Pharmacy Transition to Medicaid Managed Care - Are You Ready?

December 6, 2016

Supporting Nebraska Pharmacists
Presentation Information

*All lines will be muted during the presentation

*To ask questions, type them into the question box

*Recording the webinar – posted to the NPA website after the presentations
WellCare of Nebraska

Pharmacy Provider Update

Shannon Nelson PharmD.
December 6, 2016
Vision
To be a leader in government-sponsored health care programs in collaboration with our members, providers and government partners. We foster a rewarding and enriching culture to inspire our associates to do well for others and themselves.

Mission
Our members are our reason for being. We help those eligible for government-sponsored health care plans live better, healthier lives.

Core Values
• Partnership
• Integrity
• Accountability
• One Team
WellCare Health Plans

Company Snapshot

OUR PRESENCE

Founded in 1985 in Tampa, Fla.:
- Serving 3.8 million members nationwide*
- 374,000 contracted health care providers
- 68,000 contracted pharmacies

Serving 2.4 million Medicaid members, including:
- Aged, Blind and Disabled (ABD)
- Children’s Health Insurance Program (CHIP)
- Family Health Plus (FHP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)

Serving 1.3 million Medicare members, including:
- 331,000 Medicare Advantage members
- 1 million Prescription Drug Plan (PDP) members

Serving the full spectrum of member needs:
- Dual-eligible populations (Medicare and Medicaid)
- Health Care Marketplace plans
- Managed Long Term Care (MLTC)

Spearheading efforts to sustain the social safety net:
- The WellCare Community Foundation
- WellCare Associate Volunteer Efforts (WAVE)
- Advocacy Programs

Significant contributor to the national economy:
- A FORTUNE 500 and Barron’s 500 company
- 7,100 associates nationwide
- Offices in all states where the company provides managed care

*Totals may not add due to rounding

All numbers are approximations and are as of June 30, 2016
Medicaid Presence

• Broad range of eligibility groups
• Capabilities to integrate medical, pharmacy and behavioral services
• Offers coordination with Medicare benefits

Serving 2.4 million members across 9 states

All numbers are approximations and are as of June 30, 2016
Medicaid MCOs have a proven track-record of providing high-quality care to low-income Americans by providing access to:

- **Coordinated Care**: Helps members access the right care, at the right time, in the appropriate setting through coordinated care teams and community partnerships.

- **Preventive Care**: Promotes prevention, wellness and healthy living.

- **Case and Disease Management**: Improves care for recipients with complex health care needs.

- **Social Services**: Helps to remove social barriers to health by linking members to critical services like shelter, clothing, food and transportation.

- **Accountability**: Responsible for meeting strict care delivery metrics and guidelines.
Welcome Rooms

Four Welcome Rooms across Nebraska to assist members:

• Kearney
• Norfolk
• Scottsbluff
• Omaha
Pharmacy Claims Processing

WellCare of Nebraska/Heritage Health plan members will carry cards similar to the one illustrated below:

Medical ID: 987654321
Plan Name: NEBRASKA MEDICAID
Card Issued: 12/27/2016

CO-PAY INFORMATION
Office Visit .................... $2.00
Specialist ...................... $2.00
Emergency Room ........... $3.00
Hospital ....................... $15.00

WellCare of Nebraska, Inc.
10040 Regency Circle, Suite 100
Omaha, NE 68114

Medical claims are to be mailed to:
WellCare Health Plans
P.O. Box 31224
Tampa, FL 33631-3224

RxBIN: 004336
RxPCN: MCAIDADV
RxGRP: RX8896
CVS Caremark® will administer the prescription benefits for WellCare of Nebraska/Heritage Health. The processing information through CVS Caremark is below:

- **RXBIN:** 004336
- **RXPCN:** MCAIDADV
- **RXGRP:** RX8896
- **Member ID Format:** 9 digits
- **Person Code:** Not required

Prescribers must have a valid and active NPI number and be a Nebraska Medicaid provider. Failure to submit a valid Prescriber NPI will result in a reject.
Preferred Drug List (PDL)

WellCare of Nebraska covers all drugs on the Nebraska Medicaid Preferred Drug List (PDL).

