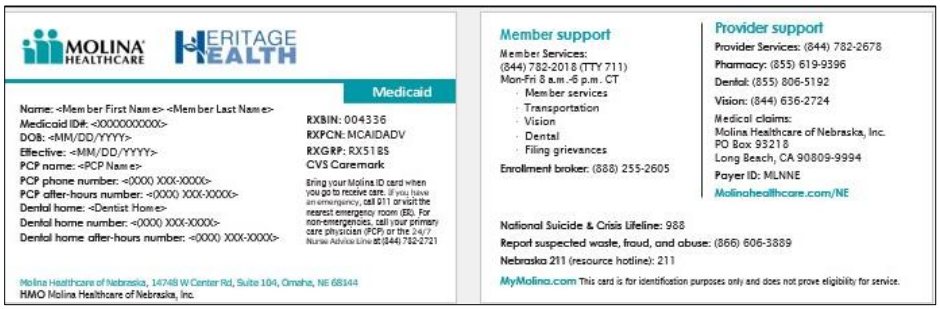
January 5, 2023

New Implementation – Reminder

Nebraska Heritage Health
Molina Healthcare of Nebraska

RXBIN:	004336
RXPCN:	MCAIDADV
RXGRP:	RX51BS
Member ID Format:	11 Numeric characters (example: 05412480101)

Effective **January 1, 2024,** CVS Caremark® will administer the prescription benefits for Molina Healthcare of Nebraska. Please update or create plan member profiles to reflect the changes regarding this new plan adjudicating through CVS Caremark. Molina Healthcare of Nebraska plan members will carry cards similar to the one illustrated below:



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.

Medicaid Provider Enrollment: Federal law requires that all Medicaid Managed Care and Children´s Health Insurance Program network providers to be enrolled with State Medicaid programs. If you are not actively enrolled with the Nebraska Medicaid program and you are providing services to Medicaid-eligible members you must enroll in Medicaid or claims will reject at point of sale.
To enroll with Nebraska Medicaid, contact Maximus at **1-844-374-5022**.

Days' Supply: Members may receive up to a one-month supply of covered prescription and nonprescription medication. Certain maintenance medications and contraceptives may be prescribed in three-month quantities.

This update applies to:
All Network Pharmacies

State(s):
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 Authorization:
1-877-281-5364 (fax)
1-844-782-2678 (phone)
Available 7 a.m. to 8 p.m. CT

Plan Website:
Molinahealthcare.com/NE

Pharmacy Inquiries:
If you have 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 CVS Caremark Payer Sheets at **caremark.com/pharminfo** > NCPDP Payer Sheets.

Pharmacy network participation varies by plan.

599 CHIP Program:

For members covered under the CHIP 599 program, claims should be submitted using the first name unborn, female gender. Pharmacy claims for these members must be billed with "01/01/2000" as the DOB. Only medications that are for the health of the unborn are covered.

Vaccines:

Vaccines for children under 19 years old are covered under the Vaccines for Children program and not covered at point of sale. Please check our formulary at **Molinahealthcare.com** for vaccine coverage for members over 19 years.

Long-Term Care:

Claims for state designated long-term care residents will be limited to one (1) dispensing fee per drug per member per month as reflected in the Nebraska Administrative Code.

Paper Claims:

For claims older than thirty (30) days, pharmacies may submit paper claims by using a universal claim form. Forms can be obtained at this link: **NCPDP- Universal Claim Forms (ncpdp.org/Universal-Claim-Forms.aspx)**

Compound Prescriptions:

See compound submission information at **rxservices.cvscaremark.com/ > Document Library > Provider Manual**.

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 #308-C8
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.