

# Humana Pharmacy Solutions

# Pharmacy Manual

**Humana Healthy Horizons in Louisiana**  
2025 Edition

**Humana**  
Healthy Horizons®  
in Louisiana

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# Introduction

Dear pharmacy:

Humana appreciates your role in delivering quality pharmacy services to our Medicaid members. This manual pertains exclusively to Louisiana members enrolled in Humana Healthy Horizons® in Louisiana and is an extension of your organization's agreement. It is intended to assist your staff in processing prescription claims for those members and outline Humana compliance program requirements for your organization.

## Medicaid

Medicaid is a program operated by the federal government and state governments that helps people with limited income pay for medical costs and, if qualified, long-term services and supports, such as nursing homes and home- and community-based services. Each state decides what counts as income and who qualifies for Medicaid. States also decide what services are covered and how much they cost.

By contracting with various types of managed care entities to deliver Medicaid program healthcare services to their beneficiaries, states can reduce Medicaid program costs and better manage utilization of health services. Improvement in health plan performance, healthcare quality and outcomes are key objectives of Medicaid managed care. Some states are implementing a range of initiatives to coordinate and integrate care beyond traditional managed care. These initiatives are focused on improving care for populations with chronic and complex conditions, aligning payment incentives with performance goals, and building in accountability for high-quality care.

The **Humana Pharmacist Portal** provides a secure online resource where pharmacists can:

- Obtain a current list of generic maximum allowable cost (MAC) pricing
- Send email inquiries directly to Humana
- View news bulletins and links to news alerts
- Find member eligibility regarding a member's prescription drug plan, effective date and type of plan
- View claims a member has filled with your pharmacy
- Check the status of a prescription drug requiring prior authorization (PA) for a member

This resource is available to any pharmacy contracted with Humana and is provided free of charge. To gain access, visit **Humana.com/Logon**, and select "Pharmacist" under "Don't have an account?" If you have difficulty registering, send an email to [PharmacyContracting@humana.com](mailto:PharmacyContracting@humana.com). Please include the pharmacy name, National Provider Identifier (NPI), pharmacy contact name and contact phone number.

We hope you find this manual informative. Thank you for your participation in the Humana pharmacy provider network.

Sincerely,  
The Humana Pharmacy Solutions® Network team

# Contact information

## **Humana Customer Care**

To obtain general Medicaid plan information:

**1-800-448-3810 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m.

## **Humana Clinical Pharmacy Review (HCPR)**

To submit PA requests:

- Obtain forms at **Provider.Humana.com/pharmacy-resources/prior-authorizations** or submit your request electronically by visiting [www.covermymeds.com/epa/humana](http://www.covermymeds.com/epa/humana).
- Submit request by fax to **1-877-486-2621**.
- Call HCPR at **1-800-555-CLIN (2546)**, Monday – Friday, 7 a.m. – 7 p.m.

## **Humana Pharmacy Solutions Network Contracting**

Pharmacy contract requests

Email: [PharmacyContractRequest@humana.com](mailto:PharmacyContractRequest@humana.com)

Fax number: **1-866-449-5380**

Phone number: **1-888-204-8349**, Monday – Friday, 7 a.m. – 4 p.m.

## **Humana Ethics Help Line**

Phone number: **1-877-5-THE-KEY (584-3539)**

## **SS&C Health**

Phone number: **1-833-252-1677**, 24 hours a day, seven days a week

## **Humana’s pharmacist website**

Visit **Provider.Humana.com/pharmacy-resources** to access payer sheets, pharmacy news bulletins, the Humana Pharmacy Solutions Audit and Claim Review Guide, and many other resources.

## **Pharmacist Portal self-service website assistance**

Email: [PharmacyContracting@humana.com](mailto:PharmacyContracting@humana.com)

## **Pharmacy compliance information website**

**Provider.Humana.com/pharmacy-resources/manuals-forms**

# Eligibility verification

## Humana member identification cards

The following is an example of the identification card pharmacy employees may see from Humana members.


### Card for a member with Humana Healthy Horizons in Louisiana (English)

**Humana Healthy Horizons.in Louisiana**  
A Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.

**MEMBER NAME**  
**Member ID: HXXXXXXXXX**

Effective Date: XX/XX/XX  
RxGRP: LAM01  
RxBIN: 610649  
RxPCN: 03191502

PCP Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
PCP Office/24 Hour Number: XXX-XXX-XXXX  
PCP Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



Please present this card each time before you receive medical care except in an emergency. In case of emergency, call 911 or go to the closest emergency room.

**Member/Provider Services & Grievances: 1-800-448-3810**

Member Transportation Services:	1-844-613-1638
24-Hour Nurse Advice Line:	1-800-448-3810
24-Hour Behavioral Health Crisis Line:	1-844-461-2848
Member Reporting Medicaid Fraud:	1-800-488-2917
Member Pharmacy Help Desk:	1-800-448-3810
Provider Rx Prior Authorization:	1-800-555-2546
Pharmacy Rx Inquiries:	1-833-252-1677

TTY, call 711 | Please visit us at: [Humana.com/HealthyLouisiana](http://Humana.com/HealthyLouisiana)  
Please mail claims to or go to [Availity.com](http://Availity.com)  
**Humana Claims, P.O. Box 14601, Lexington, KY 40512-4601**


### Card for a member with Humana Healthy Horizons in Louisiana (Spanish)

**Humana Healthy Horizons.in Louisiana**  
Un Producto de Medicaid de Humana Health Benefit Plan of Louisiana, Inc.

**NOMBRE DEL AFILIADO**  
**Identificación del Afiliado: HXXXXXXXXX**

Fecha de Vigencia: XX/XX/XX  
RxGRP: LAM01  
RxBIN: 610649  
RxPCN: 03191502

Nombre del PCP: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Consultorio del PCP/Número de Atención las 24 Horas: XXX-XXX-XXXX  
Dirección del PCP: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX



Presente esta tarjeta cada vez que esté por recibir cuidado médico, excepto en caso de emergencia. En caso de emergencia, llame al 911 o diríjase a la sala de emergencias más cercana.

**Servicios y quejas formales para Afiliados/Proveedores: 1-800-448-3810**

Servicios de transporte para afiliados:	1-844-613-1638
Línea telefónica de asesoramiento de enfermería las 24 horas:	1-800-448-3810
Línea de crisis para la salud del comportamiento las 24 Horas:	1-844-461-2848
Línea para que los afiliados denuncien fraudes de Medicaid:	1-800-488-2917
Servicio de asistencia de farmacia para afiliados:	1-800-448-3810
Autorización previa del proveedor para receta médica:	1-800-555-2546
Preguntas sobre recetas de farmacia:	1-833-252-1677


Si utiliza un TTY, llame al 711 | Visítenos en:  
[espanol.humana.com/HealthyLouisiana](http://espanol.humana.com/HealthyLouisiana)  
Envíe sus reclamaciones por correo o visite [Availity.com](http://Availity.com)  
**Humana Claims, P.O. Box 14601, Lexington, KY 40512-4601**

### Card for a member with a Humana Healthy Horizons in Louisiana behavioral health plan (English)

**Humana Healthy Horizons.in Louisiana**  
A Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.

**MEMBER NAME**  
**Member ID: HXXXXXXXXX**

Effective Date: XX/XX/XX  
RxGRP: N/A  
RxBIN: 610514  
RxPCN: LOUIPROD



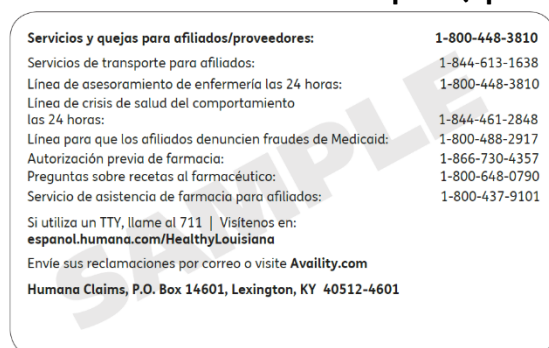
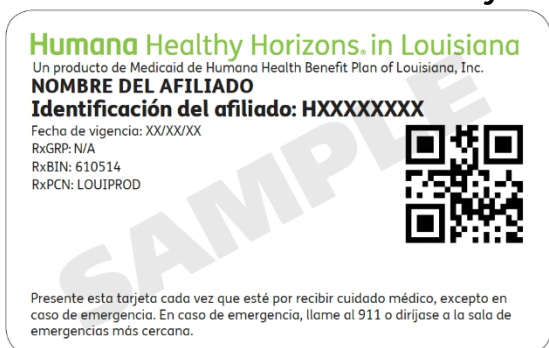
Please present this card each time before you receive medical care except in an emergency. In case of emergency, call 911 or go to the closest emergency room.

