



## Reimbursement Procedures for Pharmacies

The Nebraska Chronic Renal Disease Program (CRDP) is a client assistance program that provides payment for pharmaceutical and dialysis services to eligible Nebraska residents diagnosed with End-Stage Renal Disease (ESRD). Clients apply for the program through their dialysis social worker and must meet income, residency and citizenship guidelines. For more information about the Program – and to access the Program’s Reimbursable Drug Formulary – visit the Program’s website. <https://dhhs.ne.gov/Pages/Renal-Disease.aspx>

CRDP clients are sent an eligibility letter upon admission to the Program. They are asked to share the letter with their pharmacy. Please ensure you have a copy of the client’s eligibility letter in your file prior to submitting invoices to the Program.

Always submit invoices to primary insurance providers first (private, Medicare and Medicaid). All requirements from primary insurance providers – *including securing prior authorizations* – must be met prior to invoicing the Renal Program. The Renal Program is the payer after all other insurances have paid their share.

Please adhere to the following procedures when submitting invoices to the Program:

- Include on each invoice:
  - Client name,
  - Drug name,
  - National Drug Code (NDC) number,
  - Date of service, o Drug quantity/strength, and
  - Client payment amount.
- \*Omitting any of the above information can result in reimbursement delays.
- Submit invoices within 180 days of service.

Invoices are processed monthly. If received before the 10th of the month, the invoice will be processed that month. If received after the 10th of the month, the invoice will be processed the next month.

If an invoice is resubmitted, CLEARLY indicate that the invoice is a resubmittal.

Submit invoices in batches – no more than once per week.

Only invoice for medications listed on the Program’s Reimbursable Drug Formulary.

Invoices may be held until the amount to be reimbursed equals \$10.00 or more.

The Renal Program reimburses at the WAC (Wholesale Acquisition Cost) or SMAC (State Maximum Allowable Cost) rate – whichever is less. If the client payment amount is less than WAC or SMAC – the lesser amount is paid. Any remaining cost after the Program has paid is the client’s responsibility.

The Renal Program pays pharmacies a \$5.00 service fee for each CRDP client with a chargeable service that is listed on the Payment Cover Sheet sent as payment back-up documentation.

Submit invoices to the following (in order of Program preference):

1. FAX: (402) 742-1118
2. EMAIL: [dhhs.renal@nebraska.gov](mailto:dhhs.renal@nebraska.gov) (convert to PDF first and send securely)
3. ADDRESS: Nebraska Chronic Renal Disease Program, Nebraska Dept. of Health & Human Services, Division of Public Health, P.O. Box 95026, Lincoln, NE 68509-5026.

Questions? Please call (402) 471-0925 or email [dhhs.renal@nebraska.gov](mailto:dhhs.renal@nebraska.gov) .