

State: Arkansas **Filing Company:** UnitedHealthcare of Arkansas, Inc.
TOI/Sub-TOI: HOrg03 Health - Other/HOrg03.000 Health - Other
Product Name: UHC Sleep Study Facility Appendix v4 07.12, etal
Project Name/Number: UHC Sleep Study Facility Appendix v4 07.12, etal/UHC Sleep Study Facility Appendix v4 07.12, etal

Filing at a Glance

Company: UnitedHealthcare of Arkansas, Inc.
 Product Name: UHC Sleep Study Facility Appendix v4 07.12, etal
 State: Arkansas
 TOI: HOrg03 Health - Other
 Sub-TOI: HOrg03.000 Health - Other
 Filing Type: Form
 Date Submitted: 01/11/2013
 SERFF Tr Num: UHLC-128845102
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: UHC SLEEP STUDY FACILITY APPENDIX V4 07.12, ETAL

 Implementation: On Approval
 Date Requested:
 Author(s): Kelly Smith
 Reviewer(s): Rosalind Minor (primary)
 Disposition Date: 01/28/2013
 Disposition Status: Approved-Closed
 Implementation Date:

State Filing Description:

State: Arkansas **Filing Company:** UnitedHealthcare of Arkansas, Inc.
TOI/Sub-TOI: HOrg03 Health - Other/HOrg03.000 Health - Other
Product Name: UHC Sleep Study Facility Appendix v4 07.12, etal
Project Name/Number: UHC Sleep Study Facility Appendix v4 07.12, etal/UHC Sleep Study Facility Appendix v4 07.12, etal

General Information

Project Name: UHC Sleep Study Facility Appendix v4 07.12, etal Status of Filing in Domicile: Not Filed
 Project Number: UHC Sleep Study Facility Appendix v4 07.12, etal Date Approved in Domicile:
 etal
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Group
 Submission Type: New Submission Group Market Size: Small
 Group Market Type: Employer Overall Rate Impact:
 Filing Status Changed: 01/28/2013
 State Status Changed: 01/28/2013 Deemer Date:
 Created By: Kelly Smith Submitted By: Kelly Smith
 Corresponding Filing Tracking Number: UHC Sleep Study Facility Appendix v4 07.12, etal
 PPACA: Not PPACA-Related
 PPACA Notes: null
 Include Exchange Intentions: No
 Filing Description:
 Stand-alone ANC pay apps: ANC Sleep Center Appendix v4 and Specialty Pharmacy Pay App Filing Document

These pay apps will be used with the following previously-approved templates, and any successor templates (once approved):

- UHC/FPA.ANC.AR.03.10
- UHC/FAC.MGA.ANCL-REGAPX.08.06.AR

Company and Contact

Filing Contact Information

Kelly Smith, Manager RGA Kelly_Smith@uhc.com
 800 King Farm Blvd. 240-632-8061 [Phone]
 Suite 500
 Rockville, MD 20850

Filing Company Information

UnitedHealthcare of Arkansas, Inc.	CoCode: 95446	State of Domicile: Arkansas
Plaza West Building	Group Code:	Company Type: HMO
415 North McKinley Street, Suite 300	Group Name:	State ID Number:
Little Rock, AK 72205	FEIN Number: 63-1036819	
(952) 992-7428 ext. [Phone]		

Filing Fees

State: Arkansas **Filing Company:** UnitedHealthcare of Arkansas, Inc.
TOI/Sub-TOI: HOrg03 Health - Other/HOrg03.000 Health - Other
Product Name: UHC Sleep Study Facility Appendix v4 07.12, etal
Project Name/Number: UHC Sleep Study Facility Appendix v4 07.12, etal/UHC Sleep Study Facility Appendix v4 07.12, etal

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
UnitedHealthcare of Arkansas, Inc.	\$100.00	01/11/2013	66457063

SERFF Tracking #: UHLC-128845102 State Tracking #: Company Tracking #: UHC SLEEP STUDY FACILITY APPENDIX V4 07....

State: Arkansas Filing Company: UnitedHealthcare of Arkansas, Inc.
TOI/Sub-TOI: HOrg03 Health - Other/HOrg03.000 Health - Other
Product Name: UHC Sleep Study Facility Appendix v4 07.12, etal
Project Name/Number: UHC Sleep Study Facility Appendix v4 07.12, etal/UHC Sleep Study Facility Appendix v4 07.12, etal

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/28/2013	01/28/2013

SERFF Tracking #:

UHLC-128845102

State Tracking #:

Company Tracking #:

UHC SLEEP STUDY FACILITY APPENDIX
V4 07....

State: Arkansas
TOI/Sub-TOI: HOrg03 Health - Other/HOrg03.000 Health - Other
Product Name: UHC Sleep Study Facility Appendix v4 07.12, etal
Project Name/Number: UHC Sleep Study Facility Appendix v4 07.12, etal/UHC Sleep Study Facility Appendix v4 07.12, etal

Filing Company: UnitedHealthcare of Arkansas, Inc.