**Member/Provider Services & Grievances: 1-800-448-3810**

Member Transportation Services:	1-844-613-1638
24-Hour Nurse Advice Line:	1-800-448-3810
24-Hour Behavioral Health Crisis Line:	1-844-461-2848
Member Reporting Medicaid Fraud:	1-800-488-2917
Pharmacy Prior Authorization:	1-866-730-4357
Pharmacist Rx Inquiries:	1-800-648-0790
Member Pharmacy Help Desk:	1-800-437-9101

TTY, call 711 | Please visit us at: [Humana.com/HealthyLouisiana](http://Humana.com/HealthyLouisiana)  
Please mail claims to or go to [Availity.com](http://Availity.com)  
**Humana Claims, P.O. Box 14601, Lexington, KY 40512-4601**

## Card for a member with a Humana Healthy Horizons in Louisiana behavioral health plan (Spanish)



**Note:** These images meet state/compliance guidelines and could be subject to change at any time. Notification will be communicated if compliance guidelines change.

### Cardholder ID

Pharmacies should submit the Medicaid ID number in the “Cardholder ID” field whenever possible. This number can be found on the Humana member’s ID card. Sample card images appear in the “Humana member identification cards” section above.

For Medicaid claims, Humana allows the cardholder ID to be submitted with the member’s Medicaid ID, Card Control Number (CCN) or Humana ID number. In addition, pharmacies may call the help desk at **1-800-865-8715**, select option 3 and provide the member’s name and date of birth to obtain the Medicaid ID.

### Coordination of benefits

Effective Jan. 1, 2006, Medicaid members who are entitled to receive Medicare benefits under Medicare Part A or Part B no longer receive their pharmacy benefits under their state Medicaid agency, except for prescription drugs not covered under Medicare Part D. Medicaid will not pay for prescription drugs for members who have both Medicare and Medicaid (dual eligible) with the exception of:

- Some prescription products not covered under Medicare Part D
- Some over-the-counter (OTC) products

Medicaid does not reimburse for Medicare Part D drug copayment or for prescriptions not covered due to the Medicare Part D coverage gap. Medicaid will not pay any deductibles or coinsurance for prescription drugs covered by Medicare Part D. However, Medicaid will pay for coinsurance for prescription drugs covered by Medicare Part B.

### Excluded drug coverage by state Medicaid program:

Each state has the option to cover medications specifically excluded under section 1927 (d)(2) of the Social Security Act.

Listed below is some of the excluded prescription drug coverage for the state of Louisiana:

- Prescription drugs for which the manufacturer has not entered into a federal rebate agreement
- Prescription drugs used for anorexia, weight loss or weight gain except orlistat
- Prescription drugs used to promote fertility
- Prescription drugs used for cosmetic purposes or hair growth
- Prescription drugs used for symptomatic relief of cough or colds except for antihistamine and antihistamine/decongestant combination products

Additional information is available at [www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-policy-laws-regulations-and-federal-register-notices/index.html](http://www.medicaid.gov/medicaid/prescription-drugs/medicaid-drug-policy-laws-regulations-and-federal-register-notices/index.html).

# Drug coverage

## Drug lists

Humana Healthy Horizons provides coverage of medically necessary medications (both prescription and select OTC medications) when prescribed by licensed providers in the state. The Louisiana Medicaid Single Preferred Drug List (PDL) is developed and maintained by the Louisiana Department of Health Pharmacy and Therapeutics committee, which consists of physicians and pharmacists. The PDL indicates the preferred and nonpreferred status of covered medications on the member's benefit and identifies prescription drug utilization management requirements, such as PA and quantity limits.

The PDL is updated regularly. To view changes and the current PDL for Humana Healthy Horizons-eligible members, please visit <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>.

## Utilization management

Certain prescriptions must undergo a criteria-based approval process prior to a coverage decision.

- **PA:** The Louisiana Department of Health Pharmacy and Therapeutics Committee reviews medications based on safety, efficacy and clinical benefit and may make additions or deletions to the list of prescription drugs requiring PA. Certain medications may need to be approved by the member's plan to be covered.
- **Quantity limits:** Humana has implemented quantity limits for various prescription drug classes to facilitate the appropriate and approved label use of these prescription drugs. Humana believes this program helps members obtain the optimal dose required for treating their conditions. If a member's medical condition warrants an additional quantity, the pharmacist should ask the provider to submit a request to HCPR.

## Coverage determinations

Providers may request coverage determinations, such as medication PA, quantity limits and medication exceptions, by faxing the request to HCPR at **1-877-486-2621**. A provider can submit the request electronically by going to [www.covermymeds.com/epa/humana](http://www.covermymeds.com/epa/humana).

The coverage determination decision will be made within 24 hours after complete information is received from the provider.

**Please note:** Humana does not accept requests for coverage determinations directly from pharmacies. The provider must initiate the request.

The prescriber quick reference guide can be found at the link here:

[https://assets.humana.com/is/content/humana/Prescriber Quick Reference Guidepdf](https://assets.humana.com/is/content/humana/Prescriber%20Quick%20Reference%20Guide.pdf).

Providers or pharmacists with questions can contact HCPR at **1-800-555-CLIN (2546)**.

## 72-hour emergency fill

Pharmacies can provide a 72-hour emergency fill for a prescription drug requiring a PA at the point of sale (POS) when the PA has not been completed and the pharmacist believes the patient's health would be in serious jeopardy if they do not receive the medication. For unit-of-use medications (inhalers, eye drops, insulin, etc.), the entire unit should be dispensed for the 72-hour supply.

The pharmacy can initiate the "Emergency 72-Hour Fill" process by entering Submission Clarification Code (SCC) = '65' and Day Supply = '3.' The pharmacist should then fill the prescription for a three-day supply.

The Humana member will have no copayment. Applicable copayments will be due when the remainder of the prescription is filled.

## Copayments

Members 21 years old and older could be subject to a copayment per prescription. The total amount paid for prescriptions cannot be more than 5% of the family's monthly income each month. Once 5% of the family's monthly income is spent on copayments, members will not have copayments for the rest of the month. The prescription copayments are as follows:

Calculated state payment of prescription drug	Copayment
\$5.00 or less	\$0
\$5.01-\$10.00	\$0.50
\$10.01-\$25.00	\$1.00
\$25.01-\$50.00	\$2.00
\$50.01 or more	\$3.00

A copayment will not be applied for the following:

- Members 20 years old and younger
- Pregnant people
- Members who are inpatients in long-term care (LTC) facilities or other institutions
- Family planning services and supplies
- Emergency services
- Native Americans
- Alaska Natives
- Members who are receiving services due to breast or cervical cancer
- Members receiving hospice services
- US Preventive Services Task Force (USPSTF) A and B
- Enrollees of a home- and community-based waiver

## General claims procedures

### Submitting pharmacy claims

All participating pharmacies must comply with the National Council for Prescription Drug Programs (NCPDP) transaction standards for pharmacy drug claims, coordination of benefits and related pharmacy services. Prior to submitting a claim, the pharmacy must have a valid prescription on file.

The pharmacy may not submit test claims. Test claims are claims submissions used to confirm patient eligibility or to determine the existence of any coverage restrictions or requirements and/or the maximum amount of reimbursement.

### Bank Identification Number and Processor Control Number

The Bank Identification Number (BIN) and Processor Control Number (PCN) for Humana Healthy Horizons in Louisiana is:

Plan	BIN	PCN	Group number
Humana Healthy Horizons in Louisiana	610649	03191502	LAM01

## Prescription origin code requirements

Humana requires the prescription origin code (NCPDP Telecommunications Standard D.0 field 419-DJ) to be included on all prescriptions. All claims submitted will be denied at the POS if this code is not included. If the pharmacist is not able to include this code within the pharmacy's practice management system, the pharmacist should contact the pharmacy's current software vendor for assistance. SS&C Health is not able to override this edit.

All new prescriptions must contain one of the following numeric values:

Value	Value type
1	Written
2	Telephone
3	Electronic
4	Fax
5	Situations for which a new prescription number needs to be created from an existing valid prescription, such as traditional transfers, intrachain transfers, file buys and software upgrades/migrations. This value is also the appropriate value for "pharmacy dispensing," when applicable, such as OTC, Plan B, established protocols, pharmacists' authority to prescribe, etc.

## Fill number

Prescriptions, including refills, must contain the fill number, according to the following chart:

Value	Value type
00	Original dispensing – the first dispensing
01-99	Refill number – number of the replenishment

## Sales tax

Louisiana Medicaid pharmacy prescriptions are not subject to sales tax. Sales tax should not be submitted.

