



Texas – Effective November 2016

Physician, Health Care Professional, Facility and Ancillary

Pharmacy Provider Manual

Effective for the following areas: Harris, Hidalgo, Jefferson, Nueces and Travis Service Delivery Areas as well as Medicaid Rural Service Area (MRS) Central and MRS Northeast

Pharmacy Help Desk – 887-305-8952



Table of Contents

• Purpose of the Pharmacy Provider Manual	1
• Quick Reference Phone List	1
• Program Objectives	2
• Role of Pharmacy and Pharmacist	2
• Serving Members	2
• Joining the Pharmacy Network	3
• Durable Medical Equipment (DME) and Other Products Normally Found in a Pharmacy	3
• Formulary Information	3
• Multisource Drug Prescription Processing	4
• Pharmacy Dispensing of 72-hour Supply Emergency Prescriptions	4
• E-prescribing	5
• Pharmacy Claims Processing Information	5
• Member Identification (ID) Cards	5
• Pharmacy Payment Information	6
• Coordination of Benefits (COB)	6
• Fraud, Waste and Abuse (FWA)	6
• Audit or Investigation	7
• Laws, Rules and Regulations	7
• Termination/Termination for Gifts or Gratuities	8
• Third Party Recovery	8

Welcome to UnitedHealthcare Community Plan

Purpose of the Pharmacy Provider Manual

As a UnitedHealthcare Community Plan contracted pharmacy, you play a key role in our shared commitment to helping improve the health and well-being of the members we serve. The Pharmacy Provider Manual is a resource and reference guide for pharmacies to the UnitedHealthcare Community Plan STAR, STAR+PLUS, STAR Kids and CHIP benefit plans. Please share this manual with others in your office or organization, as appropriate. The information contained in this manual applies as of the date it was published, and can be modified by UnitedHealthcare Community Plan at any time. The most current version of the UnitedHealthcare Community Plan Pharmacy Provider Manual can be located on our website at UHCCCommunityPlan.com > For Health Care Professionals > Texas > Pharmacy Program. UnitedHealthcare Community Plan Pharmacy Provider Manual is a supplement to the OptumRx Pharmacy Provider Manual, which can be found online at Learn.OptumRx.com/PharmacyManual.

UnitedHealthcare Community Plan Member Services:
CHIP, STAR and STAR+PLUS: 888-887-9003
STAR Kids: 877-597-7799



For online tools and resources, go to UHCCCommunityPlan.com or sign in to UnitedHealthcareOnline.com to access Link.

Introduction

UnitedHealthcare Community Plan of Texas, L.L.C., a Texas-licensed managed care organization (MCO) doing business as UnitedHealthcare Community Plan, manages the drug benefit plans of our STAR, STAR+PLUS, STAR Kids and CHIP members. OptumRx® assumes responsibility for claims processing for our members. Pharmacy providers are responsible for adhering to the Medicaid/CHIP formulary and preferred drug list (PDL), and coordinating pharmacy care with prescribers to help ensure members receive all medications for which they are eligible. In addition, pharmacy providers are expected to comply with applicable state laws, rules, regulations and Texas Health and Human Services Commission (HHSC) requests regarding personal and professional conduct generally applicable to the service locations, and otherwise conduct themselves in a professional manner.

Quick Reference Phone List

Pharmacy Providers	Should you have any questions or require assistance, please contact the OptumRx Help Desk.	877-305-8952
Pharmacy Benefits	Contact the OptumRx Help Desk for questions or inquiries on Pharmacy benefits.	877-305-8952 UHCCCommunityPlan.com
Physician Prescribers	Questions on services requiring prior authorization may be made by calling our Pharmacy Prior Authorization desk.	Physician Prescribers: 800-310-6826 Fax: 866-940-7328 For Pharmacies: 877-305-8952
OptumRx Network Department	For information on how to join our network of participating pharmacies, call OptumRx Pharmacy Network Relations.	800-613-3591
Pharmacy DME Providers	Durable medical equipment (DME) providers wanting to join the network will need to contact UnitedHealthcare.	877-842-3210

Program Objectives

UnitedHealthcare Community Plan is a managed care organization (MCO). Its mission is to help people live healthier lives. UnitedHealthcare Community Plan provides a program of medical care and other benefits, with the expectation that they will be administered to meet or exceed our members' health care needs.

