina Healthcare of Washington – Apple Health Expansion

**RXBIN:** 004336  
**RXPCN:** MCAIDADV  
**RXGRP:** RX0542

Effective **July 1, 2024**, CVS Caremark® will begin to administer the prescription benefits for Apple Health Expansion. Please update or create plan member profiles to reflect the changes regarding this new plan adjudicating through CVS Caremark.

Apple Health Expansion plan members will carry cards similar to the one illustrated below:



**Patient Pay Amount:** Members do not have any copays.

**Prescriber NPI:** A valid and active individual prescriber’s National Provider Identifier (NPI) is required. Failure to submit a valid Prescriber NPI will result in a reject.

Pharmacy network participation varies by plan.

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@cvshhealth.com](mailto:do_not_call@cvshhealth.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.

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**Medicaid Pharmacy Enrollment:** A federal regulation (42 C.F.R. 455.4 IO(b)) requires the Washington State Health Care Authority (HCA), as the state's Medicaid agency, to enroll all providers who are under contract with MCOs that serve Medicaid clients.

The federal regulation applies to all providers under contract with an MCO serving Medicaid clients, regardless of the type of service they provide. This includes clinics, pharmacies, and other organizations contracted with an MCO as well as individual providers contracted with an MCO, who must also enroll with HCA. To register or re-register with the HCA, please visit the HCA website at:

<https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-user-manuals#enrolling-as-a-provider>

For questions related to your enrollment with the HCA, you can reach their Provider Enrollment Department at **1-800-562-3022**, extension 16137.

**Days' Supply:** Members may receive up to a 30-day supply of covered prescription and non-prescription medication. Certain medications are covered up to a 365-day supply. Please see our formulary drug list at [fm.formularynavigator.com/FBO/247/WA\\_AHPDL\\_PDL\\_.pdf](http://fm.formularynavigator.com/FBO/247/WA_AHPDL_PDL_.pdf) for a full list of drugs that are covered for more than a 30-day supply.

**Emergency Supply:** Please see our emergency fill policy at [molinahealthcare.com/providers/wa/medicaid/drug/~~/media/Molina/PublicWebsite/PDF/members/wa/en-US/Medicaid/emergency-fill-policy.pdf](http://molinahealthcare.com/providers/wa/medicaid/drug/~~/media/Molina/PublicWebsite/PDF/members/wa/en-US/Medicaid/emergency-fill-policy.pdf) to read our emergency fill policy.

**Vaccine:** Apple Health Expansion will cover the following vaccines under the applicable Network Enrollment Form(s):

- Seasonal Influenza (Standard, Cell Cultured-Based, Intranasal, Recombinant, Adjuvanted, High-Dose)
- All Non-seasonal Vaccines
- Travel Vaccines
- COVID-19

Please rely upon the claims adjudication system at the time of administration to confirm coverage. Submit 'MA' in the Professional Service Code field (44Ø-E5) of the DUR/PPS Segment along with a positive incentive fee amount in the Incentive Amount Submitted field (438-E3) of the Pricing Segment when administering vaccines.

For a full list of covered vaccines visit:

<https://www.hca.wa.gov/billers-providers-partners/providerone/providerone-user-manuals#enrolling-as-a-provider>

**Coordination of Benefits:**

- Use the information provided in the chart below to submit the claim.
- The OPAP field (Other Payer Amount Paid) should be populated.
- All other forms of insurance coverage should be submitted before Medicaid.
- Update the member profile with COB information.

| Scenario | If the Primary is... | If the Secondary is...            | RXBIN  | RXPCN    | RXGRP  | Other Coverage Code<br>NCPDP Field #308-C8 |
|----------|----------------------|-----------------------------------|--------|----------|--------|--|
| 1        | Other Medicare Plan  | Molina Healthcare of Washington – | 012114 | MCAIDADV | RX0542 | Ø2, Ø3, Ø4                                 |

| Scenario | If the Primary is...  | If the Secondary is...                                   | RXBIN  | RXPCN    | RXGRP  | Other Coverage Code<br>NCPDP Field #308-C8 |
|----------|---|--|--------|----------|--------|--|
|          |   | Apple Health Expansion                                   |        |          |        |  |
| 2        | Other Commercial Plan   | Molina Healthcare of Washington – Apple Health Expansion | 013089 | MCAIDADV | RX0542 | Ø2, Ø3, Ø4                                 |
| Code     | Description   |  |        |          |        |  |
| Ø2       | <b>Other Coverage exists – payment indicated:</b> Code used in coordination of benefits transactions to convey that at least one payer has been billed and returned an approved response indicating payment greater than \$0.         |  |        |          |        |  |
| Ø3       | <b>Other Coverage Billed – claim rejected:</b> Code used in coordination of benefits transactions to convey that all payers billed have returned rejected responses indicating the claim is not covered.                              |  |        |          |        |  |
| Ø4       | <b>Other Coverage Exists – no payment indicated:</b> Code used in coordination of benefits transactions to convey that the payer(s) has been billed and returned an approved response indicating a payment less than or equal to \$0. |  |        |          |        |  |