“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
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.

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). The Renal Program is the payer of last resort.

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

- Include on each invoice:
  - Program client name,
  - Drug name,
  - National Drug Code (NDC) number,
  - Date of service,
  - 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 $3.50 service fee for each Renal Program client with a chargeable service that is listed on the Payment Cover Sheet sent as payment back-up documentation.

Submit invoices by 1) FAX or 2) mail to the following (in order of Program preference):

1. FAX: (402) 742-1118
2. FAX: (402) 471-6446, ATTN: Renal Program OR Mary DeLancey
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 contact: Monica Pribil, MA, Program Manager, (402) 471-0925 or Mary DeLancey, Reimbursement Assistant, (402) 471-6447. Both can be reached via email at dhhs.renal@nebraska.gov.