Members have access to a comprehensive and diverse network of physicians, specialists and hospitals dedicated to providing high quality patient care. This manual is a supplement to the OptumRx Pharmacy Provider Manual and is designed to furnish pharmacies and their staff with information regarding the pharmacy components of STAR, STAR+PLUS, STAR Kids and CHIP programs. The OptumRx Pharmacy Provider Manual can be found at Learn.OptumRX.com/PharmacyManual.

Role of Pharmacy and Pharmacist

Pharmacy responsibilities range from dispensing medications, to monitoring patient health and progress, to assisting patients in understanding how to appropriately take their medications.

Pharmacists play an important role in educating consumers on the use of prescriptions and over-the-counter medications and advising physicians, nurses and other health professionals on drug decisions. Pharmacists also provide expertise about the composition of drugs, including their chemical, biological and physical properties, as well as their manufacture and use. They help ensure drug purity and strength, and advise about potential interactions that could be harmful.

Serving Members

Culturally Considerate Care

Everyone has the right to receive culturally and linguistically appropriate services (CLAS). The care delivered needs to be respectful of the beliefs, practices and unique needs of each and every member.

For more information, including national standards and training, we encourage you to visit ThinkCulturalHealth.HHS.gov.

Members have the right to access any network pharmacy. For a full list of member rights and responsibilities, go to UHCCCommunityPlan.com > For Health Care Professionals > [Texas](#) > Manuals.

Medicaid members have access to transportation to and from the doctor, dentist and pharmacy. To set up services for non-emergency medical transportation, the family or a representative (including staff from the PCP office) may call:

877-633- 8747 Most of Texas
855-687-4786 Harris and Jefferson SDAs

For more information about Medicaid transportation, go to HHS.Texas.gov > Services > Health > Medicaid and CHIP > Programs > [Medical Transportation Program](#). For times when Medicaid transportation is not available, UnitedHealthcare Community Plan offers assistance with limited transportation trips as a Value-added Service at no cost to the member. You can help a member access this service by calling 888-887-9003.

Accommodating Services

Our members may need help communicating with you due to English speaking ability, an intellectual disability, and/or a need for hearing or visual aids. Please have written materials available in large print and at an approximate 6th grade reading level. For UnitedHealthcare Community Plan member translation services, please call Customer Service at 888-887-9003.

Many of our members require special accommodations to access the services they need. See more at the American with Disabilities Act at ADA.gov > Technical Assistance Materials > [Title III: Materials Specifically for Business and Non-profits](#).

Medicaid members who are younger than age 21 receive their healthcare wellness according to the policies and procedures of Texas Health Steps (THSteps), which align closely with the Texas Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit guideline. THSteps training is available about best practices in the delivery of outpatient pharmaceutical services to patients enrolled in traditional fee-for-service (FFS) Texas Medicaid, the Kidney Health Care Program (KHC) and the Children with Special Health Care Needs (CSHCN) Services Program. To access training, go to TXHealthSteps.com.

Reporting Critical Incidents

Pharmacy providers must also inform UnitedHealthcare Community Plan of any reports of abuse, neglect or exploitation made regarding a member, including provider self-reports and reports made by others of which you becomes aware. Report any incidents within 24 hours by using the form located at UHCCCommunityPlan.com > For Health Care Professionals > Texas > Provider Forms > Critical Incident Report Form. The completed form can be submitted in one of the following ways:

- Email to critical_incidents@uhc.com
- Fax to 855-371-7638



If you need help completing the form, call Customer Service at **888-887-9003**.

Joining the Pharmacy Network

Texas pharmacies that want to participate in the UnitedHealthcare Community Plan Drug Program, for Medicaid and CHIP must be contracted prior to providing outpatient prescription services. To join the UnitedHealthcare Community Plan Pharmacy network, contact the OptumRx network department at 800-613-3591. Applications will be effective the date the contract is fully executed by both parties; contracts will not be backdated. Pharmacies can only submit claims for prescriptions filled on or after the effective date of the contract. Pharmacies must also have a Texas Medicaid ID and participate with the Vendor Drug Program. Learn more about the Vendor Drug contracting process by going to TXVendorDrug.com > Providers > [Pharmacy Provider Enrollment](#).

Durable Medical Equipment (DME) and Other Products Normally Found in a Pharmacy

We reimburse for covered DME and products commonly found in a pharmacy. For all qualified members, this includes medically necessary items such as nebulizers, ostomy supplies or bed pans, as well as other supplies and equipment. For members younger than age 21, UnitedHealthcare Community Plan also reimburses for items typically covered under the Texas Health Steps Program, such as prescribed over-the-counter drugs, diapers, disposable or expendable medical supplies, and some nutritional products.

