



PROVIDER BULLETIN

No. 18-08

DATE: June 20, 2018

TO: 340B Program Covered Entity-Owned Pharmacy Providers

FROM: Matthew A. Van Patton, DHA, Director
Division of Medicaid & Long-Term Care

BY: Kenneth Mapp, 340B Program Specialist

Re: 340B Claim Submission Requirements and Reimbursement Methodology

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

Beginning on July 1, 2018, the State of Nebraska is implementing new claim submission requirements and reimbursement methodology. This change will only affect pharmacy providers who participate with Nebraska Medicaid Fee-For-Service (FFS) and are registered as a 340B-covered entity (CE) with the Health Resources and Services Administration (HRSA) and have opted to carve-in Nebraska Medicaid. This bulletin will not affect any patients enrolled with a Nebraska Managed Care Organization (MCO).

Every CE that utilizes an Entity-Owned Pharmacy will submit claims for drugs purchased through the 340B Program per the guidelines below. Claims will be paid at the lesser of the actual acquisition cost (AAC) or the 340B ceiling price plus the current professional dispensing fee. Submitted 340B drug claims missing any of this information will be rejected and must be resubmitted with the corrected information in order to be paid. It will be the sole responsibility of the covered entity to ensure claims filled with 340B stock for 340B-eligible patients are correctly reported.

Please note, the State of Nebraska will **continue to exclude 340B contract pharmacies** from submitting 340B drug claims. Please follow these guidelines to assist with submitting claims correctly.

1. Per the NCPDP billing transaction standard:

- a) A claim is identified as including at least one 340B drug through the use of the Submission Clarification Code value of 20 (product being billed is purchased pursuant to rights available under Section 340B of the Public Health Act of 1992).
 - b) A Basis of Cost Determination value of 08 (340B Disproportionate Share Pricing) indicates the drugs that are to be paid at the pharmacy's 340B drug acquisition cost
 - c) The drug's Actual Acquisition Cost must be entered into the Submitted Ingredient Cost field
2. All three field values mentioned above are necessary for the claim to be paid and to exclude 340B drugs from the transmissions to federal and supplemental rebate processors.
 3. Any compounds that consist of non-340B drug stock and over-the-counter (OTC) drugs will reimburse at the lesser of logic outlined in NAC 16-005.04A.

For further inquiries, contact Kenneth Mapp at (402) 471-0122 or email at dhhs.MedicaidPharmacyUnit@nebraska.gov.

For questions pertaining to pharmacy claims for managed care recipients, contact the following managed care organizations:

Nebraska Total Care

Phone: 1-844-330-7852, or

Fax: 1-866-399-0929, or

www.nebraskatotalcare.com/providers

UnitedHealthcare Community Plan of Nebraska

OptumRx Pharmacy Network Relations

Phone: 877-633-4701

Email: provider.relations@optum.com

WellCare of Nebraska

Phone: 1-855-599-3811, or

Fax: 1-877-276-9630, or

www.wellcare.com/en/nebraska