## Pharmacy provider fee

The Louisiana Department of Health requires a pharmacy provider fee to be paid on claims in which the managed care organization is the primary payer. Pharmacy providers in Louisiana should submit the pharmacy provider fee in the NCPDP field 481-HA (Flat Sales Tax Submitted).

## Timely submission of claims

Claims must be submitted on the date of service (DOS). Additionally, there are special circumstances under which a pharmacy may submit claims after the DOS, including the following:

- Resolution of **coordination of benefits** issues requiring claims reversal and rebilling to appropriate payers for Medicare Part D, which have 36 months for submission
- **Subrogation** claims, which have 36 months for submission
- **POS** claims, which have 365 days from DOS for submission
- **POS** claim reversals (B2 transactions), which have 365 days from DOS for submission
- **POS** claim adjustments (B3 transactions), which have 365 days from DOS for submission

Attempting to adjudicate a POS transaction after the claims submission deadline may result in a reject with the message "Claim too old" (NCPDP reject 81). This includes:

- POS payments, reversals and/or adjustments

- Universal claim form claims for payment and reversals

Please call the Humana pharmacy help desk at **1-833-252-1677** for claims-processing questions. This line is staffed 24 hours a day, seven days a week.

### Humana-specific SS&C Health payer sheets

Pharmacists can find the pharmacy payer sheet (D.O Pharmacy Medicaid payer sheet) at [Provider.Humana.com/pharmacy-resources/manuals-forms](http://Provider.Humana.com/pharmacy-resources/manuals-forms).

### Prescriber National Provider Identifier submission

Humana requires the use of a valid and accurate Type 1 (also known as “individual”) prescriber NPI on all electronic transactions. Claims submitted without a valid and active Type 1 NPI will be rejected at the POS with the following error message: “Prescriber Type 1 NPI required.”

In addition, the error codes listed below will display in the free-form messaging returned to pharmacies. If the pharmacy believes it has received one of these codes in error (i.e., the NPI submitted is an active, valid, individual NPI number), the pharmacy may override the hard edit with the applicable SCC. Claims processed with an SCC may be subject to post-adjudication validation review.

NCPDP error code	NCPDP error code description	Free-form messaging	Applicable SCC
56	Nonmatched prescriber ID	Prescriber ID submitted not found. If validated, submit applicable SCC.	42
42	Plan’s prescriber database indicates the prescriber ID submitted is inactive or is not found or is expired.	Prescriber ID not active. If validated, submit applicable SCC.	42
43	Plan’s prescriber database indicates the associated United States Drug Enforcement Administration (DEA) number for submitted prescriber ID is inactive or expired.	Validation of active DEA status required. If validated, submit applicable SCC.	43
44	Plan’s prescriber database indicates the associated DEA to submitted prescriber ID is not found.	Validation of active DEA for prescription required. If validated, submit applicable SCC.	43 or 45
46	Plan’s prescriber database indicates associated DEA to submitted prescriber ID does not allow this drug DEA schedule.	Validation of active DEA schedule required. If validated, submit applicable SCC.	46
543	Prescriber ID qualifier value not supported.	Prescriber Type 1 required. Foreign prescriber ID is not allowed.	N/A
619	Prescriber Type 1 NPI required.	Type 2 NPI submitted — Type 1 NPI required (for Humana Medical Plan).	N/A
889	Prescriber not enrolled in state Medicaid program.	Prescriber not enrolled in state Medicaid program.	N/A

The pharmacy NPI field must contain accurate information identifying the pharmacy for each claim submitted. The pharmacy NPI must be submitted in NCPDP field 201-B1 (service provider ID) with the qualifier “01” in NCPDP field 202-B2 (service provider ID qualifier). The prescriber NPI also must be

submitted in NCPDP field 411-DB (prescriber ID) with the qualifier “01” in NCPDP field 466-EZ (prescriber ID qualifier).

### Dispense-as-written codes

Humana recognizes the NCPDP standard dispense-as-written (DAW) codes. Prescriptions with a DAW request must designate the DAW product selection code (NCPDP field 408-D8) on the submitted claim. For a prescription submitted with a DAW code other than zero, the reason for the selected code must be documented and comply with all applicable laws, rules and regulations.

### DAW code for multisource brand drugs

Claims will be denied if a DAW code is not entered or if the DAW code of “0” is entered when a multisource brand drug is dispensed. The SS&C error code of “100” will show with the following message: “DRUG MULTSRCE – DISP Generic or Enter DAW Code.” A DAW code of “5” must be entered if the pharmacy considers the multisource, brand-name drug to be generic.

Value	Value type
0	No product selection indicated
1	Substitution not allowed by prescriber
5	Substitution allowed — brand drug is dispensed as generic — applies to 340B pharmacies only
8	Substitution allowed — generic drug not available in marketplace
9	Substitution allowed by prescriber but plan requests brand — patient’s plan requested brand product to be dispensed

### Drug utilization review safety edits

Humana implements concurrent reviews or safety edits at the point of service to assist pharmacies in identifying and addressing potentially inappropriate or unsafe drug therapy before dispensing. These drug utilization review (DUR) safety edits can present as a message, soft reject or hard reject and may include, but are not limited to, the following:

DUR type	Pharmacy information	Example
Drug–drug interactions	Pharmacy identifies possible adverse interactions between the submitted medication and other medications in the patient’s prescription history.	Selective serotonin reuptake inhibitors/monoamine oxidase inhibitors
Drug–age interaction	Pharmacy identifies safety risk related to use of specific medication for patient’s age.	modafinil for patients younger than 17 years old
Drug–disease interaction	Pharmacy identifies safety risk when an active medication is contraindicated for a patient’s disease state. Disease may be inferred or identified via medical claims.	Amphetamines – cardiomyopathy
Maximum dose	Pharmacy identifies safety risk when dosage exceeds First Databank (FDB) maximum adult daily dose. Ratio of exceeding FDB maximum dosing is specific to the medication.	digoxin daily dose greater than 500 mcg
MED* high dose	Pharmacy identifies patients at greater risk of overdose or inappropriate opioid utilization. Dosing greater than 90 mg MED per day will trigger this error code.	MS Contin® 30 mg twice daily plus Percocet® 10/325 mg two tablets every eight hours as needed
MED overuse	Pharmacy identifies patients at greater risk of overdose or inappropriate opioid utilization (dosing greater than 90 mg MED per day).	MS Contin 50 mg twice daily

Plan limitations exceeded: accumulation	Pharmacy identifies the potential for an overdose resulting in single or multiple medications and cumulative doses that exceed safe daily maximums	acetaminophen dose greater than four grams per day
Therapeutic duplication	Pharmacy identifies duplication within a therapeutic class of active medications with overlapping claims in the patient's prescription history	Two prescriptions for different angiotensin receptor blockers

\* MED: Morphine equivalent dosing

## Soft reject DUR

Select DUR safety alerts may be addressed at the retail pharmacy. Upon receipt of these reject codes, pharmacists should apply clinical judgment to review the alert, recommend therapy changes or override the alert when clinically appropriate. The message on claim denials will indicate “Soft Reject: Payer allows DUR/PPS code override.” If the pharmacy approves the prescription fill, the rejection can be overridden by utilizing the appropriate professional and results codes from the following list:

NCPDP error code	NCPDP description	Reason for service	Professional service	Result of service
88: DUR reject error	This drug interacts with patient's other drug(s).	DD: Drug-drug interaction	M0: Prescriber consulted	1G: Filled with prescriber approval
88: DUR reject error	This drug may duplicate current patient therapy.	TD: Therapeutic duplication	M0: Prescriber consulted	1G: Filled with prescriber approval

## Submitting claims for 340B medications

When dispensing medications acquired under the 340B Program, as such terms are defined by the Centers for Medicare & Medicaid Services (CMS), pharmacies are required to identify these prescriptions using the following fields: enter a value of 20 in the SCC field 420-DK, and a value of 08 in the SCC field 423-DN.

## Vaccine administration

The program covers administration associated with the injection of vaccines covered by the plan. Pharmacists in Humana-participating pharmacies can administer the vaccines if allowed by Louisiana state law.

### Submitting claims for vaccine administration

- For vaccine administration fee-only reimbursement, submit “MA” (Medication Administered) in the “PPS” (Professional Pharmacy Services) field 440-E5 and an Incentive Amount of \$1 or more in the Incentive Amount Submitted field (438-E3).
- For vaccine administration and counseling fee reimbursement:
  - Current process:** both “MA” (Medication Administered) and “PE” (Patient Education) must be submitted in the “PPS” field 440-E5, plus a value of \$1 or more in the Incentive Amount Submitted field (438-E3) with the first instance being “MA”. If “PE” is submitted in field 440-E5 without submitting the first instance as “MA,” the claim will deny with error code “230 – PROF SVC CODE REQUIRED FOR VACCINE INCENTIVE FEE.”
  - Future process:**\* “PE” (Patient Education) must be submitted in the “PPS” field 440-E5, plus a value of \$1 or more in the Incentive Amount Submitted field (438-E3).