To be reimbursed for DME or other products normally found in a pharmacy for children (birth through age 20), a pharmacy must:

- Be a contracted network pharmacy with UnitedHealthcare Community Plan, to apply visit OptumRx.com > [Health Care Professionals](#) or call 800-613-3591.
- Be a contracted DME provider with UnitedHealthcare Community Plan. To apply, visit UHCCommunityPlan.com > For Health Care Professionals > [Texas](#) > Join Our Network
- Be enrolled as a DME Medicaid provider through the Texas Vendor Drug Program at TXVendorDrug.com.

To submit claims online for pharmacy DME products, go to UnitedHealthcareOnline.com > [Claims & Payments](#) > Claim Submission or mail a completed Centers for Medicare and Medicaid (CMS) 1500 Form to:

UnitedHealthcare Community Plan
P.O. Box 5290
Kingston, NY 12402-5290

Call provider customer service at 88-887-9003 for information about DME and other covered products commonly found in a pharmacy for children (birth through age 20).

For more information about DME and medical supplies, visit TMHP.com > Providers > Medicaid Provider Manual > Texas Medicaid Provider Procedures Manual Complete Book > [Durable Medical Equipment, Medical Supplies, and Nutritional Products Handbook](#) and the [Children's Services Handbook](#) > Durable Medical Equipment (DME) Supplier (CCP).

Formulary Information

OptumRx adheres to the HHSC-approved Medicaid/CHIP formulary and preferred drug list for members enrolled in UnitedHealthcare Community Plan in Texas who are eligible for CHIP, STAR, STAR Kids and STAR+PLUS. For online access, go to TXVendorDrug.com > [Formulary/PDL](#). You can also sign up to view formulary information on a handheld device by going to Online.Epocrates.com. After registering, subscribe to the "Texas Medicaid" formulary. You can search by drug name to see which drugs are preferred and which medications require clinical prior authorization.

Prior Authorization

Some drugs on the formulary and preferred drug list may require prior authorization. Pharmacists receiving prescriptions for drugs requiring prior authorization should work with the prescribing physician to see if the prescription can be changed to a preferred alternative medication. If there is not an appropriate preferred alternative, the physician will need to request prior authorization. Forms are available at UHCCommunityPlan.com > For Health Care Professionals > Texas > [Pharmacy Program](#). Fax to the number on the form. For questions or assistance, call the UnitedHealthcare Pharmacy Department at 800-310-6826.

After requesting prior authorization, you may receive the message "PA Not Required." When you receive this message, do not assume that the service is a benefit that does not require you to request prior authorization in order for you to deliver it. You can re-check member benefits through UHCCommunityPlan.com > Just show me all plans in state > [Texas](#) > Select the program benefits you need to check to see if the service is a benefit for that member. Or, you may call customer service at 888-887-9003.

Step Therapy

Some drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may be requested through the prior authorization process. While lower cost preferred alternatives may be appropriate in many instances, other non-preferred alternatives may be available with prior authorization.

Day supply dispensing limitations

UnitedHealthcare Community Plan members may receive up to a one-month supply (31 days) of a specific medication per prescription order or prescription refill. If a medication is refilled too soon, the claim will reject with a “refill too soon” message. If you have any questions or require assistance with dosage change authorization, please call 800-310-6826.

Quantity limitations

UnitedHealthcare Community Plan places quantity limitations on medications that may vary from limitations placed by the Texas Vendor Drug Program. When you process a prescription, you will be advised of any applicable quantity limits.

Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.

Quantity limits based on Efficient Medication Dosing:

- Efficient Medication Dosing consolidates medication dosage to the most efficient daily quantity to increase adherence to therapy and promote cost efficiency.
- Limits are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules. Quantity limits in the prescription claims processing system will limit the dispensing to consolidate dosing.
- The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician, when appropriate.

We continue to evaluate quantity limitations and may make additions or changes, as appropriate. We recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception and prior authorization process. For the most up-to-date information, go to UHCCommunityPlan.com > For Health Care Professionals > Texas > [Pharmacy Program](#). If you have any questions, please call 800-310-6826.