Disposition

Disposition Date: 01/28/2013

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	UHC Sleep Study Facility Appendix v4 07.12	Approved-Closed	Yes
Form	Specialty Pharmacy PayApp.10.12	Approved-Closed	Yes

State: Arkansas

Filing Company:

UnitedHealthcare of Arkansas, Inc.

TOI/Sub-TOI: HOrg03 Health - Other/HOrg03.000 Health - Other

Product Name: UHC Sleep Study Facility Appendix v4 07.12, etal

Project Name/Number: UHC Sleep Study Facility Appendix v4 07.12, etal/UHC Sleep Study Facility Appendix v4 07.12, etal

Form Schedule

Lead Form Number: UHC Sleep Study Facility Appendix v4 07.12, etal

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 01/28/2013	UHC Sleep Study Facility Appendix v4 07.12	UHC Sleep Study Facility Appendix v4 07.12	OTH	Initial		52.800	ANC Sleep Center Appendix v4.pdf
2	Approved-Closed 01/28/2013	Specialty Pharmacy PayApp.10.12	Specialty Pharmacy PayApp.10. 12	OTH	Initial		48.100	Specialty Pharmacy Pay App Filing Document 10.12.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Payment Appendix - All Payer Sleep Study Facility

Effective Date of this Appendix: _____

APPLICABILITY

Unless another appendix to this Agreement applies specifically to a particular Covered Service as it covers a particular Customer, the provisions of this Appendix apply to sleep study testing Covered Services rendered by Facility to Customers covered by Benefit Plans sponsored, issued or administered by all Payers. Sleep study testing includes the service categories listed in the Fee Sample and other services included within the payment for those service categories as provided by this Appendix.

For the purposes of this Appendix, "Facility" means an organization that performs sleep study testing in a Sleep Testing Facility or the Customer's home and is subject to the Agreement.

SECTION 1 Definitions

Except for terms defined in this Appendix or definitions incorporated from another Appendix, all capitalized terms are defined in the Agreement.

Covered Service: A health care service or product for which a Customer is entitled to receive coverage from a Payer, pursuant to the terms of the Customer's Benefit Plan with that Payer.

Customary Charge: The fee for health care services charged by Facility that does not exceed the fee Facility would ordinarily charge another person regardless of whether the person is a Customer.

Customer Expenses: Copayments, deductibles, or coinsurance that are the financial responsibility of the Customer according to the Customer's Benefit Plan.

Fee Schedule: Contract rates for Covered Services payable to Facility pursuant to this Agreement, including this Appendix and the other attachments to this Agreement. The contract rates for herein will remain in effect throughout the term of this Agreement except as otherwise specifically provided for herein.

Full Disclosure Testing: Facility providing sleep study testing will manually review and validate the sleep study results and make available the raw data to the ordering physician as requested.

Home Sleep Testing: Unattended sleep test performed in the Customer's home.

Independent Diagnostic Testing Facility (IDTF): An organization independent of the provider of treatment modalities, that provides Home Sleep Testing and performs review of test results by a qualified technician and interpretation by a qualified physician.

Outpatient Facility Based Sleep Testing: Sleep testing performed in an outpatient setting, attended by a certified/registered technician and interpretation by a sleep medicine board certified/board eligible physician.

Sleep Evaluation Screening Tool: A clinically recognized sleep evaluation questionnaire, used to assess the need for a sleep study, rendered prior to requesting a sleep study that documents the need for testing.

United Sleep Study Testing Fee Schedule: The contract rates for Covered Services payable to Facility pursuant to this Agreement, this Appendix, and the other attachments to this Agreement. The contract rates will remain in effect throughout the term of this Agreement, unless otherwise specifically.

SECTION 2

Contract Rate for Covered Services

2.1 Payment for Covered Services. For Sleep Testing Covered Services rendered by Facility to a Customer, the contract rate will be the lesser of (1) Facility's Eligible Charges, or (2) the applicable contract rate determined in accordance with Sleep Study Testing Fee Schedule attached to this Appendix. Payment by Payer of the contract rate under this Appendix will be less any applicable Customer Expenses, and is subject to the requirements set forth in the Agreement.

Facility will use the most appropriate and current CPT/HCPCS code(s) for the service rendered.

2.2 Additional Protocols. During the term of the Agreement, Facility will comply with the following additional Protocols and Service Standards:

1. Facility will meet and be bound by the service expectations set forth in the Sleep Testing Facility Service Standards included in this Appendix
2. If providing Home Sleep Testing, Facility will provide such testing pursuant to an order by a physician utilizing a type 2 or type 3 HST device.
3. Facility providing sleep testing services is accredited by the American Academy of Sleep Medicine (AASM), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), or Accreditation Commission for Health Care Inc. (ACHC)

SECTION 3

Miscellaneous Provisions

3.1 Inclusive Rates. The contract rates established by this Appendix for the service categories listed in this Appendix are all-inclusive, including without limitation applicable taxes, and represent the entire payment for the provision to the Customer of all Covered Services that are in the given service category, including those Covered Services that are generally provided as a part of the service in the given service category. All items and nonphysician services provided to Customers must be directly furnished by Facility or billed by Facility when services are provided by another entity. No additional payments will be made for any services or items covered under the Customer's Benefit Plan and billed for separately by Facility.

