

New York State Medicaid Managed Care Plans – Summary of How Plans are Handling Supplies

Plan	Allow Participating Pharmacies to Dispense? (Y/N)	Allow Participating DME Providers to Dispense? (Y/N)	Preferred DME Provider Network? (Y/N)	Preferred Supply Program? (Y/N)	Q1. How will supplies be handled during the transition period? Q2. After the transition period, how will the plan transition members to their preferred products and/or providers?	Billing Guidance	Helpful Links and/or Phone Numbers
Affinity Health Plan	Y (Diabetic Supplies, Hearing Aid Batteries, Medical Supplies. Enteral Products)	Y (Diabetic Supplies, Hearing Aid Batteries, Medical Supplies, Enteral Products)	Y	N	<p>Q1: <u>Diabetic Testing Supplies</u> <ul style="list-style-type: none"> Transition fills provided for non preferred products. <u>Enteral Products</u> <ul style="list-style-type: none"> Transition fills will be provided at pharmacies. On or before February 1, 2012, these will be transitioned to plan’s Preferred DME Provider Network. <u>Medical Supplies, Non Testing Diabetic Supplies,</u> Transition fills will be provided at pharmacies. On or before February 1, 2012, these will be transitioned to plan’s Preferred DME Provider Network. <u>Hearing Aid Batteries</u> Will be allowed for fill at either pharmacy or via DME Provider Network.</p> <p>Q2 <u>Diabetic Testing Supplies</u> <ul style="list-style-type: none"> Letters sent to members receiving transition supplies, with guidance on how to obtain preferred products for future fills. <u>Enteral Products, Non-Testing Diabetic Supplies and Medical Supplies</u> <ul style="list-style-type: none"> Plan will refer member to participating provider. <u>Hearing Aid Batteries</u> <ul style="list-style-type: none"> Plan will refer member to participating provider or pharmacy. </p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> Bill to PBM using NDC/NCPDP format. If Pharmacy receives a denied claim, it then contacts plan. Plan is also reviewing denied claim reports and contacting providers to provide guidance. <p><u>DME Provider Network</u> Bill to the plan as a medical claim (1500 claim form).</p>	<p>www.affinityplan.org</p> <p>www.caremark.com</p>

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Amerigroup	Y (Diabetic Supplies, Hearing Aid Batteries, Medical Supplies)	Y (Enteral Products)	Y (Enteral Products)	Y	<p>Q1.</p> <p>Diabetic Testing Supplies: Transition fills will be supplied for non-preferred products.</p> <p>Medical Supplies, non-testing diabetic supplies and hearing aid batteries: certain medical supplies and non-testing diabetic supplies will be provided through the pharmacy benefit. All others and hearing aid batteries will be supplied via a par DME vendor.</p> <p>Enteral Products: if medical necessity is met transition fills will be supplied for the current servicing pharmacy.</p> <p>Q2.</p> <p>Diabetic Testing supplies: our par preferred vendor will reach out to all members with claims for diabetic testing supplies and provide transition information.</p> <p>Non-testing Diabetic Supplies: plan will refer member to a par provider.</p> <p>Medical Supplies and hearing aid batteries: plan will refer member to a par provider.</p> <p>Enteral Products: plan will refer member to a par provider.</p>	<ul style="list-style-type: none"> · Diabetic testing supplies are billed through pharmacy, we prefer NIPRO, but allow any brand during transition. · Hearing aid batteries are billed through pharmacy. · Enteral products are billed through DME, not pharmacy. Some medical supplies can be billed through the pharmacy (bandages, blood pressure cuffs, etc) larger items, such as wheel chairs, etc are billed through DME. 	
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<p style="text-align: right;">11/15/2011</p>							

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Amida Care	<p>Y</p> <p>(Diabetic Supplies, Hearing Aid Batteries, Medical Supplies (except compression and surgical stockings), Enteral Products)</p>	<p>Y</p> <p>(Diabetic Supplies, Hearing Aid Batteries, Medical Supplies, Compression and Surgical Stockings)</p>	<p>Y</p> <p>(any participating DME Provider)</p>	<p>Y</p> <p>(Diabetic Supplies through participating pharmacy network)</p>	<p>Q1 Mirrored the Medicaid formulary for Supplies and OTCs, there should be no disruption or need for a transition fill. If it should occur, we would provide a transition fill benefit.</p> <p>Q2 After the transition period, if there is a member who received a transitional benefit for a medical supply we would evaluate the product against the member need and work with the PCP to transition the member to the more appropriate product.</p>	<ul style="list-style-type: none"> • Bill PBM for all items purchased at the pharmacy. • Bill Plan for all supplies purchased through a participating DME provider. <p>(NCPDP format or 1500 claim form)</p>	<p>www.amidacareny.org</p> <p>Pharmacists: Call Express Scripts at (800) 824-0898</p> <p>DME Providers: Call Amida Care Provider Services at (800) 556-0674</p>