\*Once this process is finalized, the details will be communicated to the pharmacies.

# Controlled substance claims

During claims adjudication, Humana attempts to confirm the validity of the provider ID submitted on controlled substance (schedule II–V) claims and that the controlled substance is within the provider’s scope of practice.

## Clarification of federal requirements—Schedule II drugs

Humana would like to remind pharmacies of the importance of monitoring pharmacy claims for accuracy and complying with federal and state laws, rules and regulations. This is especially important when filling prescriptions and submitting claims for refills and partial fills of Schedule II drugs. In accordance with the Pharmacy Provider Agreement, Humana requires its pharmacies to comply with all federal and state laws, rules and regulations pertaining to the dispensing of medications.

The Controlled Substances Act established five schedules, which are based on medical use acceptance and the potential for abuse of a substance or prescription drug. Schedule II drugs have a high potential for abuse, have an accepted medical use (including severe restrictions), and may lead to severe psychological or physical dependence if abused. Pursuant to 21 CFR § 1306.12(a), Schedule II prescription drugs cannot be refilled.

Pharmacies should take appropriate steps to confirm (verifying with the provider, when necessary) that controlled substances, including Schedule II drugs, are being filled only in accordance with federal and state law. This includes preventing refills and partial fills of Schedule II drugs that are not allowable under the Controlled Substances Act.

## Submitting CII claims

CMS ruling CMS-0055-F mandates that a valid Quantity Prescribed (NCPDP field 460-ET) is submitted on all federally designated controlled substance level II (CII) drug claims. This impacts pharmacy claim data submission, processor adjudication edits to validate the Quantity Prescribed and payer sheet updates to include the Quantity Prescribed field.

If the field (Quantity Prescribed 460-ET) is not populated for a CII drug, you will receive NCPDP Reject Code ET. Please enter a valid Quantity Prescribed and resubmit.

Access this CII claim bulletin for additional information:

**[https://assets.humana.com/is/content/humana/CII Claims Submission Requirements\\_Update\\_09\\_24\\_2020pdf](https://assets.humana.com/is/content/humana/CII_Claims_Submission_Requirements_Update_09_24_2020pdf)**

## Point-of-sale edits and overrides

To support state and federal regulations regarding opioid and other controlled substances, Humana employs several POS edits.

Please visit the following link for information on current guidance on edits and overrides:

**[Provider.Humana.com/pharmacy-resources/manuals-forms](https://www.humana.com/provider-humana.com/pharmacy-resources/manuals-forms)**. See the “Pharmacy resources” tab under “Manuals and forms.”

# Lock-in Program

The Lock-in Program is designed for Medicaid members in Louisiana who need help managing their use of prescription medications. It is intended to limit overuse of benefits while providing an appropriate level of care for the member.

Humana Healthy Horizons in Louisiana members who meet the program criteria will be locked into one pharmacy and up to three specialty prescribers are allowed. A specialty pharmacy will be added on an as-needed basis. The Lock-in Program is required by the Louisiana Department of Health.

Humana Healthy Horizons in Louisiana monitors claims activity for signs of misuse or abuse in accordance with the state and federal laws. If a review of a member's claims activity reveals an unusually large number of controlled substance prescriptions or misuse of prescriptions, the member is considered a candidate for the Lock-in Program. Members identified for the Lock-in Program receive written notification from Humana Healthy Horizons in Louisiana, along with the designated lock-in pharmacy and/or provider (group) information

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

- Call **1-833-410-2496 (TTY: 711)**, Monday – Friday, 7 a.m. – 4:30 p.m. After-hours, please leave a voicemail with the member name, member ID number, contact phone number and a detailed description of your request.
- Fax: **1-502-996-8184**
- Email: CPORM@humana.com

## Continuity of care

### Continuity of care policy

This policy applies to prescribed medications that are subject to certain limitations, such as prescription drugs not listed on the PDL and prescription drugs requiring PA or quantity limit. This policy helps by providing a temporary supply to members who have limited ability to receive their prescribed drug therapy. For new members, Humana will cover a temporary supply as indicated in the chart below, including out-of-network pharmacies. If the member presents a prescription written for less than the days' supply allowed, Humana will allow multiple fills to provide up to the total days' supply of medication allowed.

Humana will indicate that a prescription is a transition fill in the message field of the paid claim response. The pharmacist should communicate this information to the member. Providing a temporary supply gives the member time to talk to his or her provider and decide if an alternative prescription drug is appropriate or request an exception or PA. Humana will not pay for additional refills of temporary supply drugs until an exception or PA has been obtained.

Continuity of care will not work under the following conditions:

- Medicaid-excluded prescription drugs
- Safety edits
- Eligibility criteria not met

Program	Total days' supply allowed	Total days allowed for transition
Humana Healthy Horizons in Louisiana	90	90

# Home infusion billing procedure

Home infusion medication claims are billed through the member's medical benefit.

## Compound claims

### Submitting compound claims

The pharmacy must submit the correct amount with corresponding accurate quantities and days' supply calculations based on a valid prescription for the member. The pharmacy must submit all ingredients that make up a compound drug on the same claim. The most expensive ingredient will display at the claim level. Edits are returned for each ingredient based on the member's benefits. An SCC of 08 can be submitted on the claim when a pharmacy accepts reimbursement for approved ingredients only.

- A free-form message will return to the pharmacy when an SCC of 08 can be submitted.
- Pharmacies are prohibited from balance billing the beneficiary for the cost of any Medicaid-excluded ingredient contained in the compound.

The pharmacy shall not attempt to circumvent a plan's benefit design or engage in inappropriate billing practices of compound drugs. Such practices include, but are not limited to:

- Submitting test claims for a compound drug
- Submitting a claim multiple times with variations in the ingredients, ingredient cost, dispensing fees, quantity amount and/or days' supply to obtain the highest reimbursement possible
- Resubmitting rejected compound prescription ingredients as individual, noncompounded ingredients
- Submitting partial fills or multiple claims for fills that are less than a 30-day supply to avoid coverage limitations or gain additional reimbursement or copayment amounts

## Pharmacy audit and compliance

### Pharmacy audit program

Humana maintains a pharmacy audit program to:

- Help ensure the validity and accuracy of pharmacy claims for its clients, including CMS and state agencies overseeing a program for Medicaid-eligible members
- Help ensure compliance with the provider agreement between Humana, its network pharmacies and this manual
- Help ensure compliance with federal and state laws/regulations and drug-specific requirements
- Educate network pharmacies regarding proper submission and documentation of pharmacy claims

According to the Pharmacy Provider Agreement between Humana and its network pharmacies, Humana, any third-party auditor designated by Humana or any government agency allowed by law is permitted to conduct audits of any and all pharmacy books, records and prescription files related to services rendered to members and the pharmacy's compliance program.

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

- Dispensing unauthorized, early or excessive refills
- Dispensing an incorrect prescription drug
- Billing the wrong member
- Billing an incorrect physician
- Using an NCPDP/NPI number inappropriately

- Invalid pharmacy service type submitted
- Invalid patient residence code submitted
- Calculating the days' supply incorrectly
- Using a DAW code incorrectly
- Overbilling quantities
- Not retaining/providing the hard copy of prescriptions or a signature log/delivery manifest
- Submitting claims to the incorrect benefit

Humana notifies pharmacies of its intent to audit and provides specific directions regarding the process. Humana's on-site audits are conducted in a professional and Health Insurance Portability and Accountability Act of 1996 (HIPAA)-compliant manner with respect for patients and pharmacy staff. To access the Humana Pharmacy Solutions Audit and Claim Review Guide, please visit **Provider.Humana.com/pharmacy-resources/manuals-forms**, scroll down to "Manuals and forms," and select the "Audit guide, claim form and other materials" tab.

### **Compliance program oversight**

Humana maintains a compliance program that includes oversight of pharmacies to assure compliance with this manual, government requirements, and corresponding compliance and standards of conduct material. Entities contracted with Humana or a Humana-related entity ("Humana") that support Humana's Medicaid products are subject to ongoing monitoring of pharmacies' compliance programs and audits that may occur on an ad hoc basis. Humana notifies a pharmacy of monitoring activities that require timely responses and its intent to audit and provides specific directions regarding the oversight process. If an oversight activity identifies deficiencies, a corrective action plan is issued. Humana works with the pharmacy to ensure the deficiencies are remediated in a timely manner and to ensure there is a sufficient process and policy in place to prevent recurrence.