3.2 Payment Code Updates. United will update CPT codes, HCPCS codes, ICD-9-CM codes or successor version, and/or revenue codes according to Health Insurance Portability and

Accountability Act requirements based on (a) the latest edition of the Current Procedural Terminology (CPT) manual which is revised by the American Medical Association, (b) the latest edition of the HCPCS manual which is revised by the Centers for Medicare and Medicaid Services (CMS), (c) the latest edition of the ICD-9-CM manual, or successor version, which is issued by the U.S. Department of Health and Human Services and (d) the latest revenue code guidelines from the National Uniform Billing Committee. Unless specified elsewhere in this Appendix, the contract rate for a new, replacement, or modified code(s) will be at the existing contract rate for the appropriate code(s) it replaced or modified.

3.3 Medicaid Agency Payment Changes. If a state Medicaid agency changes the manner in which it reimburses or changes the Medicaid primary fee source and United is required to use such Medicaid primary fee source in its payment to Facility, United may amend the Agreement to add a new payment appendix that uses such Medicaid primary fee source (the "New Medicaid Payment Appendix"). Unless otherwise required by the state Medicaid agency, the contract rates will be an amount that is the same or similar to the contract rates in this Appendix. The New Medicaid Appendix will be applicable to Covered Services rendered to Customers enrolled in the Medicaid Benefit Plan of the state for which such change is applicable. The amendment will be considered a regulatory amendment under section 9.2 of the Agreement.

**SLEEP TESTING FACILITY
Service Standards Exhibit**

Service Expectations	
Service/Staffing/Pre-Test Screening	
Access	<ul style="list-style-type: none"> • Facility will accept all Customers for services within scope of licensure, scope of practice and geographic service area.
Physician Availability for Sleep Study Testing	<ul style="list-style-type: none"> • Facility will have a board certified/board eligible physician available at all times during Outpatient Facility Based Sleep Testing.
Technology	<ul style="list-style-type: none"> • Educational programs related to new technology are presented to Facility staff when appropriate. • Where applicable, Facility shall provide Home Sleep Test utilizing technology that is required in 3.1.
Staff Orientation and Ongoing Training	<ul style="list-style-type: none"> • There is a written orientation plan with documented skill demonstration. • There is documentation of initial and ongoing training programs including policies and procedures. • There is a dedicated staff training
Continuing Education	<ul style="list-style-type: none"> • ≥ 2 programs per year related to new technology or documented areas needing improvement are presented to Facility staff.
Sleep Study Testing Personnel	<ul style="list-style-type: none"> • Sleep studies will be performed by Certified/Registered technicians • Facility will have a ratio no less than 1 technician per 2 Customers for Facility Based Sleep Studies
Sleep Study Evaluation and Testing	<ul style="list-style-type: none"> • Facility will assure a clinically validated screening questionnaire has been completed, documenting the need for a sleep study. • Facility will assure Customer receives sleep study in the most appropriate site of service. • All studies will be performed using Full Disclosure Testing methodology • For home sleep testing, Facility must use a Type 2 or Type 3 testing device.
Quality	
Accreditation	<ul style="list-style-type: none"> • Facility providing sleep testing services is accredited by the American Academy of Sleep Medicine (AASM) or the Joint Commission. • Facility will have Medicare and Medicaid provider numbers in all geographic areas where Covered Services are rendered. • Facility shall have available accreditation results upon United's request.
Continuous Quality Improvement (CQI)	<ul style="list-style-type: none"> • There is a documented CQI program identifying (through data) opportunities for real time, measured improvement in areas of core competencies in all Covered Service categories. • There are demonstrated ties between CQI findings and staff orientation, training, policies and procedures.

Sleep Study Test Interpretation	<ul style="list-style-type: none"> • Sleep study tests performed by Independent Sleep Study Testing Facility will be reviewed by a certified/registered technician and interpreted by a board certified/board eligible physician. • Home Sleep Tests performed by Independent Diagnostic Testing Facility will be reviewed by a certified/registered technician and interpreted by a board certified/board eligible physician.
Customer Complaints	<ul style="list-style-type: none"> • Complaints are logged by category and type, with documented investigation and resolution. A specific corrective action plan will be developed for any identified patterns. • There are < 2 % complaints registered by United Customers in any given quarter.
Data Report and Measurement	
Customer Satisfaction	<ul style="list-style-type: none"> • There is a quarterly Customer satisfaction report submitted to United. • There is a $\geq 95\%$ satisfaction rate as being “Satisfactory” or better. “Satisfactory” will be defined based on the satisfaction tool utilized by Facility and mutually agreed upon by both parties. • There is a documented plan to address specific areas with $\leq 95\%$ satisfaction rate. • There is a statistically significant response rate.
Utilization (national providers only)	<ul style="list-style-type: none"> • Facility will submit to United a quarterly utilization reports (specifics of report to be mutually agreed upon)
Incidents	<ul style="list-style-type: none"> • Incident rate is < 2%.
Sleep Test Reporting	<ul style="list-style-type: none"> • Facility will provide testing results to ordering physician within 7 calendar days of performing the sleep study.
Billing and Reimbursement	
Electronic Billing	<ul style="list-style-type: none"> • 100% of all claims are submitted electronically for those claims that can be received electronically by United.
Complete/Clean Claim Submission	<ul style="list-style-type: none"> • 95% of all claims submitted contain accurate and all information necessary to process the claim as defined in the Administrative Guide.
Communication	
Joint Operations Meetings (national providers only)	<ul style="list-style-type: none"> • There are regularly scheduled meetings with United’s staff to review data reports, quality issues, and proactively address administrative questions.