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Capital District Physicians Health Plan (CDPHP)	Y (Diabetic Testing Supplies, Hearing Aid Batteries, Enteral Products, Certain Medical Supplies)	Y (Hearing Aid Batteries, Enteral Products, Non-Testing Diabetic Supplies, Medical Supplies)	Y (Medical Supplies, Non-Testing Diabetic Supplies, Hearing Aid Batteries)	Y (Bayer Diabetic Supplies)	<p>Q1 <u>Diabetic Testing Supplies</u> - Transition fills for non preferred products will be provided at pharmacies/DME providers <u>Enteral Products</u> - Transition fills provided at pharmacies/DME providers <u>Medical Supplies, Non Testing Diabetic Supplies, Hearing Aid Batteries</u> - Transition fills will be provided at pharmacies/DME providers. Plan will refer member to participating DME providers.</p> <p>Q2 <u>Diabetic Testing Supplies</u> - Letters sent to members receiving transition supplies, with guidance on how to obtain formulary products for future fills. Plan will refer member to participating pharmacies <u>Enteral Products</u> - Plan will refer member to participating providers <u>Medical Supplies, Non-Testing Diabetic Supplies and Hearing Aid Batteries</u> Letters sent to members receiving transition supplies, with guidance on how to obtain formulary products for future fills. • Plan will refer member to participating DME providers.</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> • Diabetic Testing Supplies- bill to PBM using NDC/NCPDP format. • Enteral Products- bill to PBM using NDC/ NCPDP format. • Certain Medical Supplies- bill to PBM using NDC/NCPDP format. <p><u>DME Providers</u></p> <ul style="list-style-type: none"> • Medical Supplies, Enteral Products, Non Testing Diabetic Supplies, Hearing Aid Batteries - bill to the plan as a medical claim (1500 claim form). 	<p>www.cdphp.com</p> <p>1-888-258-0477</p>

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<p>Excellus Health Plan, Inc/Premier Health Plan/Univera Community Health</p>	<p>Y [Select supplies, (Diabetic supplies, Enteral Formula, Ostomy, diapers and under pads, Select wound dressings)]</p>	<p>Y (Hearing Aid Batteries, Medical Supplies)</p>	<p>Y (Select Medical Supplies, Hearing Aid Batteries)</p>	<p>N</p>	<p>Q1 Med/Surgical supplies will be covered through DME vendor network. Select supplies will also be covered through pharmacy network (diabetic supplies, enteral formula, ostomy supplies, diapers and under pads, select wound dressings).</p> <p>Q2 The Plan intends to expand the supply categories available through pharmacy (while maintaining availability through DME vendors).</p>	<p><u>Pharmacies</u></p> <ul style="list-style-type: none"> • Bill to PBM using NDC/NCPDP format. <p><u>DME Providers</u></p> <ul style="list-style-type: none"> • Medical/Surgical Supplies, - bill to the plan as a medical claim (1500 claim form). 	<p>DME providers should call regional medical Provider Service with questions</p> <p>Provider Service Phone Numbers:</p> <ul style="list-style-type: none"> • Central New York and Central New York Southern Tier: 1 (800) 920-8889; • Rochester: 1 (800) 462-0116; • Utica: 1 (800) 311-3536 <p>Pharmacies should call MedImpact Pharmacy Customer Service at 1-800-788- 2949</p>

