

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03

The Nebraska Chronic Renal Disease Program is a client assistance program that helps eligible Nebraska residents diagnosed with Chronic Kidney Disease with the cost of medications and dialysis services. It does not cover the costs related to any other illness.

In addition to being diagnosed with Chronic Kidney Disease, clients must also:

- Require dialysis to maintain or improve their condition;
- Meet citizenship/alien and Nebraska residency requirements;
- Meet income guidelines based on household size; and
- Meet the statutorily defined standards for being served by the Program.

Income guidelines are posted on the Program's website.

Clients apply for the Program through their dialysis center social worker and are sent an eligibility letter upon admission to the Program. If a client is not eligible for the Program due to not meeting the criteria noted above, a denial letter is sent noting the reason for the denial. All information provided to the Program is confidential and will not be used for any other purpose than to determine client eligibility.

The client shares the eligibility letter with his/her pharmacy and dialysis center. A listing of participating pharmacies is included with the eligibility letter.

Also included with the eligibility letter, is a copy of the Program's Reimbursable Drug Formulary. Only drugs listed on the Formulary are reimbursable through the Program and all drugs must be prescribed. The Program reimburses for generic drugs only—unless there is not a generic available. If that's the case, it is clearly marked on the Formulary. The Formulary is updated annually and is available on the Program's website.

In addition to medication assistance, the Renal Program also reimburses for some dialysis services.

Prescription drug reimbursements are based on Nebraska Medicaid reimbursement levels. The Program pays up to fifty (50) percent of the client co-pay for dialysis services. The remaining cost after the Program has paid is the responsibility of the client.

It is important to note that the Renal Program is the payer after all other insurances have paid their share, meaning all other insurance options – private, Medicare and Medicaid – must be billed before costs are submitted to the Renal Program. Reimbursement requests are submitted by medical providers and pharmacies, not by the client.

Clients must renew their eligibility every seven years. Clients must inform the Program of changes in their contact information or eligibility criteria.

Client cases are closed when:

- A client's income exceeds the income guideline;
- A client moves out-of-state;
- A client fails to provide updated income verifying or insurance documentation;
- After one year of inactivity calculated from the start of each State fiscal year on July 1;
- Three years post kidney-transplant; or
- One year after dialysis treatments are stopped.

If a client case is closed, a client must re-apply to the Program in order to be reinstated.

The State of Nebraska provides 100% of the funding for the Program and the amount is limited. The Department of Health and Human Services may curtail Program services based on its determination of the most appropriate use of limited funds.

Nebraska Department of Health and Human Services complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-722-1715 (TTY: 402-471-9570 or 711 or 1-800-833-7352).

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-722- 1715 (TTY: 402-471-9570 or 711 or 1-800-833-7352).