Payment Appendix - Pharmacy Services

APPLICABILITY

Unless another appendix to the Agreement applies specifically to a particular Covered Service as it covers a particular Customer, Section 3 “Payment Medical Benefit Infusion and Specialty Pharmacy Services”, the provisions of this Appendix applies to Contracted Services that are Covered Services rendered by Facility to Customers covered by Benefit Plans sponsored, issued or administered by all Payers.

SECTION 1 Definitions

Except for terms defined in this Appendix or definitions incorporated from another Appendix, all capitalized terms are defined in the Agreement.

Average Wholesale Price (AWP): The average wholesale price (AWP) is based on the National Drug Code (NDC) for a pharmaceutical product based on source data from a nationally available third party pricing source, such as Redbook® or Medi-Span

Redbook ® is the nationally available third party pricing source which United primarily uses to determine AWP. If Redbook does not provide AWP source data for a particular national drug code (NDC), United will utilize Medi-Span as an alternative third party source.

Contracted Rates: The rates established under this Appendix.

Covered Services: A health care service or product for which a Customer is entitled to receive coverage from a Payer, pursuant to the terms of the Customer’s Benefit Plan with that Payer.

Contracted Services: A Covered Service for which the Facility is eligible for payment under this Agreement.

Customary Billed Charge for Drugs: Charges that are the fees that Facility would ordinarily charge another person regardless of whether that person is a Customer, provided that the charges do not exceed 100% of AWP on the date the drug is dispensed.

Customary Billed Charge: The fee for health care services charged by Facility that does not exceed the fee Facility would ordinarily charge another person regardless of whether the person is a Customer.

Customer Expenses: Copayments, deductibles, or coinsurance that are the financial responsibility of the Customer according to the Customer’s Benefit Plan.

Fee Schedule: The Contracted Rates for Covered Services payable to Facility pursuant to this Agreement, including this Appendix and any other attachments to this Agreement.

Maximum Allowable Cost (MAC): The maximum allowable cost associated with the National Drug Codes for drugs manufactured by pharmaceutical manufacturers with a generic indicator as reported by a nationally recognized third party source which is updated on a monthly basis.

Multiple Therapies: The occurrence of more than one prescribed (infused) therapy that is provided in a separately compounded intravenous (IV) bag for infusion during one or more of the same days as the first prescribed therapy services are provided for the same Customer.

NDC Claim Submission: The method set forth in United's National Drug Codes (NDC) Claim Submission & Inquiry Procedures under which Facility will submit medical NDC claims supported by this Agreement.

Non-Contracted Services: Covered Services for which the Facility is not eligible for payment under this Appendix.

Per Diem: The payment made to Facility for each day that a Customer receives a Covered Services pursuant to this Agreement beginning with the day the therapy is

Physician: A Doctor of Medicine ("M.D.") or a Doctor of Osteopathy ("D.O.") who is duly licensed and qualified under the laws of the jurisdiction in which Covered Services are provided.

Repricing: The methodology that United uses to reprice any Facility claim based on the Facility's Customary Billed Charges/Customary Billed Charge for Drugs, Facility's Billed Units and the applicable discount/fixed rate when required to be submitted through the NDC Claims Submission process.

Specialty Pharmacy Medications: An injectable/infused, oral, or an inhaled medication used in the treatment of chronic and complicated disease states or therapeutic classes, such as HIV/AIDS, Multiple Sclerosis, Cancer and Hemophilia. The use of these medications often requires on-going clinical management and education for best outcomes. Specialty medications are drugs that have been designated by United as such, Specialty drugs may have unique storage or shipping requirements, are typically not available at retail pharmacies, and may cost in excess of \$250 per prescription. For the purposes of this Agreement; drug(s), medication(s) mean the same thing.

Specialty Pharmacy Program: An integrated approach to the management of Specialty Pharmacy Medications that includes consistent management across medical and pharmacy benefits, and integrates care coordination by aligning support programs, data and clinical resources available to our Customers.

Therapeutic Category/ Primary Indication: An individual drug or a group of similar drugs assigned to a category based on a therapeutic designation or a disease state by United, at its discretion, for the purpose of clinical management, benefit designation and operational efficiency.