- The drug list can be accessed at: https://www.wellcare.com/en/Nebraska
- PDL drugs are subject to existing Nebraska Medicaid utilization management (UM) criteria such as:
  - Prior authorizations (PAs)
  - Quantity limits (QLs)
  - Step Therapy (ST)
WellCare Supplemental Drug List

In addition, WellCare of Nebraska also has a supplemental list of covered drugs for Heritage Health members.

- The WellCare Supplemental Drug List can be found at: https://www.wellcare.com/en/Nebraska
- Supplemental drugs may be subject to UM criteria
Pharmacy Claims Processing

Transition Supply

- Members can receive transition medication in their first 90 days to allow time for UM criteria requirements.
- Subsequent fills will be subject to existing UM criteria.

Emergency Supplies

- Pharmacies should call the Pharmacy Technical Help Desk to obtain overrides when appropriate at 1-855-599-3811.
WellCare of Nebraska vaccine coverage includes:

- **Pneumococcal Vaccine** for members greater than 19 years of age
- **Annual Flu shots**
- **Zostavax** for members greater than 50 years of age
- **Gardasil** for members 19 to 26 years of age
- **Tetanus Diphtheria Toxoid** for members 19 and older
Any pharmacy with a Nebraska Medicaid ID and enrolled with CVS Caremark will be able to dispense specialty medications that are available to them under WellCare of Nebraska.

- To request a WellCare Specialty Pharmacy Network Application email: specialtypharmacyapplications@cvscaremark.com.
  - Please include the pharmacy NCPDP & NPI numbers, contact name, phone number, fax and mailing address.

- Specialty Drugs:
  A list of specialty drugs can be found on the CVS website: https://cvscaremarkspecialtyrx.com/wps/portal/specialty/patients/drugs-conditions
WellCare of Nebraska will cover the following Durable Medical Equipment (DME) under the pharmacy benefit:

- Glucometers
- Blood glucose testing strips
- Lancets
- Alcohol swabs
- Spacers and Aerochambers

- Other DME coverage available under the medical benefit for DME providers
Durable Medical Equipment

• Providers must enroll as a WellCare of Nebraska DME provider at: https://www.wellcare.com/Nebraska/Providers/Medicaid.

• Click on “online form”.

If providers have any questions, they can call 855-599-3814.
The following HCPCS codes are covered for tobacco cessation training:

- **99406**
  - Intermediate
  - Visit is greater than ten (10) minutes

- **99407**
  - Intensive
  - Visit is greater than ten (10) minutes
Medication Therapy Management (MTM)

• Goals of the MTM Program
  – Identify those at high risk for medication therapy problems
  – Prevent medication therapy problems from occurring such as
    • Side Effects
    • Drug-drug and drug-disease Interactions
    • Duplications of Therapy
    • Insufficient/Excessive Dosage
    • Adherence issues

• Members are enrolled in MTM that meet the following criteria:
  – Those who are taking 10 or more chronic medications
  – Pediatric patients (<10 years of age) receiving antipsychotics
  – Members identified for Medication Reconciliation in collaboration with case management

• Our MTM program includes:
  – A person-to-person consultation to assess all of the beneficiary’s medications including prescription, over-the-counter (OTC) medications, herbal therapies, and dietary supplements
  – Personal Medication List (PML) and medication action plan (MAP)
  – Targeted interventions to resolve medication therapy problems or opportunities to optimize the beneficiary’s medication use
MTMP: MTM Providers

• **In-House Staff:**
  – Consists of Pharmacists and Pharmacy Technicians
    • All Pharmacists are MTM certified and include:
      – Vice President of Pharmacy Clinical Services who oversees program is 1 of 845 Board Certified Psychiatric Pharmacists (BCPP)
      – Other MTM staff include a Board Certified Pharmacotherapy Specialist (BCPS) and two certified geriatric pharmacists (CGP)