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Fidelis Care	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products)	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products and Medical Supplies)	Y	Y (Diabetic Supplies)	<p>Q1 All supplies may be obtained from a pharmacy for the transition fill. Those supplies covered under the medical benefit will also be covered.</p> <p>Q2 Outreach will occur to both providers and members with the transition fill and then as needed in order to initiate a switch to a preferred supply.</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> • Diabetic Testing Supplies- bill to CVS Caremark using NDC/NCPDP format. • Enteral Products - bill to PBM using NDC/ NCPDP format. Pharmacy receives a denied claim and contacts plan. Supplies covered with approval of enteral formula. <p><u>DME Providers</u></p> <ul style="list-style-type: none"> • Medical Supplies, Enteral Products, Non Testing Diabetic Supplies (Enteral supplies covered with approval of formula), Hearing Aid Batteries - bill to the plan as a medical claim. 	<p>http://www.fideliscare.org/providers/index.aspx?view=art&cid=0&aid=2201&parent=2201</p>

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Healthfirst	Y [If valid NDC submitted (Diabetic Supplies, Hearing Aid Batteries, Enteral Formula, Medical Supplies)]	Y Diabetic Supplies, Hearing Aid Batteries, Enteral Formula, Medical Supplies)	Y	N	<p>Q1 <u>Diabetic Testing Supplies</u> - Transition fills provided for non preferred products with a valid NDC number; For those non NDC services, a message will be provided to the pharmacy to bill Healthfirst directly. <u>Enteral Products</u> - Transition fills will be provided at the pharmacies with a valid NDC number <u>Medical Supplies, Non Testing Diabetic Supplies, Hearing Aid Batteries</u> - Plan will continue to allow members to access at the pharmacy if an NDC is available. Plan will refer member to a participating DME provider.</p> <p>Q2 <u>Diabetic Testing Supplies</u> - Letters sent to members receiving transition supplies, with guidance on how to obtain preferred products for future fills. <u>Enteral Products</u> - Letter sent to members receiving transitions supplies with guidance on how to obtain a PA for future fills <u>Medical Supplies, Non-Testing Diabetic Supplies and Hearing Aid Batteries</u> – Submission of these products with a valid NDC at an IN-Network pharmacy will adjudicate. If anything other than a valid NDC is used, it will reject. The reject prompts the pharmacy to call the ESI help desk, where they are told to contact Healthfirst’s Medical Management @ 888-394-4327 for direct health plan billing. DME services are authorized through Healthfirst’s Medical Management department so this message would apply to both in and out of network DME providers.</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> In accordance with the PBM’s Provider manual; claims are processed with valid NDC numbers; Enteral formulas require PA after the transition supply. <p><u>DME Providers:</u></p> <ul style="list-style-type: none"> In accordance with the Health plans provider agreement. Billed directly to Health Plan 	<p>Prior Authorization Process</p> <p>http://www.healthfirstny.org/provider/News.asp</p> <p>Physicians will be asked to contact Express Scripts Prior Authorization department at 1-800-417-8164, or you may fax the request to 1-800-357-9577.</p> <p>http://www.express-scripts.com/services/physicians/pa/</p>
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Health Plus	Y (Hearing Aid Batteries, Medical Supplies, Diabetic Supplies, Enteral Products)	Y (Diabetic Supplies, Hearing Aid Batteries, Medical Supplies, Enteral Products)	Y (Diabetic Supplies)	Y (Diabetic Supplies)	<p>Q1 <u>Diabetic Supplies</u> Transition fills provided for non preferred products through pharmacies <u>Enteral Products</u> Transition fills will be provided through pharmacies or participating provider <u>Medical Supplies, Hearing Aid Batteries</u> Transition fills will be provided through pharmacies or participating provider</p> <p>Q2 <u>Diabetic Supplies</u> Letters sent to members receiving transition supplies, with guidance on how to obtain preferred products for future fills <u>Enteral Products</u> Plan will refer member to participating provider <u>Medical Supplies, Hearing Aid Batteries</u> Plan will refer member to participating provider</p>	<p>Pharmacies:</p> <ul style="list-style-type: none"> • Diabetic Supplies - bill to PBM using NDC/NCPDP format • Enteral Products: (transition supplies only) – bill to PBM using NDC/NCPDP format • Medical Supplies - bill to PBM using NDC/NCPDP format <p>DME Providers:</p> <ul style="list-style-type: none"> • Diabetic Supplies Preferred Provider to bill Health Plus via a medical claim (1500 claim form) • Medical Supplies - Preferred Provider to bill Health Plus via a medical claim (1500 claim form) 	<p>www.healthplus-ny.org</p> <p>1(800) 300-8181</p> <p>www.medimpact.com</p> <p>1(800) 788-2949</p>