United's National Drug Codes (NDC) Claim Submission & Inquiry Procedures: A document published by United under which the Facility is bound to submit medical claims. For the purpose of this Appendix this document is a Protocol.

SECTION 2

Payment & Claim Requirements

2.1 Pharmacy Services. For provision of Covered Services provided to a Customer pursuant to a treatment plan by and under the direction of a Prescribing Physician, the Contracted Rate shall be determined according to Section 3, as set forth below.

2.2 Payment for Pharmacy Services and Therapies: Payer shall pay Facility for contracted Pharmacy Services and therapies covered under the Customer's Benefit Plan and this Agreement.

Payer shall pay Facility for Contracted Services the lesser of (1) Facility's Customary Billed Charges, less any applicable Customer Expenses, or (2) the amount set forth under Section 3, or (3) the allowable set forth under the Maximum Allowable Cost (MAC) fee schedule, less any applicable Customer Expenses.

Covered Services that are billed for separately by Facility are considered a Non-Contracted Service. Facility will not be reimbursed under this Appendix for Non-Contracted Services.

2.2.1 Payment Code Updates. United shall have the right to update any codes, such as DRG, Revenue Code, Diagnosis Code, HCPCS Code and/or CPT Code from time to time according to changes in the industry, including among other things (a) the latest edition of the Current Procedural Terminology (CPT) manual which is revised by the American Medical Association, (b) the latest edition of the HCPCS manual which is revised by the Centers for Medicare and Medicaid Services (CMS), (c) the latest edition of the ICD manual which is issued by the U.S. Department of Health and Human Services, (d) the latest guidelines from the National Uniform Billing Committee and (e) the latest DRG information and guidelines as published by the Centers for Medicare and Medicaid Services (CMS).

2.2.2 Billable Units: For all drug products assigned an NDC, Facility will submit claims for units as established by the NCPDP National Standards.

For Per Diems, Facility will submit for each day that a Customer receives a Covered Services pursuant to this Agreement beginning with the day the therapy is initiated and ending with the day the therapy is discontinued. Such payment shall be considered payment in full for all Covered Services rendered to the Customer, including those services indicated under each drug classification or service listed in the Prescribed Therapies, Services and Payment Table set forth in Section 3 below. This definition is valid for per diem therapies of duration up to and including every 72 hours. Therapies provided beyond this range (weekly, monthly, etc.) fall outside of the per diem structure and the Facility should bill per diem codes only when the administration and associated supplies and clinical management support the frequency of the therapies.

The number of units billed is the number of days on which therapy is actually provided. For example, if a patient receives IV Antibiotics Q72 (every 72 hours) for two weeks, Facility will bill for four (4) days of therapy. Note that the number of units billed must not exceed the number of days in the billing span.

2.2.3 Waste: After Facility has dispensed drugs and supplies in good faith to a Customer pursuant to a prescription, Facility shall submit claims for the dispensed services in accordance with this Appendix even if the products become not usable by Customer due to, but not limited to, the following reasons: (a) Prescribing Physician directed change in prescription, (b) change in disease state, (c) Customer death, (d) Customer non-compliance, (e) Customer hospitalization, and (f) Customer relocation. Facility will submit claims with the appropriate wastage modifiers.

2.2.4 Drug Availability:

Drug Shortage: In the event Facility determines and notifies United, in writing that there is an acute product shortage or limited availability with regard to a particular drug and the market price of the drug is equal to or exceeds the AWP, the Facility shall be reimbursed the amounts set forth in the Pharmacy Services Category Rate Table with the option to request that the Facility and United meet to negotiate an applicable interim rate for that particular drug. In the event the parties fail to reach an Agreement on the interim rate for that particular drug within 30 days of the

date of written notice by Facility to United of an acute product shortage or limited availability with regard to that drug and where the market price of that drug exceeds the AWP, the Facility shall be reimbursed the amounts set forth in the Pharmacy Services Category Rate Table.

On a case-by-case basis, the Facility may request a corrective adjustment in accordance with Section 4.2 of the Agreement.

Drug no longer available: The Facility will notify United in writing within 10 days when a drug is no longer available to the Facility due to a change in sole source or limited distribution arrangement by the manufacturer. United will meet with the Facility within 30 days of Facility giving notice to United, to define the process for Customer access specific to that drug.

2.2.5 Newly Approved Products to an already contracted Therapeutic/Primary Indication Category:

When newly approved Specialty medications (“newly approved” shall mean a drug that is new to the market), are released to market as an addition to an already established Therapeutic/Primary Indication Category identified in the Specialty Pharmacy Services Category Rate Table, United and Facility shall discuss and agree on the applicable AWP discount for such newly approved medications for a period of up to and no longer than sixty (60) days in order for United and Facility to agree upon a new rate for such newly approved medications.

During such discussion period Facility shall provide such newly approved medications(s) at the Therapeutic/Primary Indication Category Default as referenced in Section 3.

If United and Facility are unable to agree to an established rate for a newly approved Specialty medication at any point within the 60 days, United can unilaterally transition impacted members to another vendor and Facility will not be reimbursed for such newly approved Specialty medications.