### **Fraud, waste and abuse and compliance program requirements**

#### **Policy statement**

Humana does not tolerate fraudulent activity or actions in violation of its standards of conduct or compliance policy (both available at **Provider.Humana.com/pharmacy-resources/manuals-forms**) that are committed by Humana employees, contracted pharmacy providers or those supporting the pharmacy providers' contractual obligations to Humana, members, customers, vendors, contractors and/or other business entities. In addition to Humana-administered plans and products that have a pharmacy benefit for Medicare-eligible beneficiaries, Humana is an administrator of Medicaid products that have a pharmacy benefit. All organizations supporting any of the products Humana administers are required to have a comprehensive plan to detect, correct and prevent fraud, waste and abuse (FWA). Humana is committed to:

1. Investigate any identified, reported or suspected noncompliance or fraudulent activity
2. Take additional action as necessary
3. Report the matter, when appropriate, to the impacted regulatory, federal or state agencies for further action and investigation

Humana is an administrator of Medicaid products that have a pharmacy benefit. All such organizations supporting any of these products Humana administers are required to have a comprehensive plan to detect, correct and prevent FWA. Humana has such a plan.

#### **Training to combat FWA**

Every Humana-contracted entity supporting Humana's products is responsible for:

- Providing FWA prevention, detection and correction training to its employees who administer, deliver or support Humana's plan administration

- Providing FWA prevention, detection and correction training to its contractors who administer, deliver or support Humana’s plan administration, or notifying them that they must conduct such training
- Tracking adherence to the training obligation and understanding of and compliance with the requirements outlined in the FWA training materials

### **Material to use**

Pharmacies may use their own materials to meet the FWA training requirement or adopt another organization’s training material on the topic. Humana also offers content on this topic in the following documents:

- Humana Compliance Policy for Contracted Healthcare Providers and Third Parties:  
**[https://assets.humana.com/is/content/humana/Compliance Policy.pdf](https://assets.humana.com/is/content/humana/Compliance%20Policy.pdf)**
- Humana Ethics Every Day for Contracted Healthcare Providers and Third Parties:  
**[https://assets.humana.com/is/content/humana/Ethics Every Day.pdf](https://assets.humana.com/is/content/humana/Ethics%20Every%20Day.pdf)**

**Note:** The Humana materials alone may not be used to meet the FWA training requirement. However, a pharmacy may use these documents to supplement or integrate within your FWA training.

### **Training records**

Humana-contracted entities must maintain FWA training records, including the completion date, attendance, topic, certificate of completion (if applicable) and test scores for all tests administered for 11 years (or longer, if required by state law).

### **Additional assurance**

Humana and applicable government agencies overseeing Medicaid programs reserve the right to conduct oversight of contracted pharmacies to assess their commitment to FWA training requirements, including requests that require these pharmacies to provide corresponding documentation.

### **Requirement to report suspected or detected FWA and/or noncompliance**

All pharmacy employees and subcontractors who support the pharmacy’s contract with Humana for Humana Healthy Horizons, as well as governing body members (e.g., Board of Directors), must report suspected or detected fraudulent or noncompliant activities that pertain to Humana Healthy Horizons in Louisiana by using one of the reporting methods provided by the pharmacy. When the subject of the reported activities impacts Humana Healthy Horizons and/or plan members, the pharmacy must report to Humana the matters and the actions taken by the pharmacy.

Humana offers multiple options to report concerns. The most expedient manner is by calling the Humana Special Investigation Unit (SIU) at **1-800-614-4126 (TTY: 711)**. This toll-free hotline is available 24 hours a day, seven days a week. Callers may remain anonymous, and Humana takes great efforts to keep information confidential.

Those reporting suspected activities are protected from retaliation, according to the whistleblower provision in 31 U.S.C. § 3730(h) of the False Claims Act.

Once SIU performs its initial investigation, it will refer the case to law enforcement and/or regulatory agencies as appropriate. Additional information about SIU and Humana’s efforts to address FWA can be found at **[Humana.com/Fraud](https://www.humana.com/fraud)**.

Humana makes the following reporting options available:

Phone:

- Humana Special Investigations Unit hotline (voice messaging system):  
**1-800-614-4126 (TTY: 711)**
- Humana Ethics Help Line:  
**1-877-5-THE-KEY (584-3539)**

Both phone methods above are available 24 hours a day, seven days a week and allow callers to remain anonymous. Humana requests that those who report ethics concerns and desire to remain anonymous provide enough information to allow Humana to investigate the issue.

Fax number: **1-920-339-3613**

Email: [siureferrals@humana.com](mailto:siureferrals@humana.com) or [ethics@humana.com](mailto:ethics@humana.com)

Mail:

Humana, Special Investigations Unit  
1100 Employers Blvd.  
Green Bay, WI 54344

**Ethics Help Line reporting website: [EthicsHelpline.com](http://EthicsHelpline.com)**

**Note:** When using a Humana option to report a concern, confidential follow-up to check on the status of an investigation is available.

If a contracted pharmacy elects to offer any reporting option(s) instead of, or in addition to, those Humana makes available, the pharmacy still must do the following in a timely manner: The pharmacy must relay to Humana reports that could impact Humana or its members and outline the action(s) taken.

### **Prohibition against intimidation or retaliation**

Humana has a zero-tolerance policy for the intimidation of, or retaliation or retribution against, any person who is aware of and, in good faith, reports suspected misconduct or participates in an investigation of it.

### **Disciplinary standards**

Humana may take any or all of the following actions related to FWA or violations of Humana's standards of conduct:

- Oral or written warnings or reprimands
- Termination(s) of employment or contract
- Requirement for select individuals to be removed from supporting Humana business
- Mandatory retraining
- Formal, written corrective action plan(s) tracked to closure
- Reporting of the conduct to the appropriate external entity or entities, such as law enforcement agencies or a state agency that has contracted Humana to administer a Medicaid product
- Other measures that may be outlined in the contract

**Note:** The above disciplinary actions are not limited to those with direct violations. Such actions can also be imposed on those identified as not reporting awareness of a plan or action of another who was later determined to have committed FWA or a violation of Humana's standards of conduct or compliance policy (available at [Provider.Humana.com/pharmacy-resources/manuals-forms](http://Provider.Humana.com/pharmacy-resources/manuals-forms)). The rationale is the inaction resulted in unnecessary risk for the pharmacy, plan members and Humana and could have subsequently contributed to any of the following: the violation that was committed by

someone else and/or more severe, extensive or continued violations (and even monetary loss).

Every Humana-contracted entity must have disciplinary standards and take appropriate action upon discovery of FWA and violations of Humana's standards of conduct or compliance policy (or actions likely to lead to FWA or the above-referenced violations).

In addition, depending on the specifics of a case, a state agency and/or CMS may elect to exclude anyone involved in an FWA violation from participating in government procurement opportunities, including work in support of any contract Humana has with a government agency.

### **Corresponding expectations**

Pharmacies are also expected to widely communicate the following:

- Available method(s) for reporting compliance and FWA concerns and the nonretaliation policy:
  - Examples of how to achieve this include posters, mouse pads, key cards and other prominent displays within a pharmacy's facility, such as on an intranet site and/or by regular (quarterly) emails to those performing a function in support of Humana.
  - It is not sufficient to post information only within a facility yet not share it by email and/or a pharmacy intranet site when any person needing the information works outside of the facility (i.e., remotely or within a home).
- Humana's policy of nonintimidation and nonretaliation

### **Standards of conduct/ethics**

Every Humana-contracted entity must routinely perform the following actions and, upon Humana's request, provide certification of these actions:

- Entities must require employees, management, governing body members and those with whom the pharmacy contracts to support the pharmacy's contractual obligations to Humana's Medicaid products to review and attest to compliance with the pharmacy's standards of conduct document upon hire or contract and annually thereafter.
  - If the contracted pharmacy does not adopt or have its own written standards of conduct that are materially similar to Humana's written standards of conduct, then Humana's standards of conduct document may be used. A copy can be accessed, printed and downloaded by visiting the link here:  
**[https://assets.humana.com/is/content/humana/Ethics Every Daypdf.](https://assets.humana.com/is/content/humana/Ethics%20Every%20Day.pdf)**
- Entities must conduct the following for all new employees, management, governing body members and contracted individuals prior to hire/contract and monthly thereafter when they are designated to assist in the administration or delivery of federal healthcare program benefits in support of a Humana contract:
  - Entities must review the separate exclusion lists of the Office of Inspector General and General Services Administration's System for Award Management.
- Entities must remove any person or party identified on an exclusion list above from any work, or access to information or data, related directly or indirectly to Humana's support of a state-administered program, such as Medicaid, or any federal healthcare program, such as Medicare.
  - Entities should notify Humana when the person/party had access to information pertaining to Humana Healthy Horizons in Louisiana and/or was supporting Humana Healthy Horizons in Louisiana.
- Entities must retain evidence of the exclusion screening for 11 years (or longer, if required by state law).
  - Note: If a contract with Humana is terminated, the screening evidence must be retained for a minimum of 10 years after the termination date.

