



## Nebraska Medicaid Adds Pharmacy Services to Heritage Health Managed Care Plans

On January 1, 2017, the Department of Health and Human Services, Division of Medicaid and Long-Term Care (MLTC) is launching a new program that will integrate the current physical health managed care program, behavioral health managed care program, and pharmacy benefits program into a single, statewide Medicaid managed care delivery system. The new integrated managed care program is called Heritage Health. The three managed care organizations (MCOs) that will be delivering services to most of Nebraska's Medicaid and CHIP clients include: Nebraska Total Care, United Health Care and WellCare of Nebraska.

Currently, pharmacy benefits are managed by the Nebraska Medicaid Pharmacy Program and claims are processed by Magellan Medicaid Administration. Beginning January 1, 2017, each of the three MCOs will be handling Prior Authorization requests and claims processing for pharmacy claims for the patients enrolled in their plan.

Patients will have new identification cards indicating in which plan they are enrolled, their identification number, a group number (if needed), the BIN number and PCN numbers to facilitate submission of pharmacy claims. If a patient does not have his or her identification card, the pharmacy may submit the claim to Magellan Medicaid Administration and a reject message will note the patient's new plan name, identification number, group number (if needed) BIN, PCN numbers. Each plan will follow the state's Preferred Drug List. If a patient has an existing, current Prior Authorization, it will be honored by the plans from the lesser of: 90 days from implementation of Heritage Health (January 1, 2017) the original end date on the authorization from the previous entity, or a new decision is reached with consultation from the provider of service on a more appropriate course of treatment for the member.

To facilitate submission of pharmacy claims and Prior Authorization, details and contact information for the plans are included below:

### NEBRASKA TOTAL CARE (Claims Processor - CVS Caremark)

BIN: 004336

PCN: MCAIDADV

RXGROUP: RX5459, (RX5460 – CHIP599 Unborn)

Prior Authorization Requests

Phone: 844-330-7852

Fax: 866-399-0929

Website for Providers: [www.nebraskatotalcare.com](http://www.nebraskatotalcare.com)

### UNITED HEALTH CARE (Claims Processor - OptumRx)

BIN: 610494

PCN: 4444

RXGROUP: ACUNE

Prior Authorization Requests

Phone: 800-310-6826

Fax: 866-940-7328

Website for Providers: [UHCCommunityPlan.com](http://UHCCommunityPlan.com)

### WELLCARE OF NEBRASKA (Claims Processor - CVS Caremark)

BIN: 004336

PCN: MCAIDADV

RXGROUP: RX8896

Prior Authorization Requests

Phone: 855-599-3811

Fax: 877-276-9630

Website for Providers: <https://www.wellcare.com/en/nebraska>

To facilitate a smooth transition when the program begins, the Division of Medicaid and Long-Term Care (MLTC) will be hosting conference calls with providers and member advocates. The purpose of the calls is to answer general questions and receive feedback from stakeholders on potential implementation issues. Specific claim or benefit questions should be addressed directly to the health plans. All the Rapid Response calls will be open calls, so information on an individual member cannot be discussed. Pharmacy/Prescribing Providers calls will take place on 1/1/17 and 1/2/17 from 1:00 to 1:30 pm. To participate in the call, dial (888) 820-1398 and use the attendee code of 2069628#.

A one-page *Pharmacy Reference Guide* was created by DHHS and can be found on the following page.

### CONTACT INFORMATION

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Division of Medicaid & Long-Term Care

# Pharmacy Reference Guide

All current prior authorizations will be transferred to the Heritage Health Plans and will be permitted for a minimum of 90 days post 1/1/2017.



Plan Info	BIN: 004336, PCN: MCAIDADV, RxGroup: RX5459 (RX5460 – CHIP599 Unborn)	BIN: 610494, PCN: 4444, RxGroup: ACUNE (ACUNEUB – CHIP599 Unborn)	BIN: 004336 PCN: MCAIDADV RxGroup: RX8896
Eligibility Line	1-844-385-2192	1-866-331-2243	1-855-599-3811
Help Desk #	1-888-321-2351	1-877-231-0131	1-855-599-3811
Prior Authorizations	Phone: 1-844-330-7852, Fax: 1-866-399-0929 or www.covermyeds.com/epa/envolverx/	Phone: 1-800-310-6826, Fax: 1-866-940-7328 www.unitedhealthcareonline.com	1-855-599-3811, Fax: 1-877-276-9630 or www.wellcare.com/en/nebraska
PDL/Formulary	www.nebraskatotalcare.com	www.uhccommunityplan.com	www.wellcare.com/en/nebraska
Vaccines	Flu, pneumococcal, Zostavax and meningococcal for members 21 and older	Flu and pneumococcal ages 19 and older (Incentive amount: \$10, Reason service code: MA)	Flu, pneumococcal & tetanus diphtheria toxoid for 19 and older; Zostavax for 50 and older; Gardasil for 19-26
DME	True Metrix Meters free from NTC; True Metrix strips billed through POS and are free for members. POS: meters/strips, lancets, swabs, needles, syringes	One Touch is preferred. POS: Meters, strips, lancets, needles, syringes, swabs, testing solution, spacers, respiratory saline 0.9%	Accu-Chek, Freestyle and Precision preferred. POS: Meters, strips, lancets, swabs, spacers/aerochambers
MTM	1-877-237-0050 or www.outcomesmtm.com	www.outcomesmtm.com	In-house services
MAC Concerns	1-888-321-2351 or https://rxservices.cvscaremark.com/	1-877-633-4701 (opt 7) or email: rxreimbursement@optum.com	1-800-364-6331
Specialty Pharmacy List	www.nebraskatotalcare.com/providers/pharmacy.html	In progress	https://cvscaremarkspecialtyrx.com/wps/portal/specialty/patients/drugs-conditions
Specialty Pharmacy Contracting	email: Kevin.R.Peterson@nebraskatotalcare.com	email: orx_specialty_pharmacy_network_request@optum.com	email: specialtypharmacyapplications@cvscaremark.com
Retail Contracting	1-866-488-4708	1-877-633-4701 (opt 2) or email: provider.relationships@optum.com	1-866-488-4708
DME Contracting	844-385-2192 (ask for contracting) or email: networkmanagement@nebraskatotalcare.com	1-866-331-2243 or email: nebraska_pr_team@uhc.com	1-855-599-3814 or www.wellcare.com/nebraska/providers/medicaid

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