Medicaid: Pharmacy Orientation and Annual Provider Training
Effective November 2019 – December 2020

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Notable changes

This overview has been provided to list the key points of notable changes and the sections in which they are detailed.

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Training topics

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02 | Medicaid and Medicare-Medicaid dual demonstration plan basics
03 | Credentialing and contracting
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05 | Preauthorization and notification
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07 | Clinical management programs
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Humana has a proud history in the healthcare industry. We began in 1961 as a nursing home company called Extendicare and became known as Humana in 1974. Since the 1980s, Humana has been centered on healthcare. Helping our members on their health journey is our main focus.

We appreciate your role in delivering quality pharmacy services to our Medicaid members. This training to assist your pharmacy staff in processing prescription claims for Humana plans pertains exclusively to Humana Medicaid members enrolled in a Humana Health Plan.
Medicaid and Medicare-Medicaid Dual Demonstration Plan Basics
# Purpose of Medicaid plans

- Medicaid is a program run by the federal and state governments that helps people with limited income pay for medical costs.

- Medicaid plans may have different names in different states.

- By contracting with various types of managed care organizations, states’ objectives are to:
  - Improve the member’s experience in accessing and receiving person-centered care
  - Improve the quality of healthcare and long-term services
  - Improve care coordination and access to enhanced services
  - Improve the performance quality of practitioners and suppliers of services
  - Reduce costs and avoid unnecessary procedures
  - Promote independence in the community
Purpose of Medicare-Medicaid plans

• Administering states offer dual plans under a variety of names, such as Medicare-Medicaid Eligibles (MME), Medicare-Medicaid plans (MMP) or Medicare-Medicaid Alignment Initiative (MMAIstate).

• Dual plans are designed to integrate Medicaid and Medicare benefits and improve coordination between state and federal governments. The model brings together primary care physicians, specialists, hospitals and a wide variety of other practitioners to focus on the health, behavioral health and social needs of Medicare-Medicaid clients.

• Key plan objectives:
  - Improve member experiences with accessing and receiving person-centered care
  - Improve the quality of healthcare and long-term services
  - Improve care coordination and access to enhanced services
  - Improve the performance quality of providers and service suppliers
  - Reduce costs for the state and federal government
  - Promote member’s community independence
Credentialing and contracting
Humana pharmacy credentialing

- The Utilization Review Accreditation Commission (URAC) requires all network pharmacies to be credentialed at the time of contracting.
- Recredentialing occurs every three years.
- Participating pharmacies that fail to meet Humana’s required standards will be removed from Humana’s pharmacy network.
**Contracting process**

Visit [Humana.com/provider](https://Humana.com/provider)

- Choose “Pharmacy resources”
- Choose “Join today”
- Choose “Pharmacy Contract Request Form”
- Complete the online form, print and submit it using the instructions on the form

To check the status of your credentialing or contract, please direct inquiries to Humana Pharmacy Networks at pharmacycontracting@Humana.com or via fax at 1-877-650-2334.
Contracting process – required information

- Pharmacy name
- Pharmacy National Council for Prescription Drug Programs (NCPDP) number
- Pharmacy National Provider Identifier (NPI)
- Medicaid ID number
- Service address with phone, fax and pharmacy email information
- Mailing address, if different than service address
- Type of contract (e.g., 30-day supply, 90-day supply, long-term care/assisted living)
- Contact person
- Pharmacy owner
Complaints
Complaint system – Pharmacy

Humana corporate management provides and promotes numerous strategies for addressing complaints and/or disputes from pharmacies, based on issue type:

SS&C Health system issues

All pharmacies contracted with Humana are encouraged to contact the Humana Pharmacy Help Desk at 1-800-865-8715 for any question or complaint related to a system issue or claims transaction.

Pharmacy initiative inquiries

Humana’s dedicated pharmacy telephone support unit can be reached at 1-888-204-8349 to provide assistance for pharmacy inquiries and complaints.
Pricing dispute process

Network pharmacies have the right to submit a request to appeal, investigate or dispute the maximum allowable cost (MAC) reimbursement amount to Humana within 60 calendar days of the initial claim. The pharmacy may submit its request to appeal, investigate or dispute maximum allowable cost pricing in writing to Humana by fax 1-855-381-1332 or email pharmacypricingreview@humana.com. The pharmacy may contact Humana at 1-888-204-8349 to speak to a representative regarding its request.

Humana will respond to the network pharmacy’s request within five business days of our receipt.

The pharmacy is responsible for resubmitting the claim and for collecting and/or refunding any copayment amount.
Preauthorization and notification
Preauthorization and notification

• Allows Humana to provide members benefit information
• Is required for many medications

For information about prior authorizations, visit Humana.com/PA

• Prescribers with requests related to step therapy requirements should fax them to Humana Clinical Pharmacy Review (HCPR) at 1-877-486-2621. Prescribers or pharmacists with questions may contact HCPR at 1-800-555-CLIN (1-800-555-2546).

