



June 1, 2023

New Implementation

Iowa Medicaid Molina Health Care of Iowa

RXBIN: 004336
RXPCN: MCAIDADV
RXGRP: RX51BW, RX51BX, RX51BY, RX51BZ
Member ID Format: 7 Numeric, 1 alpha, total 8 characters (ex:0541248T)

Effective **July 1, 2023**, CVS Caremark® will begin to administer the prescription benefits for Molina Health Care of Iowa. Please update or create plan member profiles to reflect the changes regarding this new plan adjudicating through CVS Caremark. Molina Health Care of Iowa 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 Iowa 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.

This update applies to:
All Network Pharmacies

State(s):
Iowa

Line of Business:
Medicaid

Customer Care for Plan Members:
1-844-236-0894

Prior Authorization:
1-844-236-1464 (phone)
1-877-733-3195 (fax)

Plan Website:
Molinahealthcare.com

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-800-349-0679** if one is not provided.

Payer Sheets:
For additional claim processing information, refer to the CVS Caremark Payer Sheets at [caremark.com/pharminfo](https://www.caremark.com/pharminfo) > NCPDP Payer Sheets.

Pharmacy network participation varies by plan.

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

Emergency Supply: Pharmacies are authorized to enter overrides for an emergency fill without calling the Pharmacy Help Desk. In the event of an emergency when the Prescriber cannot submit a prior authorization request, the pharmacists may dispense a 72-hour supply of the drug, except when noted in the Iowa Medicaid HHS Preferred Drug List criteria, and reimbursement will be made. The 72-hour emergency supply may not be available for medications intended for a short duration therapy. The provision for a 72-hour supply can be used in an emergency situation only, one time per member, per drug. Pharmacists may enter PA type code 01 and PA number 11112222333.

A 7-day override of the prior authorization requirement will be allowed while the Prescriber is requesting prior authorization for certain mental health drugs. The override applies to drug that are deemed to have a significant variation in therapeutic or side effect profile from other drugs in the same therapeutic class. See the Iowa Medicaid HHS preferred drug list at: www.iowamedicaidpdl.com. Pharmacists may enter PA type code 07 and PA number 11112222333.

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

- NCPDP Data Element 409-D9: Ingredient Cost Submitted =Covered Entities’ 340B Acquisition Cost
- NCPDP Data Element 420-DK: Submission Clarification Code = 20
- NCPDP Data Element 423-DN: Basis of Cost Determination = 08

Vaccine and DME:

- All vaccines and DME coverage is reimbursed through the medical benefit.
- To be reimbursed you must be credentialed with Molina Healthcare of Iowa. Pharmacists can email MHINewMarketDevContracting@MolinaHealthcare.com to complete the credentialing process.
- You must be enrolled with Iowa Medicaid as a Medicaid Provider before processing. Any provider who is currently a non-Medicaid enrolled Provider will be referred to Iowa Medicaid first to complete the Medicaid Provider enrollment process.

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 Iowa	012114	MCAIDADV	RX51BW	Ø3
2	Other Commercial Plan	Molina Healthcare of Iowa	013089	MCAIDADV	RX51BW	Ø2, Ø3, Ø4

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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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