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HealthNow, Inc.	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Nutrition, Inhalers Assisting Devices, Diabetic Monitors, Condoms, Ostomy supplies, Non Insulin syringes, IUD's, Diaphragm and Cervical Caps)	Y (Diabetic Supplies, Hearing Aid Batteries, Medical Supplies, Enteral Products)	N	N	<p>Q1 <u>Diabetic testing supplies</u></p> <ul style="list-style-type: none"> Transition fills provided for non preferred products <p><u>Enteral Products</u></p> <ul style="list-style-type: none"> Transition fills provided at pharmacies <p><u>Hearing Aid batteries</u></p> <ul style="list-style-type: none"> Transition fills provided at pharmacies <p><u>Medical Supplies, Non Testing Diabetic Supplies, Hearing Aid Batteries</u></p> <ul style="list-style-type: none"> Members are referred to participating DME providers (for items not listed under participating pharmacies) <p>Q2 <u>Diabetic supplies, Enteral formula and hearing aid batteries</u></p> <ul style="list-style-type: none"> Letters will be sent to member receiving supplies with guidance on how to obtain these products in the future, including a participating provider list. 	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> Diabetic Testing Supplies- bill to PBM using NDC/NCPDP format. Enteral Products - bill to PBM using NDC/ NCPDP format. Hearing Aid Batteries - bill to PBM using NDC/ NCPDP format. Medical Supplies - bill to PBM using NDC/ NCPDP format. <p><u>DME Providers</u></p> <ul style="list-style-type: none"> Medical Supplies, Enteral Products, Non Testing Diabetic Supplies, Hearing Aid Batteries – Bill to the plan as a medical claim (1500 claim form). 	<p>https://securews.bcbswny.com/wps/portal/wny/WNYHome</p>

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HIP Health Plan of New York/ EmblemHealth	Y [Medical Supplies found on Medi-Span Database, Preferred Diabetic Testing Supplies (Abbott glucometers and test strips)]	Y (Participating DME and Medical Supply vendors can provide NDC only associated medical supplies, hearing aid batteries, enteral products and non-testing diabetic supplies)	Y (APRIA is principal DME vendor and Better Living Now is principal vendor for medical supplies, hearing aid batteries, enteral products, and non-testing diabetic supplies)	Y Diabetic testing supplies with Abbott	<p>Q1 <u>Diabetic Testing Supplies, Enteral Products, Medical Supplies, DME, Non Testing Diabetic Supplies, Hearing Aid Batteries</u> Transition fills provided for non preferred products. Transition fills will be provided at pharmacies, DME and medical supply providers.</p> <p>Q2 <u>Diabetic Testing Supplies, Enteral Products, Medical Supplies, DME, Non Testing Diabetic Supplies, Hearing Aid Batteries</u> Letters sent to members receiving transition supplies, with guidance on how to obtain preferred products for future fills through participating retail pharmacy and medical suppliers. Plan covered NDC items can be provided by participating pharmacies, DME and medical suppliers. Plan will refer member to participating provider where applicable.</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> All covered NDC/NCPDP format items processed through EmblemHealth PBM POS adjudication UPC items are not covered through PBM <p><u>DME Providers</u></p> <ul style="list-style-type: none"> All applicable DME and medical supplies covered under NDC/NCPDP format. UPC items can be covered under medical benefit using DME and medical supply vendors. 	<p>www.emblemhealth.com</p> <p><u>Member Customer Service</u> 888-447-7364</p> <p><u>Pharmacy Help Line</u> 800-824-0898</p> <p>BIN: 015748 PCN: 20111001</p> <p><u>Managed Care Contact</u> 800-447-8255</p>
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Hudson Health Plan	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)	N	<p>Q1 <u>Diabetic Testing Supplies, Enteral Products, Medical Supplies, Non Testing Diabetic Supplies, Hearing Aid Batteries</u></p> <ul style="list-style-type: none"> Transition fills provided as needed. <p>Q2 Members may obtain these products at any pharmacy or DME provider within the network.</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> Diabetic Testing Supplies- bill to PBM using NDC/UPC/HRI in NCPDP format. Enteral Products, Medical Supplies, and DMEs - bill to PBM using NDC/UPC/HRI in NCPDP format. PBM is also reviewing rejected claims and contacting pharmacies to provide assistance. <p><u>DME Providers</u></p> <p>Medical Supplies, Enteral Products, Non Testing Diabetic Supplies, Hearing Aid Batteries - bill to the plan as a medical claim (1500 claim form).</p>	<p>www.hudsonhealthplan.org (800) 339-4557</p> <p>www.maxorplus.com (800) 687-0707</p>