• If a member’s medical condition warrants an additional quantity, the pharmacist should ask the prescriber to submit a request to HCPR. Requests can be submitted by phone or fax on Humana’s universal fax form.
Drug preauthorization and notification

- Get forms at [www.humana.com/pa](http://www.humana.com/pa) or call 1-800-555-2546, Monday through Friday, 8 a.m. to 6 p.m. Eastern time

- For drugs delivered/administered in physician’s office, clinic, outpatient or home setting:
  - [www.humana.com/medpa](http://www.humana.com/medpa)
  - 1-866-461-7273, Monday through Friday, 8 a.m. to 6 p.m. Eastern time
Claims and audits
Submitting pharmacy claims

All participating pharmacies must comply with NCPDP transaction standards for pharmacy drug claims, coordination of benefits and related pharmacy services.

Submit claims using the following Bank Identification Numbers (BIN) and Processor Control Numbers (PCN):

<table>
<thead>
<tr>
<th>Plan</th>
<th>BIN</th>
<th>PCN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>610649</td>
<td>03190000</td>
</tr>
<tr>
<td>KY Medicaid</td>
<td>610649</td>
<td>03191501</td>
</tr>
<tr>
<td>Employer Group (Non-Medicare)</td>
<td>610649</td>
<td>03190000</td>
</tr>
<tr>
<td>Dual Medicare-Medicaid</td>
<td>015581</td>
<td>03200000</td>
</tr>
<tr>
<td>Medicare Prescription Drug Plans (please submit with the member ID located on the member’s ID card)</td>
<td>015581</td>
<td>03200000</td>
</tr>
<tr>
<td>Medicare Advantage Plans</td>
<td>610649</td>
<td>03200004</td>
</tr>
<tr>
<td>Medicare’s Limited Income Newly Eligible Transition (LI NET) Program</td>
<td>015599</td>
<td>05440000</td>
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Pharmacy audit program

The Humana pharmacy audit program:

- Verifies the validity and accuracy of pharmacy claims for its clients (including CMS and state agencies overseeing a program for Medicaid-eligible members)
- Ensures provider agreement compliance between Humana and its network pharmacies
- Educates network pharmacies regarding proper submission and documentation of pharmacy claims

Claim-specific audit objectives include, but are not limited to, correction of the following errors:

- Dispensing unauthorized, early or excessive refills
- Dispensing an incorrect drug
- Billing the wrong member
- Billing an incorrect physician
- Using an NCPDP/National Provider Identifier (NPI) number inappropriately
- Calculating the days’ supply incorrectly
- Using a dispense-as-written code incorrectly
- Overbilling quantities
- Not retaining/providing the hard copy of prescriptions or a signature log/delivery manifest
Clinical management programs
Clinical management programs

Are designed to:

• Reinforce medical practitioners’ instructions
• Promote healthy living
• Provide guidance to members with complex conditions

For an overview of Humana’s clinical management programs, visit www.humana.com/provider/support/clinical/health.
Clinical management programs

**Utilization management:**
Certain prescriptions must undergo a criteria-based approval process prior to a coverage decision. Humana’s Pharmacy and Therapeutics Committee reviews medication based on safety, efficacy and clinical benefit and may make additions or deletions to the list of drugs requiring prior authorization. For information on prior authorizations, visit [Humana.com/PA](http://Humana.com/PA).

**Medication Therapy Management program:**
The Medication Therapy Management (MTM) seeks to enhance a member’s medication therapy and to minimize adverse drug reactions.
Humana’s lock-in program is designed to care for member safety due to excessive use of prescription drugs. We monitor how often some drugs are filled and the number of different prescribers and pharmacies used. In some cases, a member may be limited to use of only one prescriber and/or one pharmacy.

If you or the member have questions, please feel free to contact Humana in one of the following ways:

• **Call** 1-855-330-8054, from 7 a.m. to 4:30 p.m. Central time. After hours, please leave a voicemail with the member name, member ID number, case number, contact phone number and a detailed description of your request.
• **Fax** 1-855-729-9290
• **Email** pharmacyclaimauditandreview@humana.com.

**EXCEPTION:** This limitation does not apply to emergency services and recipient care provided in a hospital emergency department. Excluded recipients include:

• patients with sickle cell disease
• cancer recipients residing in institutionalized settings
Web resources
Pharmacy provider website – public

Visit Humana.com/pharmacists to find:

- Humana payer sheets
- Humana Pharmacy Audit Guide
- Pharmacy provider manual
- Pharmacy news bulletins
- Limited Income NET documents
- Compliance Requirements
- Training resources
- Tools and resources, e.g. coverage determinations, Humana preferred drug lists, RxMentor
The pharmacist self-service center (registration required) is a free resource available to any Humana-contracted pharmacy.