Multisource drug prescription processing

When a physician wants a brand name dispensed and handwrites the phrase “Brand Necessary,” “Brand Medically Necessary,” “Brand Name Necessary” or “Brand Name Medically Necessary” across the face of the prescription, you must submit “1” in the “Dispense as Written” (DAW) field (Field 408-D8) to override Maximum Allowable Cost (MAC) pricing. For multisource brand drugs, submit a “5” in the “Dispense as Written” (DAW) field (Field 408-D8). The multisource brand drug will be subject to MAC Pricing.

Pharmacy Dispensing of 72-hour Supply Emergency Prescriptions

If prior authorization for a medication is not immediately available, a 72-hour emergency supply may be dispensed when the pharmacist on duty recommends it as clinically appropriate and when the medication is needed without delay. Please consult the Vendor Drug Program Pharmacy Provider Procedures Manual, the Texas Medicaid Provider Procedures Manual and OptumRx Pharmacy Provider Manual for information regarding reimbursement for 72-hour emergency supply prescription claims. It is important that pharmacies understand the 72-hour emergency supply policy and procedure to assist Medicaid clients.

To be reimbursed for a 72-hour emergency prescription supply, pharmacies should submit the following information:

- “Prior Authorization type Code”(Field 461-EU) = “8”
- “Prior Authorization Number Submitted” (Field 462-EV) = “801”
- “Day Supply” in the claim segment of the billing transaction (Field 405-D5) = “3”

To help avoid processing errors, please confirm the information on the member’s health plan ID card prior to submitting prescriptions online.



If you have any questions or require assistance, please contact the OptumRx Pharmacy Help Desk at **877-305-8952**.

E-prescribing

Electronic Prescribing – also known as “e-prescribing” or “eRx” – gives a prescribing physician the ability to electronically send accurate, error-free and understandable prescription information directly to a pharmacy. It also allows physicians to verify eligibility and formulary data, and view medication history reports for a patient prior to and during the prescribing process. This is enabled with the authorized exchange of data from the pharmacy benefit manager (PBM), or payer, and the prescribing physicians.

The U.S. Drug Enforcement Administration (DEA) allows and encourages the use of electronic prescribing of controlled substances (EPCS) as a modern technology to reduce medication errors and fraud by maintaining a closed system on controlled substances. Texas Medicaid supports the use of EPCS.

UnitedHealthcare Community Plan supports e-prescribing for pharmacy claims via Surescripts. Pharmacies should ensure they are submitting “Prescription Origin Code” (Field 419-DJ) on all billing submissions for e-prescribing transactions. While the field is optional for NCPDP B1 transactions in version 5.1, it will be required for D.Ø B1 transactions.



For more Surescripts information, go to Surescripts.com.

Pharmacy Claims Processing Information

Claims must be completed in the National Council for Prescription Drug Programs (NCPDP) D.0 transaction standard. Electronically submitted pharmacy claims are processed within 18 days and all other claims are processed within 30 days. Pharmacy claims that are not submitted electronically are processed within 21 days.

Pharmacy providers will have at least 90 days’ notice prior to implementation of any change in claims processing guidelines, unless the change is required by statute or regulation in a shorter time frame.

Pharmacy providers will be notified in writing of any changes in the list of claims processing or adjudication entities at least 30 days prior to the effective date of change. If a 30-day notice cannot be made, then a 30-day extension will be applied to the claims filing deadline to ensure claims are routed to the correct processing center.

Pharmacy providers shall be paid in accordance with all applicable statutes and rules pertaining to prompt payment of clean claims for covered services that are rendered to members. Pharmacies will be paid interest at a rate of 18 percent per annum on all clean claims that are not adjudicated within 30 days.

Program violations arising out of performance of the contract are subject to administrative enforcement by the Health and Human Services Commission Office of Inspector General (OIG), as specified in 1 Tex. Admin. Code, Chapter 371, Subchapter G.

Please refer to the OptumRx Pharmacy Provider Manual and payer specification documents for complete claim submission requirements and guidelines, including NCPDP format.

Processor Information for UnitedHealthcare Community Plan Texas CHIP, STAR, STAR Kids and STAR+PLUS Programs

Claims Processor: NEW
Name of Processor: OptumRx
Bank Identification Number (BIN): 610494
Processor Control Number (PCN): 9999
Submitted Group (Group): ACUTX

Member Identification (ID) Cards

You can view sample ID card images at UHCommunityPlan.com > For Health Care Professionals > Texas > [Member and Plan Information](#).