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Independent Health	Y [(Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies (Limited to valid NDC or UPC)]	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)	Y (Diabetic Testing Supplies)	<p>Q1 Transition fills will be provided for non preferred Diabetic Testing Supplies .</p> <p>Q2 Follow-Up letters are being sent to members receiving transition supplies, with information how to obtain preferred products for future fills.</p>	<ul style="list-style-type: none"> • Providers can either submit valid NDC or UPC, and if no NDC or UPC exists, then claim must be submitted by a participating DME Provider. • Non par DME providers will be contacted to request participation 	<p>Contact Independent Health’s Rx Help Desk 1-800-993-9898</p>

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MetroPlus Health Plan	<p>Y</p> <p>(Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)</p>	<p>Y</p> <p>(Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)</p>	<p>N</p>	<p>Y</p> <p>(Diabetic Supplies)</p>	<p>Q1: <u>Diabetic Testing Supplies</u> Members utilizing non preferred products will be grandfathered until 12/31/11 <u>Enteral Products, Medical Supplies, Non Testing Diabetic Supplies, Hearing Aid Batteries</u> Transition fills will be provided at pharmacies/participating DME providers.</p> <p>Q2: <u>Diabetic Testing Supplies</u> Outreach will be conducted by the PBM & the supplier to both members & providers & PBM will also communicate the change to pharmacies and instruct them on how to provide a member with the preferred supplies. <u>Enteral Products, Medical Supplies, Non-Testing Diabetic Supplies and Hearing Aid Batteries</u> Plan will review reject reports during transition period & conduct outreach as necessary & direct members to pharmacies/participating DME providers.</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> Diabetic Testing Supplies- bill to PBM using NDC/NCPDP format. Enteral Products (transition supplies only) - bill to PBM using NDC/ NCPDP format. Pharmacy receives a denied claim and contacts plan. Plan is also reviewing denied claim reports and contacting providers to provide guidance. <p><u>DME Providers</u> Medical Supplies, Enteral Products, Non Testing Diabetic Supplies, Hearing Aid Batteries - bill to the plan as a medical claim (1500 claim form).</p>	<p>www.caremark.com</p> <p>Pharmacy Help Desk Phone Number: 1-800-364-6333</p>

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MVP	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Most Medical Supplies)	Y (Hearing Aid Batteries, Medical Supplies not generally available in pharmacies such as breast pumps, some nebulizers etc)	Y (Hearing Aid Batteries, Medical Supplies not generally available in pharmacies such as breast pumps, some nebulizers etc)	Y (Diabetic Test Strips and Glucometers)	<p>Q1. Diabetic Test Strips & Glucometers:</p> <ul style="list-style-type: none"> Transition fills will be provided for non preferred products at pharmacies. All other medical supplies are covered. <p>Q2. Members are being sent a letter as a result of the initial transition supply advising them that approval for a non-preferred test strip is required by MVP. MVP will work with member and/or provider to transition to preferred test strips if appropriate</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> Diabetic Testing Supplies- bill to PBM using valid NDC/UPC numbers All other medical supplies- bill to PBM using valid NDC/UPC numbers EXCEPT items not generally available in a pharmacy (breast pumps, some nebulizers) Enteral Products - bill to PBM using NDC/UPC numbers <p><u>DME Providers</u></p> <ul style="list-style-type: none"> Medical Supplies not generally available in a pharmacy and Hearing Aid Batteries - bill to the plan as a medical claim (1500 claim form). <p><u>Hearing Aid Vendors</u></p> <ul style="list-style-type: none"> Hearing aid batteries- bill to the plan as a medical claim (1500 claim form). 	<p>MVP Customer Care Center:</p> <p><u>Member Services:</u> 1-800-852-7826</p> <p><u>Provider Services:</u> 1-800-684-9286</p> <p><u>Medco PBM:</u> 1-800-817-8038</p>

