

# Nebraska Chronic Renal Disease Program

## 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 website: [dhhs.ne.gov/renal](http://dhhs.ne.gov/renal).

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

### **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,
  - Drug strength, and
  - Whether or not the client has prescription drug insurance coverage.Omitting any of the above information can result in reimbursement delays.
- Submit invoices within 180 days of service.
- Invoices are reimbursed in compliance with the Nebraska Prompt Payment Act, NEB. REV. STAT. § 81-2401, which says the State has 45 days (60 days for goods/services provided by a third-party) to process payments after it receives a correct bill.
  - Do NOT resubmit invoices unless 60 days have passed without reimbursement.
- If an invoice is resubmitted, CLEARLY indicate that the invoice is a resubmittal.
  - Prior to resubmitting, please call the Program to check on the payment status.
- As much as possible, please submit invoices in batches – no more than one time per week.
- Invoices will be held for reimbursement until the amount to be reimbursed equals \$10.00 or more.
- 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, Program Reimbursement Assistant, (402) 471-6447. Both can be reached via email at: [DHHS.renal@nebraska.gov](mailto:DHHS.renal@nebraska.gov).

**November 2015**