- Entities must take appropriate corrective actions for standards of conduct violations and, when FWA is involved, report findings to Humana’s SIU at **1-800-614-4126 (TTY: 711)**.

Humana’s CMS and state Medicaid contracts mandate that compliance program requirements must be met by all pharmacies contracted with Humana or Humana subsidiaries. This includes those employed or contracted by these non-Humana organizations to provide or support healthcare services for Humana’s Medicare, Medicaid and/or dual Medicare and Medicaid members.

## Compliance program requirements

The information below is provided to help the pharmacy and those with whom they contract or employ to support Humana business confirm their compliance programs have the necessary elements to be effective.

Humana’s compliance program requirements for contracted pharmacies supporting Humana Healthy Horizons in Louisiana include, but are not limited to:

- **No offshoring of members’ protected health information (PHI):** This is a requirement from the Louisiana Department of Health.
- **Oversight:** A contracted pharmacy must monitor and audit the compliance of employees and subcontractors that provide services and/or perform any support functions related to administrative or healthcare services provided to a member of Humana Healthy Horizons in Louisiana. This is conducted from both operational and compliance perspectives and includes exclusion screening of all individuals and contracted entities that support Humana Healthy Horizons in Louisiana.
- **Immediate notification to Humana of your organization’s intentions to utilize offshore resources in meeting any obligation to Humana which does not involve member PHI:** This includes new arrangements or changes to existing relationships or offshore locations and where or how data is processed, transferred, stored or accessed.
- **Prior approval from Humana before moving forward with or modifying an offshore arrangement for work in support of a Humana contract that does not involve member PHI.**
- **Establishment, documentation and communication of effective compliance policies:** A contracted pharmacy **must** have policies and procedures in place for preventing and detecting suspected FWA and/or nonadherence with compliance policies and/or standards of conduct, then correcting and reporting identified instances. These policies must include, but not be limited to:
  - Requiring employees, board members and subcontractors to report suspected and/or detected FWA and suspected violations of Humana’s compliance policy or standards of conduct
    - Those documents are available at **[Provider.Humana.com/pharmacy-resources/manuals-forms](https://Provider.Humana.com/pharmacy-resources/manuals-forms)**.
  - Requiring the reporting to Humana of any confirmed instances of ethical, compliance and/or FWA violations (and the action(s) taken)
  - Safeguarding Humana’s confidential and proprietary information and plan members’ protected personal and health information
  - Providing accurate and timely information/data in the regular course of business
  - Monitoring and auditing activities
  - Upholding disciplinary standards
- **Training:** A contracted pharmacy must ensure all required compliance program training is completed, not simply by the compliance contact at the pharmacy, but also by those supporting the pharmacy’s contractual obligations to Humana. Where applicable, operational training must be conducted. This requirement includes having a tracking method in place to provide evidence of these efforts upon request, including who was identified as needing training, what training method was used, training status and materials used.

- **Cooperation:** A contracted pharmacy must cooperate fully with Humana for any compliance-related requests and any government entity audits or investigations of an alleged, suspected or detected violation of this manual, Humana policies and procedures, applicable state or federal laws or regulations, and/or remedial actions.
- **Communication:** A contracted pharmacy must widely communicate methods for how to report suspected violations of Humana policies, government regulations and corresponding disciplinary standards to employees, volunteers, board members and subcontractors.
- **Disciplinary standards:** A contracted pharmacy must have established disciplinary standards in place that are carried out when violations are committed by the pharmacy provider, its employees or those it contracts to support obligations to Humana.
- **Assurance:** A contracted pharmacy must comply with Humana requests to provide assurance related to the pharmacy's compliance program.

These requirements are examples of ways to implement an effective compliance program. For an overview of the seven elements of an effective compliance program, please refer to Humana's compliance policy at the link here:

[https://assets.humana.com/is/content/humana/Compliance Policy.pdf](https://assets.humana.com/is/content/humana/Compliance%20Policy.pdf).

### FAQ

Humana makes a guidance document publicly available online that includes FAQ and additional information regarding the compliance requirements at

[https://assets.humana.com/is/content/humana/GCHJ9HTEN\\_FAQ.pdf](https://assets.humana.com/is/content/humana/GCHJ9HTEN_FAQ.pdf).

Further compliance program requirements information for pharmacies supporting Humana's Medicaid products can be found in Humana's compliance policy at

[https://assets.humana.com/is/content/humana/Compliance Policy.pdf](https://assets.humana.com/is/content/humana/Compliance%20Policy.pdf).

### Compliance training, assurance expectations and attestation requirements

Humana reserves the right to request documentation and/or a certification that certain compliance program requirements and training are in place to meet government contract obligations. When an attestation is required depends on multiple factors, such as government contract expectations and corresponding Humana compliance program oversight activities.

### Additional required compliance education and training

Network pharmacies supporting Humana Healthy Horizons must also educate those employed and contracted to perform a function in support of the plan. The ways of meeting this requirement are noted below:

- Providing content on the following to those contracted and/or employed to support Humana:
  - Compliance policy or policies that outline compliance program requirements
  - Standards of conduct

**Note:** Humana documents, or documents that are materially similar, can be used to meet the compliance policy and standards of conduct requirements. These materials are available at [Provider.Humana.com/pharmacy-resources/manuals-forms](https://Provider.Humana.com/pharmacy-resources/manuals-forms).

- Conducting training on understanding and addressing FWA via material developed or adopted by the pharmacy

**Note:** In the case of nonemployees, pharmacies may collect attestations from them, or, in lieu of conducting their FWA training, their employer can confirm they are receiving FWA training elsewhere.

Frequency and timing of the above is upon contract/hire and annually thereafter, according to Humana's compliance policy, which is available on Humana's website at **[Provider.Humana.com/pharmacy-resources/manuals-forms](https://www.humana.com/provider/humana.com/pharmacy-resources/manuals-forms)**.

**Note:** Humana will notify a pharmacy if an organization-level attestation must be submitted to certify compliance with these additional requirements.

Additional guidance related to compliance program requirements are listed on Humana's website in the compliance requirements FAQ for pharmacies at **[https://assets.humana.com/is/content/humana/GCHJ9HTEN\\_FAQpdf](https://assets.humana.com/is/content/humana/GCHJ9HTEN_FAQpdf)**.

**Please note:** As requirements of government contracts, regulations and/or Humana's compliance program may change, Humana reserves the right to require additional or different compliance program training or components, although it strives not to make midyear changes.

## **Humana pharmacy credentialing**

Humana requires all network pharmacies to be credentialed during the initial contracting process and to be recertified at least every three years. The recertification request is sent to the pharmacy by fax and requires the pharmacy to return a recertification application, which includes:

- Pharmacy's state licensure information
- Pharmacy's DEA licensure information
- Signed and dated attestation stating the pharmacy is free of sanctions imposed by federal, state and local authorities
- Copy of current professional liability insurance coverage that meets or exceeds a minimum requirement of \$1 million in aggregate
- Pharmacy's NCPDP number
- Medicaid ID number

Pharmacies that do not meet Humana's required standards, which include having an active state Medicaid ID and not being listed on any applicable state exclusion list or on the federal exclusion lists, will be removed from Humana's pharmacy network.

Mail-order pharmacy providers must be licensed by the appropriate state board in the state the pharmacy is physically located. Additionally, nonresident pharmacies must be registered with the Louisiana Board of Pharmacy prior to shipping, mailing or delivering into the state of Louisiana.

## **Conflicts of interest**

All entities and individuals supporting Humana are required to avoid conflicts of interest. Pharmacies should never offer or provide, directly or indirectly, anything of value—cash, bribes or kickbacks—to any Humana employee, contractor, representative, agent, customer or any government official in connection with any Humana Pharmacy Solutions procurement, transaction or business dealing. This prohibition includes, but is not limited to, a pharmacy offering or providing consulting, employment or similar positions to any Humana employee involved with Humana procurement or to that employee's family members or significant others.

Pharmacies are required to obtain and sign a conflict of interest statement from all employees and subcontractors within 90 days of hire or contract and annually thereafter. This statement certifies the employee or downstream entity is free from any conflict of interest for administering or delivering federal healthcare program benefits or services.

All pharmacies are required to review potential conflicts of interest and either remove the conflicts or, if appropriate, request approval from Humana for the applicable party or parties to continue work despite the conflicts.

