



UnitedHealthcare Community Plan of Nebraska

Webinar for Pharmacy Providers

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Agenda

- UnitedHealthcare Community Plan Culture
- Pharmacy Model
- Pharmacy Claims Processing
- Drug Formulary and Prior Authorization
- Continuity of Care
- Durable Medical Equipment
- Immunizations
- Brand Medically Necessary Drugs
- Medication Therapy Management
- Pharmacy Network and Credentialing
- Specialty Pharmacy Program
- Pharmacy Resources
- Contacts

Our United Culture

Our mission is to help people live healthier lives.
Our role is to make health care work for everyone.

Integrity.
Compassion.
Relationships.
Innovation.
Performance.

Honor commitments
Never compromise ethics

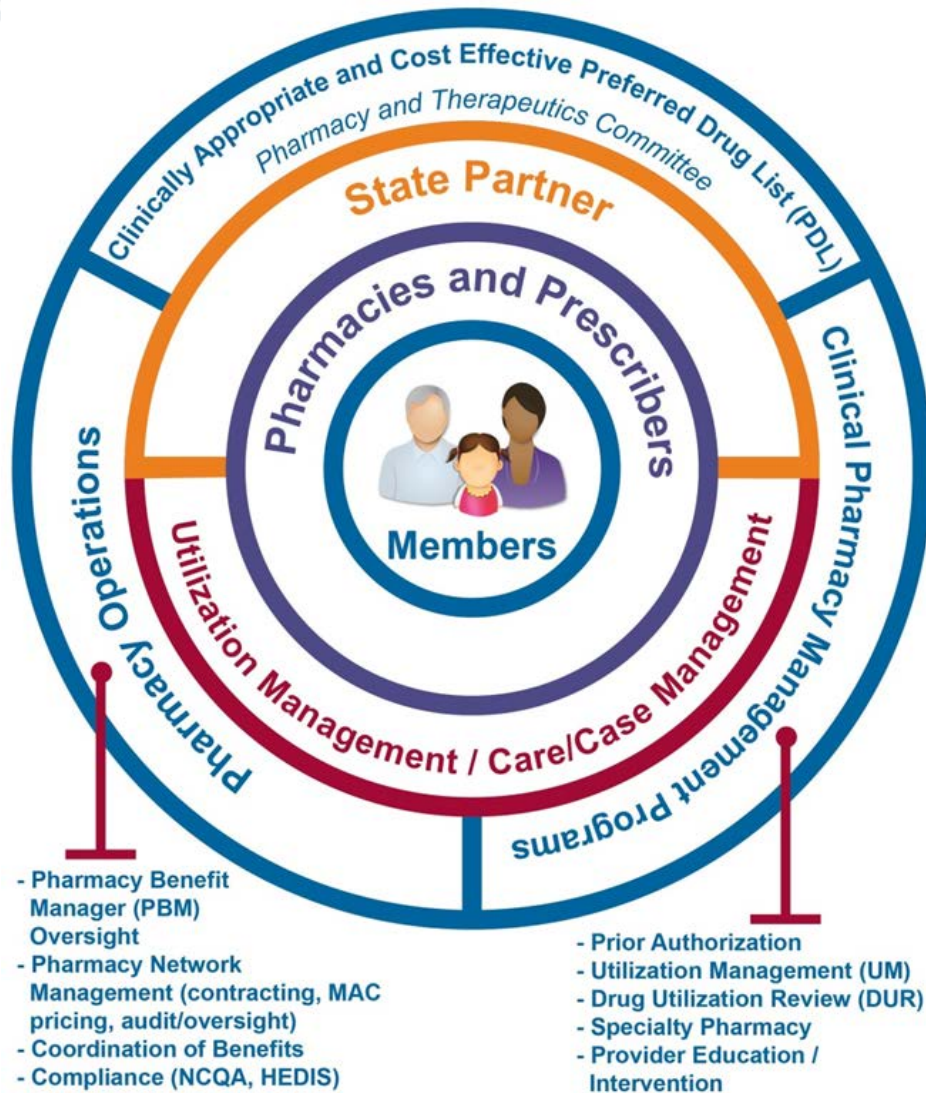
Walk in the shoes of people we serve
and those with whom we work