• **In-House coordination of care:**
  – Case Management Collaboration:
    • Assigned nurse case manager
    • Referrals to case management for:
      – Home Health Care arrangements or DME needs
      – PCP changes or assistance locating a specialist
      – Identify community resource needs with daily living
      – Transition from higher level of care
  – Behavioral Health Referrals
  – Community Advocacy Referrals
<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Help Desk</td>
<td>1-855-599-3811</td>
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<td>Specialty Drug List</td>
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<td>CVS/Caremark Provider Enrollment Line</td>
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<td>DME Provider Enrollment</td>
<td><a href="https://www.wellcare.com/Nebraska/Providers/Medicaid">https://www.wellcare.com/Nebraska/Providers/Medicaid</a></td>
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UnitedHealthcare Community Plan of Nebraska
Webinar for Pharmacy Providers

December 6, 2016

Bernadette Ueda, PharmD
Pharmacist Account Manager
Agenda

• Welcome and Introductions
• UnitedHealthcare Community Plan Mission
• Pharmacy Model
• Pharmacy Resources Website
• Pharmacy Claims Processing
• Drug Formulary and Prior Authorization
• Continuity of Care
• Durable Medical Equipment
• Immunizations
• Brand Medically Necessary Drugs
• Medication Therapy Management
• Pharmacy Network and Credentialing
• Specialty Pharmacy Program
**Our United Culture**

**Our mission** is to help people live healthier lives.  
**Our role** is to make health care work for everyone.

**Integrity.**  
**Compassion.**  
**Relationships.**  
**Innovation.**  
**Performance.**

**Honor commitments**  
**Never compromise ethics**

**Walk in the shoes of people we serve**  
**and those with whom we work**

**Build trust through collaboration**

**Invent the future, learn from the past**

**Demonstrate excellence**  
**in everything we do**
Pharmacy Model

- Member centric program
- Clinically appropriate utilization to drive quality outcomes
- Focus on lowest net cost
Pharmacy Resources Website

- Available to all providers on 01/01/17 via the web portal, UHCCommunityPlan.com:
  - The State Preferred Drug List (PDL) will be located at UHCCommunityPlan.com > For Health Care Professionals > Nebraska > Pharmacy Program tab
    - Additional information available on our website includes, but is not limited to:
      - Formulary, including drug lookup tool
      - Clinical criteria
      - Prior authorization forms
      - Prescriber Reference Guide
      - Maximum Allowable Cost information
        - MAC program overview and list
        - Directions for submission of pharmacy pricing inquiry
      - MTM program information
Pharmacy Claims Information

- **OptumRx** – UnitedHealthcare Pharmacy Benefit Manager

- **Pharmacy Point-of-Sale (POS)**
  - Pharmacy Claims System adjudicates the pharmacy claim at the POS

- **POS Messaging**
  - Provides details to pharmacies on claim rejects (i.e. dose limit exceeded, PA required) to help the pharmacy identify and resolve the reason for the denial

- **Waiving Copayments**
  - To encourage members to adhere to medication schedules, UHC waives copayments on covered pharmacy services

- Pharmacies needing **claims assistance** can call our dedicated pharmacy claims department at 877-231-0131, 24 hours, 7 days per week

<table>
<thead>
<tr>
<th>Pharmacy Processing Information</th>
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<tr>
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Heritage Health program defines the Preferred Drug List (PDL) and it is a subset of all coverable drugs under Medicaid.

The Nebraska PDL requires prior authorization on certain medications.

Drugs outside of the PDL are managed by UnitedHealthcare Community Plan.

The PDL + Drugs Outside of the PDL = UnitedHealthcare Community Plan Formulary.

Both PDL and Formulary information can be found at [UHCCommunityPlan.com](http://UHCCommunityPlan.com).
Prior Authorization

• Pharmacies receive notification of prior authorization and edit requirements via pharmacy point-of-sale messaging

• Prior Authorization Requests - **Prescribers may submit prior authorizations**
  - By calling 1-800-310-6826 or by fax at 866-940-7328
  - Online at [www.UnitedHealthcareOnline.com](http://www.UnitedHealthcareOnline.com) > Link Sign In > sign in with your Optum ID > Prior Authorization & Notification application

• Prior authorizations decisions are made in 24 hours upon receipt of requests

• Decisions are communicated to both prescriber and member
Continuity of Care

• UHC will receive a file of existing prior authorizations from the State that contains a list of enrolled members and their specific prior authorization information
  o Schedule: Dec 21, Dec 30, then daily starting on Jan 3