2.2.6 Rates not listed in Specialty Pharmacy Services Category Rate Tables:

When Facility dispenses a medication that that does not meet the criteria of being a newly approved product as referenced in Section 2.2.5 and does not have a rate established in the Specialty Pharmacy Services Category Rate Table, Facility will not receive payment. Services will be considered Non-Contracted Services. In the event that Facility provides Customer with such services the Customer Hold Harmless provisions in the Agreement and in this Appendix applies.

2.2.7 Change in Drug Source: Should United change the national drug data company source that is used for AWP from Redbook® to another source, or should the reporting source for determining AWP not continue to support AWP or change the methodology by which AWP is calculated or reported, or in the event of a government imposed or industry-wide change that alters the economics of the Agreement, the parties agree to modify the pricing terms in order to preserve the parties’ respective economic positions under this Agreement. In such event, the parties agree to adhere to the published AWP on the day prior to the change until the parties have negotiated otherwise during the initial term of the participation Agreement.

Should United change the national drug data company source that it uses for AWP, United will give the Facility a minimum of 30 days prior written notice of such change.

2.2.8 Change in Maximum Allowed Cost: Should United change the company source that is used to establish the MAC, or should the reporting source for determining MAC not continue to support the establishment of a MAC, or change the methodology by which MAC is calculated or reported, or in the event of a government imposed or industry-wide change that alters the economics of the Agreement, the parties agree to modify the pricing terms in order to preserve the parties' respective economic positions under this Agreement such that the net price of a product is the same as before such change occurred. In such event, the parties agree to adhere to the published monthly MAC on the day prior to the change until the parties have negotiated otherwise during the initial term of the Agreement.

Should United change the national drug data company source for AWP data or the third party vendor that it uses for MAC, United will give the Facility a minimum of 30 days prior written notice of such change.

2.2.9 Claims (Form and content): Facility must submit claims for Covered Services in a manner and format prescribed by United. For the purposes of Section 3, Facility will submit all medical benefit claims unless noted as an exception through United's NDC Claims Submission process, set forth in United's National Drug Codes (NDC) Claim Submission & Inquiry Procedures. Unless otherwise directed by United, Facility shall submit claims using current CMS 1500 or successor forms for paper claims and HIPAA standard professional formats for electronic claims, as applicable, with applicable coding including, but not limited to, ICD, CPT, Revenue and HCPCS coding.

2.2.10 Inclusive Rates: The rates established by this Agreement for the service categories listed in this Appendix are all inclusive and represent the entire payment for the provision of all Covered Services that are in the given therapeutic category. No additional payments shall be made for any services and/or items covered under the Customer's Benefit Plan when billed for separately by Facility.

SECTION 2.3 Miscellaneous Provisions

2.3.1 Customer Hold Harmless for Non-Contracted Services: If a Facility provides a Non-Contracted Service, Facility will not bill or collect payment from the Customer, or seek to impose a lien for such Non-Contracted Services.

2.3.2 Medicaid Agency Payment Changes: If a state Medicaid agency changes the manner in which it reimburses or changes the Medicaid primary fee source and United is required to use such Medicaid primary fee source in its payment to Facility, United may amend the Agreement to add a new payment appendix that uses such Medicaid primary fee source (the "New Medicaid Payment Appendix"). Unless otherwise required by the state Medicaid agency, the contract rates will be an amount that is the same or similar to the contract rates in this Appendix. The New Medicaid Payment Appendix will be applicable to Covered Services rendered to Customers enrolled in the Medicaid Benefit Plan of the state for which such change is applicable. The amendment will be considered a regulatory amendment under Section 9.2 of the Agreement.

2.3.3 Confidentiality. The confidentiality provisions in the Agreement apply to all Customer data.

- 2.3.4 Rebates:** Facility understands and agrees that United shall be entitled to all rebates on Specialty pharmacy products (“Rebates”) that are provided to Customers under this Agreement. For purposes of this Agreement, Rebates include but are not limited to all rebates, or other financial incentives (whether access, base, PDL, incentive, market share, volume, or other), administrative fees and data fees, and any interest thereon.
- 2.3.5 Rebate Disclosure:** Prior to executing this Agreement, Facility will clearly disclose to United all manners under which Facility receives money from pharmaceutical manufacturers for Specialty pharmacy medications and how it will pass through Rebates which United is entitled to based on Customers’ utilization of Specialty pharmacy medications provided by Facility under this Agreement.
- 2.3.6 Operational and Clinical Participation Requirements:** Facility shall meet and be bound by the operational and clinical participation requirements attached to the Agreement to the extent applicable.
- 2.3.7 Amending the Specialty Pharmacy Services Category Rate Table.** Upon 90 days advance written notice to the Facility, United may terminate a particular Therapeutic/Primary Indication Category and/or drug listed under the Specialty Pharmacy Services Rate Table without terminating the entire Agreement.
- 2.3.8 Prescription Drug List (“PDL”) and all Policies/Protocols.** Facility will fully support United’s PDL strategy and decisions; including communication of lower co-pay options as well as support United’s strategy regarding the use of manufacturer coupons, co-pay and/or discount cards.
- 2.3.9 Facility will cooperate with the transfer of United's members' files to successor provider.** In the event United provides notice of termination to Facility pursuant to Section 2.3.7 titled “Amending the Specialty Rate Tables and Specialty Category Tables” or Section 8.2 titled “Termination”, Facility will cooperate with the transfer of United’s customer files to successor provider in timely manner.
- Facility will make best efforts to meet all transition timelines established by United. United will work with Facility to establish data requirements for transition. Facility will coordinate with United and successor provider regarding the data transfer requirements.
- 2.3.10 Auto-ship:** Facility agrees that it will not auto-ship product to Customers. Auto-ship is defined as scheduling and sending Specialty pharmacy medications without first verifying with the Customer that the Customer still needs the medication, the Customer’s shipping address is correct, and the date and time that the delivery will occur.