Build trust through collaboration

Invent the future, learn from the past

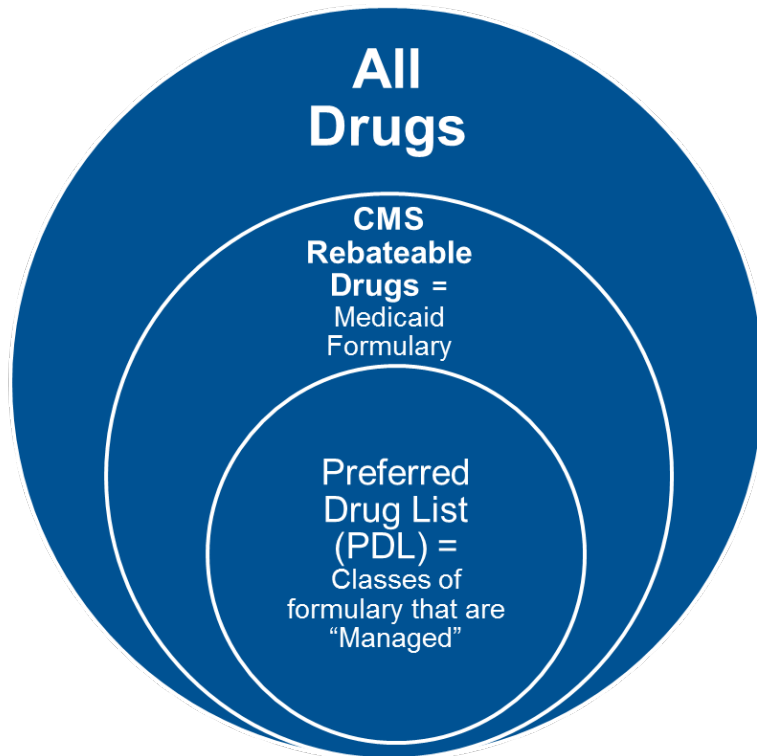
Demonstrate excellence
in everything we do

Our Pharmacy Model



- Member-centric program
- Clinically appropriate case management drives quality outcomes
- Focus on cost effective care

Drug Formulary



- Nebraska Medicaid, also known as Heritage Health, defines the Preferred Drug List (PDL):
- The PDL is a subset of all coverable drugs under Medicaid.
- The Nebraska PDL requires prior authorization on certain medications.
- The PDL + drugs outside of the PDL = UnitedHealthcare Community Plan Formulary.



For more PDL and formulary information, please visit UHCCommunityPlan.com >
For Health Care Professionals > Nebraska > Pharmacy Program.

Prior Authorization

- Pharmacy point-of-sale messaging notifies pharmacies of prior authorization and edit requirements.
- Prescribers may submit prior authorizations in three ways:
 - Call 800-310-6826
 - Fax 866-940-7328
 - Visit UnitedHealthcareOnline.com > *Link Sign In* > *sign in with your Optum ID* > Prior Authorization & Notification application
- Prior authorizations decisions are made in 24 hours. Both the prescriber and member will notified of the decision.

New Member Continuity of Care

- Heritage Health will send UnitedHealthcare Community Plan of Nebraska existing prior authorization information for newly enrolled members.
- Existing prior authorizations will be honored for 90 days or until the end date of the authorization.
- Continuity of care prescription claims will show a message at point of service: "Transition Benefit, PA req for next fill."

UnitedHealthcare Community Plan of Nebraska Pharmacy Coverage

Durable Medical Equipment (DME)

- The DME pharmacy benefit covers:
 - Diabetic supplies
 - Meters, strips, lancets, needles, syringes, swabs, testing solution
 - ONE TOUCH brand is preferred
 - Spacers for inhalers
 - Respiratory Saline (0.9%) for use in nebulizers
- All other DME claims must be submitted through the medical benefit by DME Network Providers.
- **DME contracting** is separate from the pharmacy contract.
 - Pharmacies interested in contracting as a DME provider can call 866-331-2243 or email [Nebraska PR Team@uhc.com](mailto:Nebraska_PR_Team@uhc.com).

Immunizations

- Vaccines for members 19 and older are processed under the pharmacy benefit.
 - Limited to influenza vaccines, Prevnar and Pneumovax
- Vaccines for members 18 and younger are available through the Vaccines for Children Program (VFC.)
 - UnitedHealthcare Community Plan will not reimburse for private stock vaccines if they are available through VFC program.
- To submit immunization claims:
 - Complete claim field 438-E3 (incentive amount submitted) to submit for the \$10 administration fee.
 - Populate field 439-E4 (reason for service code) with “MA.”
 - When the vaccine is provided free by the VFC program, submit an administration fee-only claim with an ingredient cost of \$.01 and an admin fee of \$10.

For more information about the VFC, please call Department of Health and Human Services at 800-798-1696 or visit **DHHS.NE.gov > Public Health > A-Z Topics > Immunizations.**

Brand Medically Necessary Drugs

- Prior authorizations are required for multi-source branded drug requests if a generic equivalent is available.
- Multi-source brands will reject with a POS message of “Generic Substitution Required” unless they’re defined as a preferred medication by Nebraska.
- To process the brand product as a generic, use Dispense as Written (DAW) code 5 at the point of sale. The pharmacy will be reimbursed at the generic rate.

DAW Description

- 0 No DAW Indicated
- 1 Subst. not allowed by MD
- 2 Patient Selected Product
- 3 Pharmacist Selected Prod
- 4 Product not in Stock
- 5 Brand Prod Sel. as Gener.**
- 6 Override
- 7 Prod Mandated by Law
- 8 Product Not Available
- 9 Other

Medication Therapy Management (MTM)

UnitedHealthcare's Medication Therapy Management (MTM) helps eligible members better understand their medications and avoid possibly harmful drug combinations. By engaging in MTM services, pharmacies can help promote PDL and therapy management adherence.