• The Heritage Health plans will honor previously approved authorizations for the lesser of:
  o 90 days from implementation of Heritage Health, January 1, 2017,
  o The original end date on the authorization from the previous entity, or
  o A new decision is reached with consultation from the provider of service on a more appropriate course of treatment for the member.
Durable Medical Equipment

- Durable Medical Equipment (DME) covered under the pharmacy benefit effective 01/01/17 is limited to:
  - Diabetic supplies
    - Meters, strips, lancets, needles, syringes, swabs, testing solution
    - ONE TOUCH brand is preferred
  - Spacers for inhalers
  - Respiratory Saline (0.9%) – for use in nebulizers

- All other DME claims must be submitted through the medical benefit by DME Network Providers

- DME Contracting
  - DME Contract is a separate contract from the Pharmacy Contract
  - Pharmacies interested in contracting as a DME provider should call 1-866-331-2243 or email the Nebraska contracting team mailbox at Nebraska_PR_Team@uhc.com
Immunizations

- Vaccines are limited to Flu vaccines, Prevnar and Pneumovax
  - May be processed under the pharmacy benefit for adults ages 19 and older
- Processing requirements when a vaccine is supplied and administered
  - Populate the NCPDP field 438-E3 (Incentive amount submitted) field to submit for the $10 administration fee
  - Populate field 439-E4 (Reason for service code) with “MA.”
- Vaccines for members ages 18 and younger
  - Coverage is available through the Vaccines for Children Program (VFC)
    - UnitedHealthcare Community Plan is unable to reimburse for private stock vaccines when they are available through VFC program
  - Administration fee-only claims
    - Pharmacies can submit an ingredient cost of $.01 and an admin fee of $10 for situations when the vaccine is provided for free by the VFC program
  - For questions about the VFC Program, please call DHHS public health at 800-798-1696 or visit http://dhhs.ne.gov/publichealth/Immunization/Pages/Home.aspx
Brand Medically Necessary Drugs

• Prior authorizations (PA) are needed for multi-source branded drug requests if a generic equivalent is available

• Multi-source brands will reject with a POS message of “Generic Substitution Required” unless defined as a preferred by the State

• Prior authorization request may be submitted by prescribers
  - Phone: (800) 310-6826
  - Fax: (866) 940-7328
  - Online: www.UnitedHealthcareOnline.com > Link Sign In > sign in with your Optum ID > Prior Authorization & Notification application

• Pharmacies may use DAW code 5 at the point-of-sale to allow the claim to process

• DAW 5 (Brand Product Selected as Generic) will process the brand product as a generic
  - Member will have generic copay (waived)
  - Pharmacies will be reimbursed at the generic rate

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<td>2</td>
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<td>Pharmacist Selected Prod</td>
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<td>4</td>
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<td>5</td>
<td>Brand Prod Sel. as Gener.</td>
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<td>6</td>
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<td>7</td>
<td>Prod Mandated by Law</td>
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<tr>
<td>8</td>
<td>Product Not Available</td>
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</tr>
<tr>
<td>9</td>
<td>Other</td>
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Medication Therapy Management (MTM)

We believe that whole person centered Medication Therapy Management (MTM) helps members adhere to their medication regimen and promotes PDL and therapy management adherence

- The program will be administered in cooperation with OutcomesMTM
- **Retail pharmacy engagement to provide MTM services is an important part of the UnitedHealthcare Quality Program**
- Pharmacists will be credentialed through vendor/partner and will receive payment based upon services
- Qualifying members’ cases will be routed to their primary pharmacy
- First cases will be created in May 2017 approximately
- Both telephonic and face to face interventions are allowed
- Interventions will consist of Comprehensive Medication Reviews and other targeted activities based on need
  - e.g. non-adherence, omissions, specific conditions
- Documentation and billing will be captured by MTM partner’s web-based platform
- Pharmacists are reimbursed for services rendered through the MTM partner
Pharmacy & Provider Network

• NE Medicaid/UnitedHealthcare Community Plan of Nebraska (UHCCP NE) has a Pharmacy & Provider Network

• All pharmacy providers must be enrolled and in good standing with Nebraska Medicaid and contracted with UHCCP NE Pharmacy Network in order to receive payment for medications dispensed to members