To gain access, visit Humana.com/pharmacists

Click purple “Register for self-service” button

For help with registration:

Send an email to hpsnetworks@humana.com
- Please include the pharmacy name, NPI, pharmacy contact name and contact phone number

Log in at Humana.com/pharmacists to:
- Determine patient eligibility and benefits
- View member’s prescription prior authorization status
- View paid and rejected claims
Appendix

Helpful numbers

State-specific information
## Contact information

<table>
<thead>
<tr>
<th>Pharmacy help desk</th>
<th>For refill-too-soon overrides and prior authorization status, call <strong>1-800-865-8715</strong>, and follow the prompts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humana Customer Care</td>
<td>To obtain general Medicaid plan information: <strong>1-800-477-6931</strong> (TTY: 711)</td>
</tr>
</tbody>
</table>
| Humana Clinical Pharmacy Review (HCPR) | To submit prior authorization requests:  
  - Submit request by fax to **1-877-486-2621**  
  - Call HCPR at **1-800-555-CLIN** (1-800-555-2546) |
| Pharmacist self-service website assistance | Email: [hpsnetworks@humana.com](mailto:hpsnetworks@humana.com) |
## Contact Information

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<tr>
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<tbody>
<tr>
<td><strong>Humana Specialty Pharmacy</strong></td>
<td><strong>1-800-486-2668 (TTY: 711)</strong></td>
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<tr>
<td></td>
<td>Available Monday – Friday, 8 a.m. – 8 p.m. Eastern time; Saturday, 8 a.m. – 6 p.m.</td>
</tr>
<tr>
<td><strong>Humana Pharmacy Solutions network contracting</strong></td>
<td>Pharmacy contract requests</td>
</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:PharmacyContractRequest@humana.com">PharmacyContractRequest@humana.com</a></td>
</tr>
<tr>
<td></td>
<td>Fax: <strong>1-866-449-5380</strong></td>
</tr>
<tr>
<td><strong>Humana Ethics Help Line</strong></td>
<td><strong>1-877-5-THE-KEY (1-877-584-3539)</strong></td>
</tr>
<tr>
<td><strong>Humana’s pharmacist website</strong></td>
<td>Visit <a href="http://Humana.com/Pharmacists">Humana.com/Pharmacists</a> to access payer sheets, pharmacy news bulletins, the Humana Pharmacy Audit Guide and many other resources.</td>
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Florida

- Humana uses criteria from the Agency for Health Care Administration (AHCA) in determining formulary, prior authorization, step therapy, quantity limits and age limits.

- Florida Medicaid practitioners must meet all requirements set forth in the Hernandez settlement agreement. If you are unfamiliar with the agreement and its requirements, or if you need further information, visit: https://ahca.myflorida.com/medicaid/Prescribed_Drug/multi_source.shtml

- Florida Medicaid practitioners must meet all requirements pursuant to statute F.S. 409.912(51). To view details of the psychotherapeutic medication legislation and obtain the appropriate consent forms, visit: https://ahca.myflorida.com/Medicaid/Prescribed_Drug/med_resource.shtml
To view details of the Florida Medicaid Preferred Drug List (PDL), visit: https://ahca.myflorida.com/medicaid/Prescribed_Drug/preferred_drug.shtml

To obtain hemophilia drugs, please contact the Florida Medicaid pharmacy support call center at 1-800-603-1714 from 7:30 a.m. to 8 p.m. Eastern time, Monday through Friday.

To access the details of the Florida Medicaid multisource brand drug policy, visit: https://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria.shtml
Medicaid and Dual-eligible deductible/coinsurance:

- Pharmacies may not deny any service provided in the MMP programs based on the member's failure or inability to pay any applicable copayment.

- The MMP includes benefits for Aid to Aged Blind Disabled (AABD) members 21 and older.
Kentucky

- Pharmacies may not deny any service provided in the Medicaid programs based on the member's failure or inability to pay any applicable copayment if at or below 100% federal poverty level, according to federal regulations in [42 U.S.C. §447.52)]

- House Bill 200 states that a beneficiary presenting with a condition that could result in harm if left untreated shall be dispensed a 72-hour emergency supply of a prescribed drug regardless of ability to afford copayment. For products dispensed in any special packaging that may not be broken, the minimum full quantity to last 72 hours should be dispensed.

- Partial fills of C-II substances are allowed for non-terminally ill patients who are not residents of long-term care facilities per 905 KAR 55:095; should a patient request a partial fill of a C-II medication, additional dispensing shall not continue beyond 30 days.
Humana is using Louisiana Department of Health’s (LDH) criteria for formulary, prior authorization, step therapy, quantity limits and age limits.

To view details of the Louisiana Medicaid Preferred Drug List (PDL), visit:

http://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf.
Thank you

Humana