Pharmacy Update

New Implementation Reminder

See revised COB table on page 2

This update applies to: All Network Pharmacies
State(s): New Mexico
Line of Business: Medicaid
Customer Care for Plan Members: 1-833-249-8392
Prior Authorization: 1-855-322-4078
Plan Website: www.molinahealthcare.com
Pharmacy Inquiries: If you have questions, call the Pharmacy Help Desk number at **1-833-249-8392**.
Payer Sheets: For additional claim processing information, refer to the CVS Caremark Payer Sheets at **caremark.com/pharminfo**
   > NCPDP Payer Sheets.

New Mexico Healthcare Medicaid
Molina Healthcare of New Mexico

RXBIN:	004336
RXPCN:	MCAIDADV
RXGRP:	RX51EA
Member ID Format:	10 digits, numeric
Person Code:	3 digits, appended to Member ID

Effective **July 1, 2024,** CVS Caremark® will begin to administer the prescription benefits for Molina Healthcare of New Mexico Medicaid. Please update or create plan member profiles to reflect the changes regarding this new plan adjudicating through CVS Caremark.

Molina Healthcare of New Mexico plan members will carry cards similar to the one illustrated below:

Patient Pay Amount: Please rely on the claims system to determine the correct amount to collect from the plan member, if applicable. Per Federal Medicaid law at 42 U.S.C. § 1396o(e): No provider participating under the State plan may deny services to an individual on account of such individual's inability to pay the patient pay amount.

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 State Medicaid program and you are providing services to Medicaid-eligible members you must enroll in Medicaid or you may be removed from the applicable pharmacy network.

Days' Supply: Members may receive up to a 34-day supply at retail.

Emergency Supply: Pharmacies can call the Pharmacy Help Desk for assistance in processing the 72-hour emergency fill.

340B Drugs: To properly submit claims for 340B drugs, use the following values:

- NCPDP Data Element 409-D9: Ingredient Cost Submitted = 340B Acquisition Cost

AND

- NCPDP Data Element 420-DK: Submission Clarification Code = 20

OR

- NCPDP Data Element 423-DN: Basis of Cost Determination = 08

Vaccine: Molina Healthcare of New Mexico Medicaid 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
- COVID-19
- See Molina New Mexico Preferred Drug List for all covered vaccines

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.

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 NCPDP Field #308-C8
1	Other Medicare Plan	Molina Healthcare of New Mexico	012114	**MCAIDADV**	RX51EA	Ø2, Ø3, Ø4
2	Other Commercial Plan	Molina Healthcare of New Mexico	013089	**MCAIDADV**	RX51EA	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.