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Neighborhood Health Providers	<p>Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)</p> <p>Pharmacies: Enteral Products require prior authorization (through Express Scripts - call 1-800-287-0358)</p>	<p>Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)</p> <p>DME Providers: Enteral Products require prior authorization (through NHP – call 1-800-765-3805)</p>	N	N	<p>Q1 Non-formulary diabetic test strips are eligible for a single transition fill from 10/1/11-12/31/11; transition fill does not apply to other supplies or enteral formula</p> <p>Q2 Members and prescribers will be sent a letter after the transition fill takes place, informing them what the formulary products are, and that they will need to work with their doctor to move to the formulary product.</p>	<p><u>Pharmacies:</u> Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies - bill to Express Scripts using NDC/NCPDP format.</p> <p><u>Participating DME Providers:</u> Medical Supplies, Enteral Products, Diabetic Supplies, Hearing Aid Batteries - bill to NHP as a medical claim</p>	<p><u>Pharmacies:</u> Pharmacy Help Desk – 800-824-0898 or Member Services – 877-782-8655</p> <ul style="list-style-type: none"> For a list of covered supplies, see the NHP complete formulary at http://www.getnhp.com/PDFs/ProviderPDF/NHPCompleteFormularyFile <p><u>DME Providers:</u></p> <ul style="list-style-type: none"> For list of DME items that require NHP Prior Authorization, see: http://www.getnhp.com/PDFs/ProviderPDF/DME_List.pdf For prior authorization of DME and Enteral Formulary, call 1-800-765-3805 or fax to 1-800-338-4195, or go through the NHP provider web portal at www.getnhp.com

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New York Presbyterian System SelectHealth	Y (Diabetic Supplies)	Y (Hearing Aid Batteries, Enteral Products, Medical Supplies)	N (all supplies available via pharmacy)	Y (Diabetic Supplies)	<p>Q1: <u>Diabetic Testing Supplies</u> <ul style="list-style-type: none"> Transition fills provided for non preferred products. <u>Enteral Products</u> <ul style="list-style-type: none"> These products are considered DME and will be on the formulary. Non-formulary claims will receive a transition letter. <u>Medical Supplies, Non Testing Diabetic Supplies, Hearing Aid Batteries</u> <ul style="list-style-type: none"> These products are considered DME and will be on the formulary. Non-formulary claims will receive a transition letter. Q2: <u>Diabetic Testing Supplies</u> <ul style="list-style-type: none"> Letters sent to members receiving transition supplies, with guidance on how to obtain preferred products for future fills. Preferred outreach to providers; <u>Enteral Products</u> <ul style="list-style-type: none"> Letters sent to members receiving transition supplies, prescriber copied. <u>Medical Supplies, Non-Testing Diabetic Supplies and Hearing Aid Batteries</u> Letters sent to members receiving transition supplies, prescriber copied.</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> Diabetic Testing Supplies- bill to PBM using NDC/NCPDP format. Enteral Products (covered according to Medicaid standards) - bill to PBM using NDC/ NCPDP format. Pharmacy receives a denied claim and contacts plan. DME's - submit a valid National Drug Code (NDC) or Universal Product Code (UPC) in order to process items through a plan member's pharmacy benefit. <p><u>DME Providers</u> Medical Supplies, Enteral Products (covered according to Medicaid standards), Non Testing Diabetic Supplies, Hearing Aid Batteries - bill to the plan as a medical claim (1500 claim form).</p>	<p><u>Pharmacies:</u> Caremark Pharmacy Help Desk at 1-800-364-6331</p> <p><u>Providers:</u> http://nyp.org/selecthealth</p> <p><u>Member Services:</u> 1-866-469-7774</p>

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Total Care	Y (Diabetic Supplies, Hearing Aid Batteries, Enteral Products, Medical Supplies)	Y	N	N	<p>Q1 Since there is no preferred supplies list or preferred provider network the products are covered and all participating provider claims are accepted</p> <p>Q2 No different than transition period</p>	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> BioScrip has provided a crosswalk to the pharmacies of NDCs for the State Supplies Fee Schedule. Pharmacy submits the dummy NDC from the crosswalk or the NDC/UPC of the individual product. The product bills off the state fee schedule if billed using the crosswalk. Test Strips and Monitors bill off of NDC only. All chains have been provided the crosswalk and Independents upon request. <p><u>DME Providers:</u> Medical Supplies, Enteral Products, Non Testing Diabetic Supplies, Hearing Aid Batteries- bill to the plan as a medical claim (1500 claim form)</p>	<p>BioScrip Provider Help Desk</p> <p>855-772-7085</p>