**Section 3-Payment Medical Benefit
Infusion and Specialty Pharmacy Services**

Infusion Pharmacy Services Category Rate Table

Included in any Per Diem:

All pharmacy and clinical management/coordination, all infusion related supplies and equipment inclusive of IV poles and pumps (stationary, ambulatory, and disposable), delivery and associated mileage, hazardous waste disposal, patient education materials, and standard additives for TPN and Enteral. In addition to the items referenced above the following is included in the TPN Per Diem: (a) non-specialty amino acids (e.g., Aminosyn®, FreAmine®, Travasol®), (b) concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70), (c) sterile water, (d) electrolytes (e.g., CaCl2, KCL, KPO4, MgSo4, NaAc, NaCl, NaPO4), (e) standard multi-trace element solutions (e.g., MTE4, MTE5, MTE7), and (f) standard multivitamin solutions (e.g., MVI-12 or MVI-13). (e) lipids (e.g., Intralipid®, Liposyn®), (f) added trace elements not from a standard multi-trace element solution (e.g. chromium, copper, iodine, manganese, selenium, zinc), (g) added vitamins not from a standard multivitamin solution (e.g. folic acid, vitamin C, vitamin K), and (h) products serving non-nutritional purposes (e.g., heparin, insulin, iron dextran, Pepcid®, Sandostatin®, Zofran®).

Excluded from any Per Diem: All Medications, nursing services, diluents and solutions inclusive of flushes are excluded from the per diem and are not reimbursable items.

Multiple Therapy Discount

Modifier:

SH - 50% Second concurrently administered therapy

SJ – 25% For 3 or more concurrently administered therapies

For the second concurrently administered therapy; the payment shall be reimbursed at 50% of the second highest per diem. If 3 or more therapies are concurrently administered than reimbursement will be 25% of the third highest prescribed therapy per diem.

DRAFTING NOTE: The Drug Reimbursement must be the same for each established category.

Therapeutic Category/Primary Indication (Contracted or Non-Contracted)	HCPC S	Description	Per Diem & Nursing	Drug Reimbursement
ANTI-COAGULATION THERAPY				
Contracted	S9336	HIT- Continuous Anti-coagulation IV Therapy (e.g. Heparin)	\$	AWP-__% or MAC
Contracted	S9372	HIT- Intermittent Anti-coagulant Injection (e.g. Heparin)	\$	AWP-__% or MAC

ANTI-EMETIC IV THERAPY				
Contracted	S9351	HIT- Continuous Anti-emetic IV Therapy	\$	AWP-__% or MAC
Contracted	S9370	HIT- Intermittent Anti-emetic Injection	\$	AWP-__% or MAC
ANTI-INFECTIVE THERAPY				
Contracted	S9500	HIT- Antibiotic Antiviral or Antifungal - every 24 hours	\$	AWP-__% or MAC
Contracted	S9501	HIT- Antibiotic Antiviral or Antifungal- every 12 hours	\$	AWP-__% or MAC
Contracted	S9502	HIT- Antibiotic Antiviral or Antifungal- every 8 hours	\$	AWP-__% or MAC
Contracted	S9503	HIT- Antibiotic Antiviral or Antifungal- every 6 hours	\$	AWP-__% or MAC
Contracted	S9504	HIT- Antibiotic Antiviral or Antifungal- every 4 hours	\$	AWP-__% or MAC
Contracted	S9497	HIT- Antibiotic Antiviral or Antifungal- every 3 hours	\$	AWP-__% or MAC
Contracted	S9494	HIT-Antibiotic Antiviral or Antifungal, NOC (Only use when frequency is not represented by codes S9497-S9504)	\$	AWP-__% or MAC
CATHETER INSERTION AND MAINTENANCE SUPPLIES				
Contracted	S5498	Catheter Care - Single Lumen	\$	N/A
Contracted	S5501	Catheter Care - More Than One	\$	N/A
Contracted	S5502	Catheter Care - Implanted Port	\$	N/A
Contracted	N/A	Activase (billed in conjunction w/Cath Care)	N/A	AWP-__% or MAC
Contracted	S5520	PICC Line Supplies	\$	N/A
Contracted	S5521	Midline Supplies	\$	N/A
Contracted	S5522	PICC Line Placement	\$	N/A
Contracted	S5523	Midline Placement	\$	N/A
CHEMOTHERAPY				
Contracted	S9330	HIT- Continuous Chemotherapy Infusion (>24 Hours)	\$	AWP-__% or MAC
Contracted	S9331	HIT- Intermittent Chemotherapy Infusion (<24		AWP- % or