• Prescription must be written by a Nebraska Medicaid participating prescriber in order to receive drug coverage
  - Any prescriptions written by a non-contracted Nebraska Medicaid physician or other licensed prescriber will be denied at the POS
  - Denial reason: Prescriber Not Covered (NCPDP Reject: 71)

• Members will not be reimbursed for cash payments made at an out-of-network, non-contracted pharmacy
  - NO EXCEPTIONS - including, but not limited to, travel or vacation overrides for coverage at a non-contracted pharmacy
Pharmacy Credentialing

- Independent pharmacies begin the process with submitting a credentialing application that includes a complete Disclosure of Ownership and Control Interest Statement Form, credentials and applicable information.

- **Credentialing application and contract packet are sent out together** with instructions for completion by the pharmacy.

- All pharmacies are credentialed pursuant to the administrator credentialing policy.

- The pharmacy contract is finalized after the application is reviewed to verify proof of credentials. Review includes, but is not limited to:
  - Copy of current/valid state licenses (including DEA) with expiration dates
  - Federal Tax ID permits
  - Insurance showing adequate coverage
  - Copy Wholesale Invoice/Drug Purchase Packing Slip
  - NCPDP
  - Ownership and affiliations
  - Attestations related to disciplinary actions, convictions, restrictions and any other adverse actions
  - Most recent inspection date by the Board of Pharmacy
Pharmacy Credentialing

• Pharmacies are credentialed to insure compliance with professional standards that include but not limited to:
  o 100% point of service capability and ability to use electronic link
  o Adequate hours of operation
  o Maintain verifiable record of refill authorizations and signature logs
  o Allowance of on-site audits
  o Agree to comply with all Drug Utilization Review (DUR) and plan design parameters

• The standard turn around time for completion is 7 business days or less

• All pharmacies are re-credentialed at least every three years

• Our contracts with chain pharmacies and Pharmacy Services Administrative Organizations (PSAO) delegate credentialing for all pharmacies within their organization. We contractually require the organization to maintain a credentialing program for itself and member pharmacies.

• For pharmacy credentialing questions, please call 877-633-4701, or email pharmacycredentialing@optum.com
Specialty Pharmacy Program

The UnitedHealthcare Heritage Health Pharmacy program includes a Specialty Pharmacy Program

Characteristics of a Specialty Pharmacy Medication include:

• Biotechnology products, orphan drug products, typically high-cost drug products

• Drug products requiring ongoing, frequent management and monitoring of the patient by a clinician that specializes in treating the member’s condition
  o This also includes focused, in-depth member education and/or adherence monitoring and/or side effect management and/or injection preparation/administration education
  o Medications may have REMS programs requiring extensive patient monitoring/management oversight beyond the standard REMS program which require provision of a medication guide

• May only be sourced through a limited number of pharmacy providers or through limited distribution channels who can meet the unique distribution and handling requirements, as well as the clinical management needs for the condition(s) it treats

• Drug products with special storage control and/or other specific shipping/handling requirements
Specialty Pharmacy Program

• Participation in the UnitedHealthcare Specialty Pharmacy Network is open to all pharmacies that meet the contracting requirements and are willing to accept the terms of the agreement

• Pharmacies may submit requests to OptumRx to join our specialty pharmacy network
  o Correspondence with the requesting pharmacy occurs throughout the process
  o Credentialing process is well-structured to ensure only the pharmacies that can provide the highest quality services to our members are included in the network
  o This process is consistent - does not differ for limited distribution drugs
  o Upon completion of the review/credentialing process, a pharmacy applicant is added to the specialty pharmacy network - if all requirements are met
  o Pharmacy applicant who do not meet requirements are notified where they were deficient

• Specialty medications are billed through the RxClaims system, like any other pharmacy product

• To obtain information on Specialty Credentialing, please reach out to:
  orx_specialty_pharmacy_network_request@optum.com
Pharmacy Contacts

- **Member Services**: call 800-641-1902, 7 a.m.-7 p.m. CT, 6 a.m.-6 p.m. MT

- **Pharmacy Claims Assistance**: call our dedicated pharmacy claims department at 877-231-0131, 24 hours, 7 days per week