Humana reserves the right to:

- Obtain the certifications of conflicts of interest, or the possible absence of conflicts of interest, from all providers
- Require that certain conflicts be removed or that the applicable employee(s) and/or downstream entities be removed from supporting Humana

Pharmacies and those they employ or contract are prohibited from having any financial relationship relating to the delivery of or billing for items or services covered under a federal healthcare program that:

- Would violate the federal Stark Law, 42 U.S.C. § 1395nn, if items or services delivered in connection with the relationship were billed to a federal healthcare program, or would violate comparable state law
- Would violate the federal Anti-Kickback Statute, 42 U.S.C. § 1320a-7b, if items or services delivered in connection with the relationship were billed to a federal healthcare program, or would violate comparable state law
- Could reasonably be expected by Humana to influence a provider to utilize or bill for items or services covered under a federal healthcare program in a manner that is inconsistent with professional standards or norms in the local community

A violation of this prohibition could result in Humana terminating a pharmacy provider contract or requiring the provider to remove any applicable employed or contracted party or parties from supporting Humana Healthy Horizons in Louisiana. Humana reserves the right to request information and data to ascertain ongoing compliance with these provisions.

## Complaint system

### Pharmacy's pricing dispute process

Network pharmacies have the right to submit a request to appeal, investigate or dispute the claim's reimbursement amount, including NADAC claim disputes, to Humana within 14 calendar days of the initial claim. The pharmacy may submit its request to appeal, investigate or dispute a claim's reimbursement, including NADAC claim disputes, in writing to Humana by fax at 1-855-381-1332 or by email at [PharmacyPricingReview@humana.com](mailto:PharmacyPricingReview@humana.com). Please submit the request using one of the Humana Pharmacy Pricing Review Request files below, which also are available on the Humana.com Pharmacist Portal.

- File for multiple requests (download this Excel file):  
**[https://assets.humana.com/is/content/humana/Pharmacy%20Pricing%20Review%20Request%20Excel%20File\\_Portal](https://assets.humana.com/is/content/humana/Pharmacy%20Pricing%20Review%20Request%20Excel%20File_Portal)**
- Pharmacy Pricing Review Request: **[https://assets.humana.com/is/content/humana/Pharmacy Pricing Review Request Form.pdf](https://assets.humana.com/is/content/humana/PharmacyPricingReviewRequestForm.pdf)**

Please email [PharmacyPricingReview@humana.com](mailto:PharmacyPricingReview@humana.com) to request the file if it cannot be downloaded.

The pharmacy can call Humana and speak to a representative regarding its request at **1-888-204-8349** for retail. The following must be included in the request:

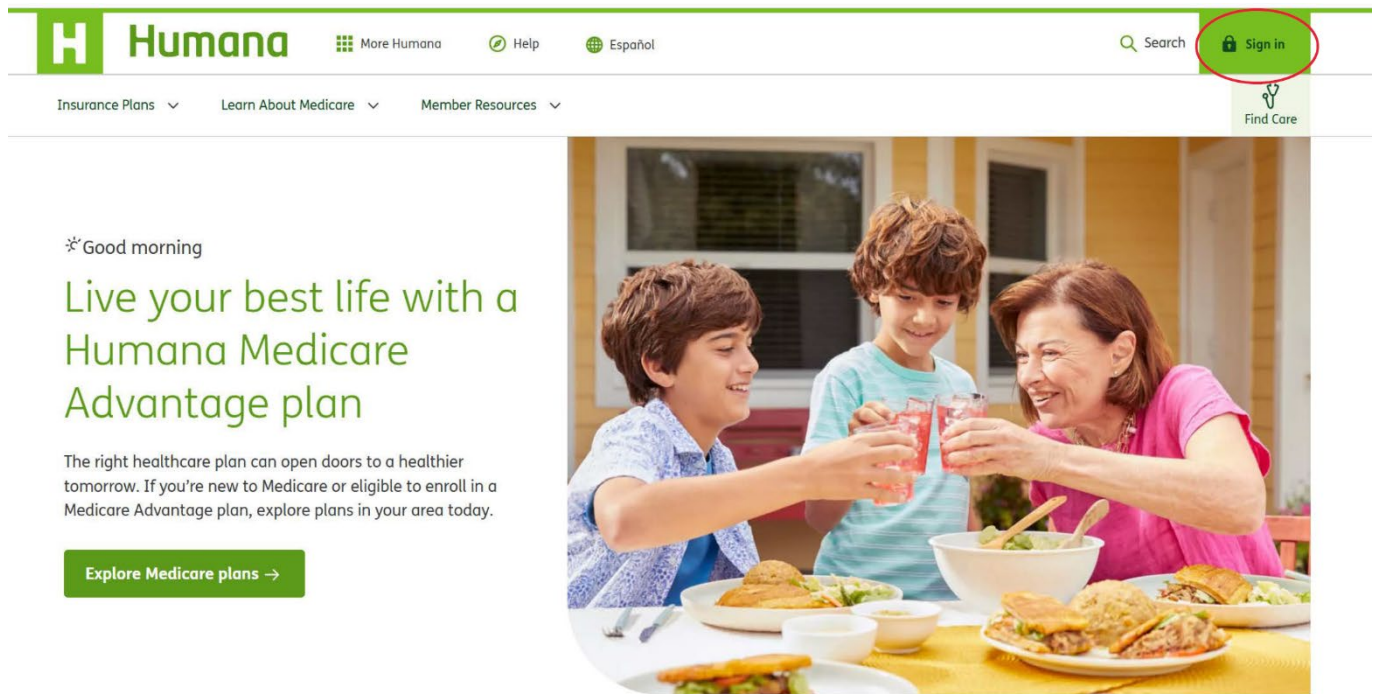
- Pharmacy name
- Pharmacy address
- Pharmacy NCPDP
- PCN
- Prescription number
- Drug name
- Drug strength

- National Drug Code (NDC)
- Date of initial fill
- Quantity of fill
- Relevant documentation that supports the MAC is below the cost available to the pharmacy
- Any other supporting documentation (as needed)

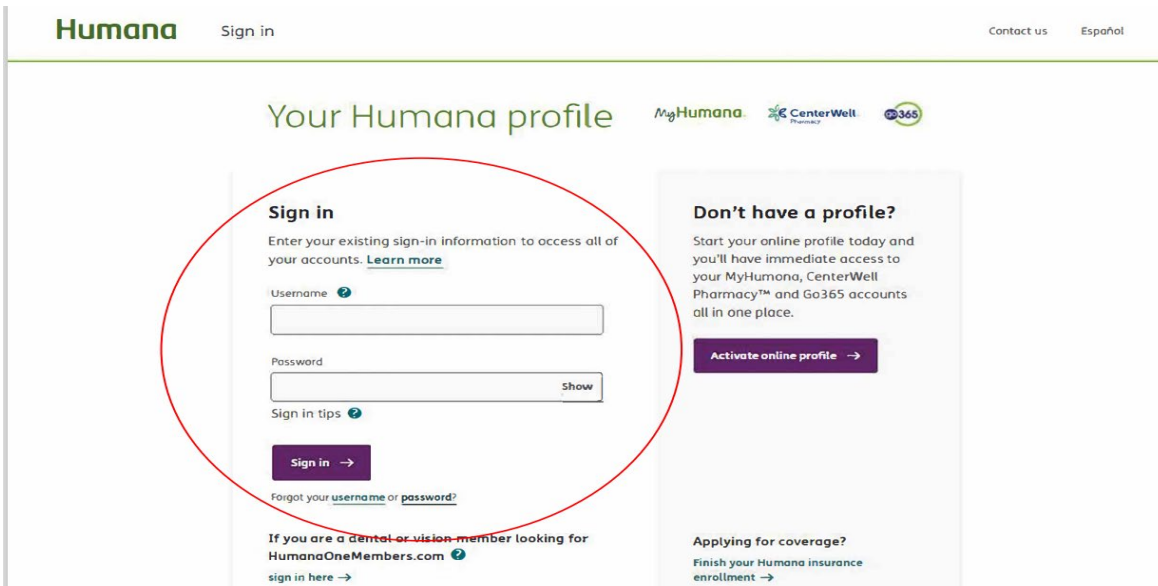
Humana will respond to the network pharmacy’s request within five business days of receipt by Humana. In the event the MAC appeal is denied, Humana will provide the reason for the denial and will identify an NDC for the prescription drug product at or below the current MAC price. If the MAC request is approved, Humana will adjust the MAC price to the date of the disputed claim(s). The pharmacy is responsible for the resubmission of the claim and for collecting and/or refunding any copayment amount. **Please note:** Timelines may vary and are subject to change.