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United Healthcare	Y (Diabetic Testing Supplies--meters come directly from the manufacturer)	Y (Hearing Aid Batteries, Enteral Products, Non Testing Diabetic Supplies Medical Supplies)	Y (Hearing Aid Batteries, Enteral Products, Non Testing Diabetic Supplies Medical Supplies)	Y (Diabetic Testing Supplies) Member (or Pharmacy for member) can call: 1-888-877-8306 (Bayer) or 1-877-411-9833 (Roche) To have meter sent to their home	<p>Q1</p> <p><u>Diabetic Testing Supplies</u></p> <ul style="list-style-type: none"> Transition fills provided for non preferred products. <p><u>Enteral Products</u></p> <ul style="list-style-type: none"> Transition fills will be provided at pharmacies. <p><u>Medical Supplies, Non Testing Diabetic Supplies, Hearing Aid Batteries</u></p> <ul style="list-style-type: none"> Plan will refer member to participating DME provider. <p>Q2</p> <p><u>Diabetic Testing Supplies</u></p> <ul style="list-style-type: none"> Letters sent to members receiving transition supplies, with guidance on how to obtain preferred products for future fills. <p><u>Enteral Products</u></p> <ul style="list-style-type: none"> Plan will refer member to participating provider. <p><u>Medical Supplies, Non-Testing Diabetic Supplies and Hearing Aid Batteries</u></p> <ul style="list-style-type: none"> Plan will refer member to participating provider. 	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> Diabetic Testing Supplies- bill to PBM using NDC/NCPDP format. Enteral Products (transition supplies only) - bill to PBM using NDC/ NCPDP format. Pharmacy receives a denied claim and contacts plan. Plan is also reviewing denied claim reports and contacting providers to provide guidance. <p><u>DME Providers</u></p> <ul style="list-style-type: none"> Medical Supplies, Enteral Products, Non Testing Diabetic Supplies, Hearing Aid Batteries - bill to the plan as a medical claim (1500 claim form). 	<p>www.uhccommunityplan.com</p> <p>Member Services: 800-493-4647</p> <p>Pharmacy Prior Authorization: 800-310-6826</p>

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WellCare Health Plans, Inc.	Y (Diabetic Supplies, Hearing Aid batteries, Enteral Products)	Y (Diabetic Supplies, Hearing Aid Batteries, Medical Supplies)	Y	Y (Diabetic Supplies)	<p>Q1. <u>Diabetic Testing Supplies</u> -Transition fills provided for non preferred products. <u>Enteral Products</u> - Transition fills will be provided at pharmacies. <u>Medical Supplies, Non Testing Diabetic Supplies, Hearing Aid Batteries</u> - Non-preferred products with a valid NDC will adjudicate at pharmacies</p> <p>Q2 <u>Diabetic Testing Supplies</u> - Letters sent to members receiving transition supplies, with guidance on how to obtain preferred products for future fills. Future fills for preferred products will be covered at the pharmacy. <u>Enteral Products</u> - Plan will refer member to participating provider and Prior authorization will be required to ensure medical necessity requirements are being met <u>Medical Supplies, Non-Testing Diabetic Supplies and Hearing Aid Batteries</u></p> <ul style="list-style-type: none"> Member will receive a transition letter with guidance on how to obtain preferred products. In addition, letters were sent to members based on the FFS data prior to 10/1 informing members that they would be required to utilize a different process in order to receive medical supplies. 	<p><u>Pharmacies:</u></p> <ul style="list-style-type: none"> Diabetic Testing Supplies- bill to PBM using NDC/NCPDP format. Enteral Products (transition supplies only) - bill to PBM using NDC/ NCPDP format. <p><u>DME Providers</u></p> <ul style="list-style-type: none"> Medical Supplies, Enteral Products, Non Testing Diabetic Supplies, Hearing Aid Batteries with valid NDC during transition bill to PBM using NDC/NCPDP format. After transition, bill to the plan as a medical claim (1500 claim form). (Separate contract with Health Plan Required.) 	<p>www.wellcare.com</p> <p>Customer Service: 1-800-288-5441.</p> <p>DME Fax requests to 1-877-431-8859</p>

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