- **Pharmacy Prior Authorization for Request for Prescribers**: call 800-310-6826 or fax 866-940-7328 or file request online at www.UnitedHealthcareOnline.com > Link Sign In > sign in with your Optum ID > Prior Authorization & Notification application

- **Credentialing Assistance** call 877-633-4701 option 2 or email pharmacycredentialing@optum.com

- **Pharmacy Contracting**: call OptumRx Pharmacy Network Relations at 877-633-4701, option 2 or email provider.relations@optum.com

- **DME Contracting**: call Provider Networking at 866-331-2243 or email the Nebraska contracting team mailbox at Nebraska_PR_Team@uhc.com

- **MAC questions**: call OptumRx Pharmacy Network Relations at 877-633-4701, option 7 or email rxreimbursement@optum.com

- **Specialty Pharmacy Credentialing**: email orx_specialty_pharmacy_network_request@optum.com

- If you have further questions, please contact Bernadette Ueda, PharmD at 402-445-5306, bernadette.ueda@uhc.com
Nebraska Total Care Overview

Better Health Outcomes, Lower Costs.
NPA Townhall
December 6th 2016
Corporate Overview
Corporate Overview

WHO WE ARE

Nebraska Total Care is a subsidiary of Centene Corporation, a St. Louis based company founded in Milwaukee in 1984.

- 28,000 employees
- #124 on the Fortune 500 list
- #4 Fortune’s Fastest Growing Companies (2015)

WHAT WE DO

- 28 states with government sponsored healthcare programs
  - Medicaid (24 states)
  - Exchanges (15 States)
  - MA SNP (12 States)
  - Correctional (8 States)

- 2 international markets

- 11.5 million members
  - Includes 2.8 million TRICARE eligibles

- ~290 Product / Market Solutions
Our Goals

Link Members to the Medical Home Best Able to Serve Them

Provide Local Infrastructure:
- Case Management
- Connections Representatives
- Disease Management
- Call Center
- Member Services
- Provider Relations
- Provider Services

Ensure that Medicaid Recipients get the Care They Need in the Most Appropriate Setting
- *Increase* primary care visits and *reduce* unnecessary Emergency Room visits

Significantly Increase EPSDT Screenings, Prenatal/ Postpartum Care and HEDIS Rates
Improve the Quality of Life for Individuals with Disabilities
- Identify and facilitate treatment for secondary conditions
- Coordinate care to reduce duplication and waste
- Reduce socio-economic barriers to care
- Implement physician driven strategies that support a Medical Home
Website & Web-Based Tools
Introducing Nebraska Total Care—your partner for success

Established to deliver quality healthcare in the state of Nebraska through local, regional and community-based resources, Nebraska Total Care is a Managed Care Organization and subsidiary of Centene Corporation (Centene), Nebraska Total Care exists to improve the health of its beneficiaries through focused, compassionate and coordinated care. Our approach is based on the core belief that quality healthcare is best delivered locally.
Web-Based Tools

• Public site at www.nebraskatotalcare.com
  – Provider Information for Medical Services
  – Prior Authorization Code Checker
  – Operational forms such as Prior Authorization Forms, Notification of Pregnancy forms, etc.
  – Clinical Practice Guidelines
  – Provider Newsletters and Announcements
  – Plan News
  – Find a Provider

• Nebraska Total Care is committed to enhancing our web based tools and technology, provider suggestions are welcome

* Website elements to be added by December 1, 2016 and beyond
Secure Provider Portal

- Member Eligibility & Patient Listings
- Health Records & Care Gaps
- Authorizations
- Claims Submissions & Status
- Corrected Claims & Adjustments
- Payment History

Registration is free and easy!
Utilization Management
Prior Authorization Requirements

• Go to NebraskaTotalCare.com
  – Go to “For Providers” then Pharmacy
  – Formulary list and Nebraska Medicaid PDL to determine if PA is required
  – Pharmacy Prior Authorization has 24 hour turn-around
  – Appeal process if denied goes to plan

• Pharmacy or Provider may start Prior Auth

• Cover My Meds
  – Web based PA request system
  – Can be started by either Pharmacy or Physician
Utilization Management