- Pharmacists are credentialed through vendor/partner and paid based upon services.
- Qualifying members' cases will be routed to their primary pharmacy.
- First cases will be created in May 2017 approximately.
- Both telephonic and face to face interventions are allowed.
- Interventions will consist of Comprehensive Medication Reviews and other targeted activities based on need, such as non-adherence, omissions and specific conditions.
- Documentation and billing will be captured by MTM partner's web-based platform.
- Pharmacists are reimbursed for services rendered through the MTM partner.

UnitedHealthcare Community Plan Network and Credentialing

Pharmacy & Provider Network

- Pharmacy providers must be enrolled with Nebraska Medicaid and contracted with UnitedHealthcare Community Plan of Nebraska for claim reimbursement.
- Prescriptions must be written by a Nebraska Medicaid participating prescriber.
 - Any prescriptions written by a non-contracted Nebraska Medicaid physician or other licensed prescriber will be denied at the POS.
 - Denial reason: "Prescriber Not Covered (NCPDP Reject: 71)."
- Members will not be reimbursed for cash payments made at an out-of-network, non-contracted pharmacy.
 - The exception is travel or vacation overrides for non-contracted pharmacies.

Pharmacy Credentialing

- To become credentialed, submit an application that includes a complete Disclosure of Ownership and Control Interest Statement Form and applicable information.
- Credentialing application and contract packet are sent out together with instructions for completion by the pharmacy. Please call **800-613-3591** to request the application.
- The standard turn around time for completion is 7 business days or less. The pharmacy contract is finalized after the application review which includes:
 - Copy of current/valid state licenses (including DEA) with expiration dates
 - Federal Tax ID permits
 - Insurance showing adequate coverage
 - Copy Wholesale Invoice/Drug Purchase Packing Slip
 - Ownerships and affiliations
 - Attestations related to disciplinary actions, convictions, restrictions and any other adverse actions
 - Most recent inspection date by the Board of Pharmacy
 - Office of Inspector General list of excluded individuals and entities

Pharmacy Credentialing Standards

- Pharmacies are credentialed to insure compliance with professional standards such as:
 - 100 percent point of service capability and ability to use electronic link
 - Adequate hours of operation
 - Maintain verifiable record of refill authorizations and signature logs
 - Allowance of on-site audits
 - Agree to comply with all Drug Utilization Review (DUR) and plan design parameters

- All pharmacies are re-credentialed at least every three years.

- Our contracts with chain pharmacies and Pharmacy Services Administrative Organizations (PSAO) delegate credentialing for all pharmacies within their organization. We contractually require the organization to maintain a credentialing program for itself and member pharmacies.

- For pharmacy credentialing questions, please call 800-613-3591 or email pharmacycredentialing@optum.com

Specialty Pharmacy Program

This program includes a limited number of pharmacy providers or distribution channels who can handle unique distribution requirements and management needs.

Specialty Pharmacy Medications include:

- Biotechnology products, orphan drug products and high-cost drug products
- Drug products requiring ongoing, frequent management and patient monitoring by a clinician who specializes in treating the member's condition through:
 - Focused, in-depth member education
 - Adherence monitoring
 - Side effect management
 - Injection preparation/administration education
 - REMS programs requiring extensive patient monitoring/management oversight beyond the standard REMS program
- Drug products with special storage control and/or other specific shipping and handling requirements

Becoming A Specialty Pharmacy

- The specialty pharmacy credentialing process ensures only pharmacies that can provide the highest quality services to our members join the network.
- Applicants who do not meet requirements are given an explanation.
- Specialty medications are billed through the RxClaims system, like any other pharmacy product
- To find out more about joining our specialty pharmacy network, please email orx_specialty_pharmacy_network_request@optum.com

Pharmacy Resources

Pharmacy Resources

Our UnitedHealthcare Community Plan of Nebraska website includes many valuable pharmacy resources, including:

- The State Preferred Drug List (PDL)
- Our formulary, including a drug lookup tool
- Clinical criteria
- Prior authorization forms
- Prescriber Reference Guide
- Maximum Allowable Cost (MAC) program overview and list
- Directions for submission of pharmacy pricing inquiry

Visit **UHCCommunityPlan.com** > **For Health Care Professionals** > **Nebraska** > **Pharmacy Program** tab



Pharmacy Credentialing Contacts

- For assistance with credentialing, please call 877-633-4701 option 2 or email pharmacycredentialing@optum.com.
- For help with pharmacy contracting, please call 877-633-4701, option 2 or email provider.relations@optum.com.
- To find out more about DME contracting, please call 866-331-2243 or email Nebraska_PR_Team@uhc.com.
- To find out more about specialty pharmacy credentialing, email orx_specialty_pharmacy_network_request@optum.com.

Pharmacy Contacts

- For assistance with MAC questions, please call 877-633-4701, option 7 or email rxreimbursement@optum.com.
- For assistance with pharmacy claims, call 877-231-0131
- To request pharmacy prior authorizations:
 - Call 800-310-6826
 - Fax 866-940-7328
 - Visit UnitedHealthcareOnline.com > Link Sign In > Prior Authorization & Notification application
- For any other questions, please contact Bernadette Ueda at 402-445-5306 or bernadette.ueda@uhc.com.

Thank You