

Pharmacy Update

August 28, 2023

Washington Administrative Code Reminder

Washington Medicaid

Molina Healthcare of Washington

RXBIN: 004336
RXPCN: ADV
RXGRP: RX0540, RX0574, RX0828, RX0542, RX0543

Molina Healthcare of Washington is an existing Plan Sponsor with CVS Caremark®. As a reminder, Providers in the State of Washington must be compliant with Washington Administrative Code (WAC) 182-502-0160 when servicing Medicaid members.

WAC 182-502-0160

9. Regardless of any written, signed agreement to pay, a provider may not bill, demand, collect, or accept payment or a deposit from a client, anyone on the client's behalf, or the agency or its designee for:
- a. Copying, printing, or otherwise transferring health care information, as the term health care information is defined in chapter 70.02 RCW, to another health care provider. This includes, but is not limited to:
 - i. Medical/dental charts;
 - ii. Radiological or imaging films; and
 - iii. Laboratory or other diagnostic test results.
 - b. Missed, canceled, or late appointments;
 - c. Shipping and/or postage charges;
 - d. "Boutique," "concierge," or enhanced service packages (e.g., newsletters, 24/7 access to provider, health seminars) as a condition for access to care; or
 - e. The price differential between an authorized service or item and an "upgraded" service or item (e.g., a wheelchair with more features; brand name versus generic drugs).

MHW Part #4078-2308

MHW 08/28/2023

Pharmacy network participation varies by plan.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvshhealth.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of sale issues, network enrollment forms, and amendments to the Provider Manual.

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This update applies to:
All Network Pharmacies

State(s):
Washington

Line of Business:
Medicaid

Customer Care for Plan Members:
1-800-869-7165

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-800-364-6331** 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.