Exceptions for Out-of-Network (OON) Coverage

Molina Healthcare will reimburse members for coverage charges on Part D drug expenses incurred at out-of-network pharmacies (or providers), when the following situations occur:

Member is traveling outside his or her Part D plan's service area; runs out of or loses his or her covered Part D drug(s) or becomes ill and needs a covered Part D drug; and cannot access a network pharmacy.

Member must fill a prescription for a covered Part D drug in a timely manner, and that particular covered Part D drug (e.g. an orphan drug or other specialty pharmaceutical typically shipped directly from manufacturers or special vendors) is not regularly stocked at accessible network retail or mail-order pharmacies.

Member cannot obtain a covered Part D drug in a timely manner within his or her service area because, for example, there is no network pharmacies within a reasonable driving distance that provides 24-hour-a-day/7-day-per-week service.

Member is provided covered Part D drugs dispensed by an OON institution-based pharmacy while he or she is a patient in an emergency department, provider-based clinic, outpatient surgery, or other outpatient setting.

During any State or Federal disaster declaration or other public health emergency declaration in which Molina Healthcare members are evacuated or otherwise displaced from their place of residence and cannot reasonably be expected to obtain covered Part D drugs at a network pharmacy.

In unforeseen circumstances in which normal distribution channels are unavailable Molina Healthcare will apply OON policies to facilitate access to medications.

Member is getting a vaccine that is medically necessary but is not covered by Medicare Part B, which is appropriately dispensed and administered in a physician office.

Member's Responsibility

Member must meet at least one of the situations defined by the above section.

Before accessing covered Part D drugs through an OON pharmacy, it is the member's responsibility to contact Molina Healthcare's Member Services Department to verify if there is a network pharmacy in the member's area where he/she can fill the prescription.

Unless dispensed as a transition or emergency supply, member and/or prescriber must also verify that Prior authorization was obtained if utilization management controls apply to the medication. If prior authorization is not obtained, member will not be reimbursed for the medication.

In the event that a member uses an OON pharmacy due to one or more of the qualifying reasons, the pharmacy may not be able to submit the claim directly to Molina Healthcare. In this event, member will be required to pay the OON pharmacy's U&C price at the point-of-sale and submit a written request for reimbursement to Molina Healthcare.

Note: Please refer to the Evidence of Coverage or call Member Services (888) 665-1328, October 1 – March 31 - 7 days a week, 8 a.m. to 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. to 8 p.m., local time. TTY users should call 711 for more information on initial coverage determinations.

If member uses an OON pharmacy, the member may be financially responsible for the sum of:

Any deductible or cost-sharing (relative to the plan allowance);

Any differential between the OON pharmacy's (or provider's) usual and customary prices and Molina Healthcare's negotiated in-network charge for the prescription

Exclusions

Molina Healthcare will not reimburse for any prescriptions that are filled by pharmacies outside of the United States and territories, even for a medical emergency.

Molina Healthcare will not reimburse for any prescriptions where Prior Authorization was not obtained prior to dispensing (if Prior Authorization requirements or other utilization management controls applied to the prescription and it was not part of a transition or emergency supply).

Any fee or charge for vaccine administration falls entirely outside the Part D cost sharing structure and will not be included as part of the beneficiaries' True Out-of-Pocket (TrOOP) costs.

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 665-3086 TTY: 711. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx