

February 15, 2024

Nebraska Medicaid covers Part D Copays

Nebraska Heritage Health

Molina Health Care of Nebraska

RXBIN: 004336

RXPCN: MCAIDADV

RXGRP: RX51BS

Member ID Format: 11 Numeric characters (example:05412480101)

UPDATE: Medicare Part D Copay Coverage for select Molina Healthcare of Nebraska Medicaid members

Effective January 1, 2024, CVS Caremark will administer the prescription benefits for Molina Health Care of Nebraska. One of these benefits includes the short-term coverage of Part D copays for select dual eligible Nebraska Medicaid members. These are members that turned 65 years old, became eligible for Medicare during the pandemic and had their benefits reduced during the COVID 19 Public Health Emergency. To restore the member's benefits, a process has been implemented to allow those members to obtain reimbursement for Medicaid-covered services that they would otherwise have to pay for out of pocket until the Medicaid redetermination process is completed for that member.

An override will be placed to allow Part D medication copays for these specific members to be billed against the Medicaid pharmacy benefit for a limited time. This override will remain in place until the 2024 Medicaid Redetermination has been completed for the member. This process is expected to be completed in the first half of 2024.

How to bill Part D copays:

- Bill Part D claim to Medicare provider
- Submit remaining copay to Molina using the below information:
 - BIN – 012114
 - PCN – MCAIDADV
 - Other Coverage Code 02
- Maximum copay amount – \$11.20

Molina Healthcare of Nebraska will provide notification when this program ends.

For more information, please see Nebraska Medicaid Provider Bulletin 23-22 Full Restoration of Medicaid Member Benefits at <https://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx>.

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This update applies to:
All Network Pharmacies

State: Nebraska

Line of Business:
Medicaid

Key Phone Numbers:

Member Services:
1-844-782-2018 (TTY 711)
8 a.m. to 6 p.m. CT M-F

Prior Authorizations:
1-877-281-5364 (fax)
1-844-782-2678 (phone)
Available 7am to 8pm CT

Plan Website:
Molinahealthcare.com/NE

Pharmacy Inquiries:
If you have any questions, call the pharmacy help desk at the number provided on the claim response or if no number is provided, call 1-855-619-9396. The help desk is available 24 hours a day.

Payer Sheets
For additional claim processing information, refer to the Caremark Payer Sheets at https://www.caremark.com/pharmacists-medical-professionals#tab_link_tabs

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. Please update the member profile with COB information.

Scenario	If the Primary is...	If the Secondary is...	RXBIN	RXPCN	RXGRP	Other Coverage Code NCPDP Field #308C8
1	Other Medicare Plan	Molina Healthcare of Nebraska	012114	MCAIDADV	RX51BS	Ø2, Ø3, Ø4
2	Other Commercial Plan	Molina Healthcare of Nebraska	013089	MCAIDADV	RX51BS	Ø2, Ø3, Ø4

Code	Description
Ø2	Other Coverage exists – payment indicated: 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	Other Coverage Billed – claim rejected: Code used in coordination of benefits transactions to convey that all payers billed have returned rejected responses indicating the claim is not covered.
Ø4	Other Coverage Exists – no payment indicated: 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.

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