Pharmacy Payment Information

We encourage network pharmacy providers to take advantage of the Electronic Funds Transfer (EFT) service, which provides faster payments, streamlined reporting and analysis, and a cost-effective alternative to the traditional “hard copy” process. You can find more detailed information on the EFT Program in your Optum Rx Pharmacy Manual or at OptumRX.com > Health Care Professionals > [Pharmacy Electronic Funds Transfer \(EFT\)](#).

Pharmacy providers are prohibited from billing or collecting any amount from a Medicaid Member for health care services provided pursuant to their Network Provider contract. Federal and state laws provide severe penalties for any provider who attempts to bill or collect any payment from a Medicaid recipient for a Covered Service.

HHSC is not liable or responsible for payments for Covered Services rendered pursuant to their Network Agreement.

UnitedHealthcare Community Plan will initiate and maintain any action necessary to stop a pharmacy provider or employee, agent, assign, trustee or successor-in-interest from maintaining an action against the Texas Health and Human Services Commission (HHSC), an Health and Human Services (HHS) agency, or any Member to collect payment from HHSC, an HHS agency, or any member, excluding payment for non-covered services.

Coordination of Benefits (COB)

Pharmacy providers have a responsibility to manage coordination of benefits when a member also receives Medicare Part D services or other insurance benefits.

As a Medicaid Managed Care Plan in the state of Texas, UnitedHealthcare Community Plan is required to be the payor of last resort. If a member has other insurance coverage with a pharmacy benefit (including Medicare for covered items), the alternate insurance must be billed first. After the claim is adjudicated to the primary insurance, the co-pay or co-insurance can be billed to UnitedHealthcare Community Plan using the National Council for Prescription Drug Programs (NCPDP)-defined transaction standard for secondary claims.

If a third party resource has not responded to or has delayed payment on a claim for more than 110 days from the date the claim was billed, we will consider the claim for reimbursement. Submit the claim to us as soon as a disposition is received from the third party, or once the 110 days has elapsed, to ensure the payment deadlines are not missed. The following information is required when re-submitting the claims:

- Name and address of the third party review (TPR)
- Date the TPR was billed
- Statement signed and dated by the provider that no disposition has been received from the TPR within 110 days of the date the claim was billed

Benefit plans are subject to subrogation and coordination of benefits (COB) rules. You can find more detailed information on COB in your Optum Rx Pharmacy Manual. Coordination of benefits is administered according to the member’s benefit plan and in accordance with applicable statutes and regulations. Optum Rx can accept secondary claims electronically.

Fraud, Waste and Abuse (FWA)

The HHSC Office of Inspector General (OIG) investigates waste, abuse and fraud in all Health and Human Services agencies in the state of Texas. To report waste, abuse or fraud, please call 800-436-6184 or visit the HHSC OIG website at OIG.hhsc.state.tx.us. You can also report to us by calling 888-887-9003 or mail to the following address:

UnitedHealthcare Community Plan
Attn: Compliance
14141 Southwest Freeway, Ste. 800,
Sugar Land, TX 77478

Please also note:

- Federal law requires all pharmacy providers and other entities that receive or make annual Medicaid payments of \$5 million or more to educate their employees, contractors and agents about fraud, false claims laws and the whistleblower protections available under those laws.
- The HHSC OIG and/or the Texas Medicaid Fraud Control Unit must be allowed to conduct private interviews of pharmacy providers and their employees, agents, contractors and patients. Requests for information from such entities must be complied with, in the form and language requested.
- Pharmacy providers and their employees, agents and contractors must cooperate fully with such entities in making themselves available in person for interviews, consultation, grand jury proceedings, pre-trial conference, hearings, trials and in any other process, including investigations. Compliance with these requirements will be at the pharmacy provider’s own expense.
- Pharmacy providers are subject to all state and federal laws and regulations relating to fraud, abuse or waste in health care or dental care and the Medicaid and/or CHIP Programs, as applicable.