### Pharmacy maximum allowable cost list location

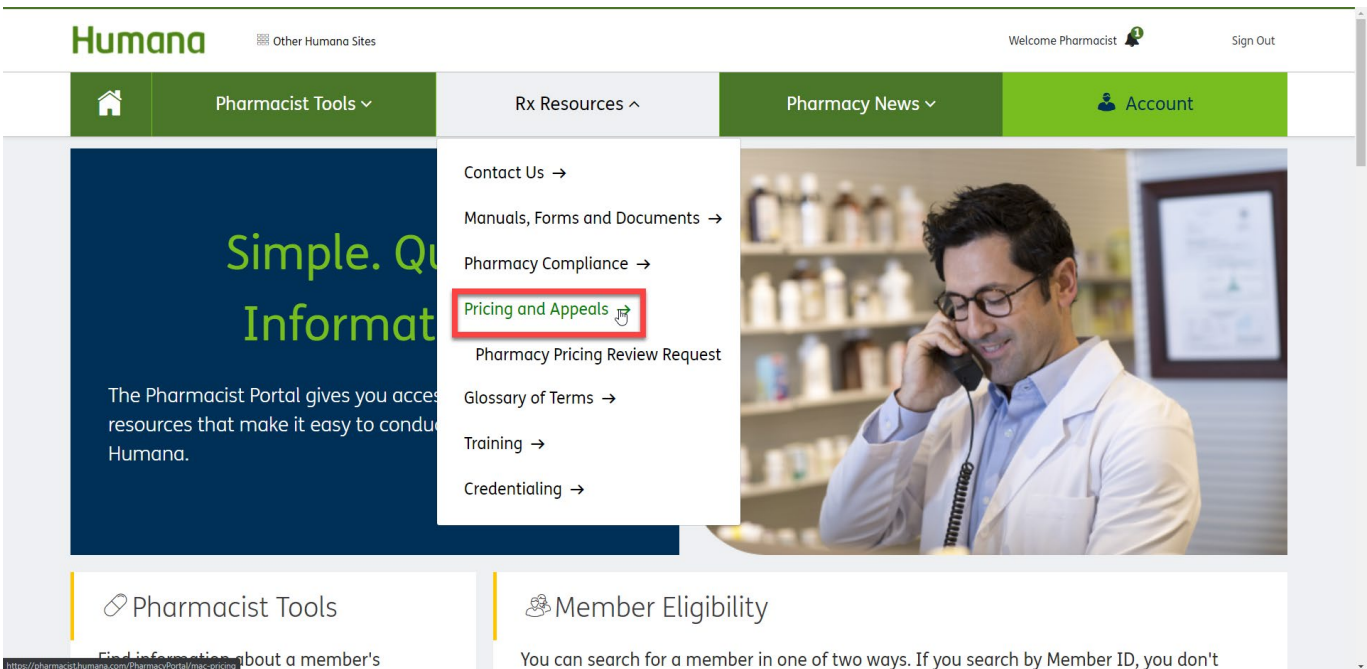
When network pharmacies need to locate the current MAC list, they can follow the steps below at **Humana.com**. They will see the screen below. Select the “Sign in” button located on the top right corner of the screen.



The pharmacy will then enter the username and password it set up at the time it contracted with Humana. If the pharmacy is unsure of its username and password, it should email the pharmacy contracting team at [PharmacyContracting@humana.com](mailto:PharmacyContracting@humana.com) and ask to have the pharmacy’s online portal account reset.



For the current MAC list applicable to the NPI the pharmacy used to register its account, which includes recent updates, select the “Pricing and Appeals” link.



Once the pharmacy selects that link, a MAC search box will appear. Close the box and select the appropriate list from the drop-down menu. The list the pharmacy chooses will show as download only or will load on the page.

A network pharmacy with a pricing dispute should follow the steps below to submit a pricing review form to Humana.

- 1) Select “Pharmacy Pricing Review Request” in the upper right corner.

Humana Other Humana Sites Welcome Pharmacist Sign Out

Pharmacist Tools ▼ Rx Resources ▼ Pharmacy News ▼ Account

Pharmacist Portal / Rx Resources / Pricing and Appeals

## Pricing and Appeals

[Export Excel File](#) **Pharmacy Pricing Review Request**

Source List Date of Fill

Select Source List ▼ mm/dd/yyyy 📅  Include inactive price records

Generic Code Number (GCN) NDC Number Drug Name

Enter Generic Code Number Enter NDC Number Enter Drug Name **Search**

Rx Number \* Add Attachment 📎 File type and size restrictions

Enter Rx Number Choose File No file chosen

Drug Name \* Date Of Service \*

Enter Drug Name Date Of Service 📅

BIN \* Drug NDC \*

Enter BIN Enter Drug NDC

PCN \* Is this a Hospice claim? \*

Enter PCN  Yes  No

Comments

Enter Comments

[+ Add Another Pricing Appeal](#)

Cancel **Submit**

- The pharmacy must complete all fields in the form below and return it to Humana by selecting the **“Submit”** button, which is located in the bottom right corner of the form, to initiate the dispute process.

Pharmacist Portal / Rx Resources / Pharmacy Pricing Review Request

## Pharmacy Pricing Review Request

For multiple pricing review requests, please download [excel file](#) and email to [pharmacypricingreview@humana.com](mailto:pharmacypricingreview@humana.com).

Pharmacy Name

CENTERWELL PHARMACY, INC. #02205

Pharmacy NCPDP \*

1053723

Phone Number \* Fax Number \*

5616166329 5616166365

Email Address \*

kdiwan@humana.com

- When the form is received, Humana will begin the research process and inform the pharmacy by fax or email of the results of the dispute within five business days of the date the form was received.

## Pharmacy's process for filing a complaint

### SS&C (Securities Software and Consulting) Health system issues

All pharmacies contracted with Humana are encouraged to call the SS&C Health help desk at **1-833-252-1677** for questions or complaints related to a system issue or claims transaction. SS&C Health has a dedicated telephone support unit that provides guidance for calls related to pharmacy claims. All issues that cannot be addressed or resolved by SS&C Health are forwarded to the pharmacy networks department for research and resolution at **1-888-204-8349**.

### Pharmacy initiative inquiries

Humana has a dedicated pharmacy telephone support unit that provides support for pharmacy inquiries and complaints related to specific corporate pharmacy management initiatives. Any specific initiative question that cannot be answered by the HCPR telephone support unit is forwarded to the Pharmacy Networks department for research and resolution at **1-888-204-8349**.

## Member complaint system

The section below is from the member grievance and appeal procedure, which is set forth in the Humana Member Handbook. This information is provided to the pharmacy so the pharmacy may assist members in this process if they request your assistance. Please contact your contracting representative if you have questions about this process.

Humana has representatives who handle complaints, which include all member grievances and appeals. A special set of records is kept with the reason, date and results. Humana keeps these records in the central office.

### Member grievances

Medicaid recipients can file a grievance at any time. Grievances can be submitted using either method provided below.

- The member can submit written grievances to:  
Humana Healthy Horizons in Louisiana  
Grievance and Appeals Department  
P.O. Box 14546  
Lexington, KY 40512-4546  
Fax: **1-800-949-2961**
- For verbal grievances, the member can call Customer Care at **1-800-448-3810 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m.

### Member appeals

The member, provider or member representative may submit an expedited or standard appeal in writing within 60 calendar days of the date of the denial notice. Options for submitting the appeal:

- Download a copy of the appeal form provided on **Humana.com** and either fax or mail it to Humana:  
Humana Healthy Horizons in Louisiana  
Grievance and Appeals Department  
P.O. Box 14546  
Lexington, KY 40512-4546  
Fax number: **1-800-949-2961**

Please include the member's name, address, Medicaid ID number, reason for the appeal and any supporting documents.

If the member is requesting an expedited appeal or is unable to write an appeal, oral appeals are accepted. Medicaid members may ask for an appeal by calling Customer Care at **1-800-448-3810 (TTY: 711)**, Monday – Friday, 7 a.m. – 7 p.m.

For all members, their physician, provider, pharmacist or someone else can make an appeal on their behalf. However, an Appointment of Representative form must be completed. This form provides permission for another person to act for the member.

To obtain an Appointment of Representative form, the member can call Humana Customer Care and ask for one or visit Humana's website at **[Humana.com/individual-and-family-support/tools/member-forms](https://www.humana.com/individual-and-family-support/tools/member-forms)**.

If the appeal comes from someone besides the member, Humana must receive the completed Appointment of Representative form or other appropriate documentation, such as power of attorney, before Humana can review the appeal.

### **Resolution for grievance and appeals**

Humana will investigate the member's grievance and/or appeal and inform them of Humana's decision. If members have questions concerning the grievance or appeal, please direct them to the Humana Member Handbook or call Humana using the number on the back of the member's Medicaid ID card.