Prior Authorization Requests

- Telephonic options directly to Prior Authorization team
- Fax lines dedicated to specific roles
  - Dedicated Concurrent Review
  - Prior Authorization request, Nurse, Behavioral Health
- Provider Portal
  - Determines what requires Prior Authorization
  - Prior Authorization received immediately
- Phone numbers
  - PA requests – Phone – 844-330-7852 Fax – 866-399-0929
  - Pharmacy Help Desk – phone = 888-321-2351
Pharmacy Benefit Manager
Envolve Pharmacy Solutions
Medication Therapy Management

• Provided by Outcomes MTM
  – Must be contracted with Outcomes
  – Sign up on website (www.outcomesmtm.com)
  – Call 877-237-0050
  – Training provided by Outcomes MTM

• All MTM provided by local Pharmacist, face to face
  – NTC will not provide in-house MTM
  – Covered Services and MTM Service fees set by Outcomes MTM

• Disease State specific
• Outcomes MTM to notify Pharmacy of potential MTM needed
• Pharmacist to provide Comprehensive Medication Reviews and Targeted Intervention Programs
Pharmacy Overview

- State Preferred Drug List (PDL) with state Utilization Management edits (quantity, Prior Authorization, step)
- NTC will wrap the PDL with a formulary for therapy classes not covered under PDL
- NTC will program edits to comply with the Nebraska Medicaid Psychotropic Drugs and Youth Initiative
- Broad network of pharmacies are contracted via the CVS/Caremark network
- Specialty drug provided by a wide network of providers
  - List of Specialty drugs listed on website
  - Exceptions = Humira, Enbrel and Hep C (not specialty)
  - Separate Specialty Pharmacy required to dispense
Pharmacy Overview

• Diabetic testing supplies
  - Members will get a free meter from True Metrix
    - Bill to RX/PCN on flyer (see website for more info)
  - Test strips for True Metrix will be POS and free for members
  - True Metrix will be the only meter that will not require a PA

• DME Point of Sale covered supplies
  – Meters/Strips (see above)
  – Lancets
  – Swabs
  – Needles
  – Syringes

• All other DME items will be processed through DME system
  – No change from current system, need to have Medicaid ID # and DME license
## Vaccine Program

- Value added program provided by Nebraska Total Care

<table>
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<th>Vaccine Type</th>
<th>Quantity Limits</th>
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<td>Injectable Seasonal Influenza Vaccine (Trivalent and Quadrivalent)</td>
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<td>Intradermal Influenza Vaccine (Short Needle)</td>
<td>1 dose every 12 months</td>
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<tr>
<td>Injectable Seasonal Influenza - Vaccine High-Dose (Fluzone)</td>
<td>1 dose every 12 months</td>
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<tr>
<td>Zoster (Zostavax)</td>
<td>1 dose per lifetime</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Up to 2 doses per lifetime</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>1 dose per lifetime</td>
</tr>
</tbody>
</table>

**All vaccines will be covered for members 21 years of age or older. Members 20 and younger must have vaccines covered under their medical benefits at their physician’s facility.**
Contacts
Who to contact?

Provider Services Phone Number
1-844-385-2192*

- One Call - Many Solutions: Interactive Voice Recognition (IVR) system offers push-button and voice activated prompts in English and Spanish
- Available Mon-Fri from 7:00 a.m. to 8:00 p.m. (CST) to address non-routine prior authorization requests and emergent provider and pharmacy issues
- Seamless Provider Services Helpline CSRs to respond to questions related to physical health, behavioral health, vision, and pharmacy.

* Fully functional January 1, 2017 (limited services in the interim)
Additional Support

Chris Stark, VP Network Development and Contracting
Christopher.R.Stark@NebraskaTotalcare.com

Physical Health and Behavioral Health Contracting
Tim Easton, Director Contracting
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Provider Network
Mary Laughlin, Director
Mary.K.Laughlin@NebraskaTotalCare.com

Director of Pharmacy
Kevin Peterson PharmD, RPH
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Questions?
Thank you

UnitedHealthCare
Nebraska Total Care
Well Care

Heritage Health –
http://dhhs.ne.gov/medicaid/Pages/med_medcontracts.aspx