

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



PROVIDER BULLETIN

No. 17-35

DATE: November 6, 2017

TO: All Providers Participating in Nebraska Medicaid Program

FROM: Thomas "Rocky" Thompson, Interim Director *TNT*
Division of Medicaid & Long-Term Care

BY: Shelly Nickerson, Pharm. D., Pharmacy Administrator

RE: Legend, Non-Legend and Compounded Prescriptions

Please share this information with administrative, clinical, and billing staff.

Pursuant to Nebraska Provider Bulletin No. 17-13, the Nebraska Medicaid Drug Program will be reversing and reprocessing all affected fee-for-service pharmacy claims retroactively to 04/01/2017 pursuant to the Centers for Medicare & Medicaid Services (CMS) release of the Covered Outpatient Drugs final rule (CMS-2345-FC). The point-of-sale contractor, Magellan Rx Management (MMA), completed this process on 10/31/2017. Some claims did not reprocess under MMA. These rejected claims are the result of Medicaid Managed Care Retro-eligibility. The affected claims will be sent to each respective Heritage Health Managed Care Organization (MCO) for reprocessing. The claims will be loaded and auto-reprocessed according to provider contracted rates with the MCO. The MCOs will be completing the reprocessing between 11/1/17 and 12/11/17. No provider action is needed.

All fee-for-service claims will be reimbursed based on the lesser of the following reimbursement, including an established professional dispensing fee of \$10.02 where indicated:

Legend, Non-legend Drugs and Compounded Prescriptions

- a. The usual and customary charge to the public, or;
- b. The National Average Drug Acquisition cost (NADAC), plus the established professional dispensing fee, or;
- c. The ACA Federal Upper Limit (FUL) plus the established professional dispensing fee, or;

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d. The calculated State Maximum Allowable Cost (SMAC) plus the established professional dispensing fee.

Backup Ingredient Cost Benchmark

If NADAC is not available, the allowed ingredient cost shall be the lesser of: Wholesale Acquisition Cost (WAC) +0%, State Maximum Allowable Cost (SMAC) or ACA Federal Upper Limit plus the established professional dispensing fee.

For questions regarding MCO claims, please contact the appropriate Heritage Health plan for details.

Nebraska Total Care

Provider Services 844-385-2192, Monday –Friday 7:00am to 8:00pm

www.nebraskatotalcare.com/providers

Please consult the Nebraska Total Care Provider Manual for additional information:

<https://tinyurl.com/kfl8djf>

UnitedHealthcare Community Plan of Nebraska

Provider Services 866-331-2243, Monday –Friday 7:00am to 8:00pm

www.unitedhealthcareonline.com

Please consult the UnitedHealthcare Community Plan of Nebraska Provider Manual for additional information:

http://www.uhccommunityplan.com/content/dam/communityplan/healthcareprofessionals/provider-admin-manual/NE-Admin/NE_Provider_Manual_2017.pdf

WellCare of Nebraska

Provider Services 855-599-3811, Monday –Friday 7:00am to 8:00pm

www.wellcare.com/Nebraska

Please consult the WellCare of Nebraska Provider Manual for additional information:

<https://tinyurl.com/k3zgyrq>

If you have questions regarding this bulletin, you may call Shelly Nickerson at 402-471-9379, or via email at DHHS.MedicaidPharmacyUnit@Nebraska.gov:

Medicaid Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/medicaid/Pages/med_pb_index.aspx. The “Recent Web Updates” page will help you monitor changes to the Medicaid pages.