- Pharmacy providers must cooperate and assist HHSC and any state or federal agency that is charged with the duty of identifying, investigating, sanctioning or prosecuting suspected fraud, abuse or waste.
- Pharmacy providers must provide originals and/or copies of any and all information as requested by HHSC or the state or federal agency, allow access to premises and provide records to the Office of Inspector General, HHSC, the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Health and Human Services, FBI, Texas Department of Insurance (TDI), the Texas Attorney General's Medicaid Fraud Control Unit or other unit of state or federal government, upon request, and free of charge.
- If the pharmacy provider places required records in another legal entity's records, such as a hospital, the pharmacy provider is responsible for obtaining a copy of these records for use by the above named entities or their representatives.
- Pharmacy providers must report any suspected fraud or abuse, including any suspected fraud and abuse committed by the UnitedHealthcare Community Plan or a member, to the HHSC OIG.

Audit or Investigation

The acceptance of funds under the pharmacy provider's contract acts as acceptance of the authority of the State Auditor's Office (SAO), or any successor agency, to conduct an investigation in connection with those funds. A participating pharmacy provider must cooperate fully with the SAO or its successor in the conduct of the audit or investigation, including providing all records requested at no cost.

Laws, Rules and Regulations

Pharmacy providers are subject to all state and federal laws, rules, regulations, waivers, policies and guidelines, as well as court-ordered consent decrees, settlement agreements or other court orders that apply to the pharmacy provider contract and UnitedHealthcare Community Plan's managed care contract with HHSC, UnitedHealthcare Community Plan policies and procedures. Any violation of a state or federal law relating to the delivery of services pursuant to the pharmacy provider contract, or any violation of UnitedHealthcare Community Plan's contract with HHSC could result in liability for money damages, and/or civil or criminal penalties and sanctions under state and/or federal law.

The following laws, rules, regulations, and all subsequent amendments or modifications, apply to the network provider agreement.

- Environmental protection laws:
 - Pro-Children Act of 1994 (20 U.S.C. §6081 et seq.) regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products
 - National Environmental Policy Act of 1969 (42 U.S.C. §4321 et seq.) and Executive Order 11514 ("Protection and Enhancement of Environmental Quality") relating to the institution of environmental quality control measures
 - Clean Air Act and Water Pollution Control Act regulations (Executive Order 11738, "Providing for Administration of the Clean Air Act and Federal Water Pollution Control Act with Respect to Federal Contracts, Grants, and Loans")
 - State Clean Air Implementation Plan (42 U.S.C. §740 et seq.) regarding conformity of federal actions to State Implementation Plans under §176(c) of the Clean Air Act
 - Safe Drinking Water Act of 1974 (21 U.S.C. §349; 42 U.S.C. §300f to 300j-9) relating to the protection of underground sources of drinking water
- State and federal anti-discrimination laws:
 - Title VI of the Civil Rights Act of 1964, (42 U.S.C. §2000d et seq.) and as applicable 45 C.F.R. Part 80 or 7 C.F.R. Part 15
 - Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794)
 - Americans with Disabilities Act of 1990 (42 U.S.C. §12101 et seq.)
 - Age Discrimination Act of 1975 (42 U.S.C. §§6101-6107)
 - Title IX of the Education Amendments of 1972 (20 U.S.C. §§1681-1688)
 - Food Stamp Act of 1977 (7 U.S.C. §200 et seq.)
 - Executive Order 13279, and its implementing regulations at 45 C.F.R. Part 87 or 7 C.F.R. Part 16
 - The HHS agency's administrative rules, as set forth in the Texas Administrative Code, to the extent applicable to the pharmacy provider's contract
- The Immigration and Nationality Act (8 U.S.C. § 1101 et seq.) and all subsequent immigration laws and amendments
- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191)
- The Health Information Technology for Economic and Clinical Health Act (HITECH Act) at 42 U.S.C. 17931 et seq.

Termination/Termination for Gifts or Gratuities

UnitedHealthcare Community Plan follows the procedures outlined in applicable state and federal law regarding termination of a pharmacy provider contract, including requirements of Insurance Code §843.306 and 28 Tex. Admin. Code § 11.901.

Pharmacy providers may not offer or give anything of value to an officer or employee of HHSC or the State of Texas in violation of state law. A “thing of value” means any item of tangible or intangible property that has a monetary value of more than \$50 and includes, but is not limited to, cash, food, lodging, entertainment and charitable contributions. The term does not include contributions to public office holders or candidates for public office that are paid and reported in accordance with state and/or federal law. UnitedHealthcare Community Plan may terminate pharmacy provider contract at any time for violation of this requirement.

Third Party Recovery

Pharmacy providers may not interfere with or place any liens upon the state’s right or UnitedHealthcare Community Plan’s right, acting as the state’s agent, to recovery from third party resources.