		Hours)	\$	MAC
Contracted	S9329	HIT- Chemotherapy Infusion, NOC	\$	AWP-__% or MAC
ENTERAL NUTRITION				
Contracted	S9343	Enteral - Bolus Admin	\$	AWP-__% or MAC
Contracted	S9341	Enteral - Gravity Admin	\$	AWP-__% or MAC
Contracted	S9342	Enteral - Via Pump	\$	AWP-__% or MAC
Contracted	S9470	Registered Dietician	\$	N/A
HYDRATION				
Contracted	S9374	Hydration Therapy - <=1L	\$	N/A
Contracted	S9375	Hydration Therapy - >1L and <=2L	\$	N/A
Contracted	S9376	Hydration Therapy ->2L and <= 3L	\$	N/A
Contracted	S9377	Hydration Therapy - > 3L	\$	N/A
PAIN MANAGEMENT				
Contracted	S9326	HIT- Continuous Pain Management Infusion	\$	AWP-__% or MAC
Contracted	S9327	HIT- Intermittent Pain Management Infusion	\$	AWP-__% or MAC
Contracted	S9328	HIT- Implanted Pump Pain Management Infusion	\$	AWP-__% or MAC
Contracted	S9325	HIT- Pain Management Infusion, NOC	\$	AWP-__% or MAC
TOTAL PARENTERAL NUTRITION				
Excluded from the TPN Per Diem:				
Excluded from per diem reimbursement and reimbursed separately: (a) specialty amino acids for renal failure (e.g., Aminess®, Aminosyn-RF®, NephrAmine®, RenAmin®), (b) specialty amino acids for hepatic failure (e.g., HepatAmine®), (c) specialty amino acids for high stress conditions (e.g., Aminosyn-HBC®, BranchAmin®, FreAmine HBC®, Premasol®, TrophAmine®), (d) specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (e.g., Aminosyn® 15%, Clinisol® 15%, Novamine® 15%, Prosol® 20%),				
Contracted	S9365	HIT- TPN <=1L	\$	N/A
Contracted	S9366	HIT- TPN >1L and <=2L	\$	N/A
Contracted	S9367	HIT- TPN >2L and <=3L	\$	N/A
Contracted	S9368	TPN >3L	\$	N/A

Contracted	S9364	HIT- TPN, NOC		N/A
Contracted	B5000, B5100, B5200	Specialty Amino Acids	N/A	AWP-__% or MAC
NURSING AND PROFESSIONAL SERVICES				
Contracted	99601	Infusion Drug Administration – RN Visit	\$	N/A
Contracted	99602	Infusion Drug Administration – RN/hour	\$	N/A
NOT OTHERWISE CLASSIFIED CATEGORIES				
	S9379	Therapies Not Listed – Infused*	\$	80% of Customary Billed Charges for Drugs or MAC
	S9542	Therapies Not Listed - Non-Infused*	\$	80% of Customary Billed Charges for Drugs or MAC
MISCELLANEOUS INFUSION THERAPIES				
Contracted	S9061	HIT- Aerosolized Drug Therapy (e.g. Pentamidine)	\$	AWP-__% or MAC
Contracted	S9355	Chelation Therapy	\$	AWP-__% or MAC
Contracted	S9348	Inotropic Therapy	\$	AWP-__% or MAC

Home Infusion Service Network Requirements, Standards and Guarantees

Category	
Service	<p>PS1: Facility will provide services to at least 98% of all referrals with no less than 2% of all cases referred to Facility being declined.</p> <p>Reporting Requirement: Facility will provide a report of all declined cases and the reason for decline. Reporting will be provided to United through a Contract/Outcomes Review Meeting and/or upon request.</p>
Availability	<p>PS2:</p> <ul style="list-style-type: none"> • Facility will operate a call center that is available during normal business hours from 8:00am to 8:00pm EST. • Facility will provide access to clinicians during normal business hours and after hours (24/7 access) for urgent/emergent calls and clinical questions. • Facility will provide a toll free telephone number and facsimile number.
Staff Training-Continuing Education	<ul style="list-style-type: none"> • Facility will meet all orientation, training and continuing education requirements to comply with licensure and accreditation standards. • Facility will provide ongoing education and training, at a minimum annually, to maintain professional competency of all staff. • Facility will provide initial and ongoing training to all staff for all therapeutic categories contracted under this Agreement. • At a minimum clinical staff training must include: <ul style="list-style-type: none"> ○ Conditions related to dispensed medications, including supporting medications and those used for ancillary care. ○ Pharmacology ○ Adverse drug reactions ○ Drug-drug interactions ○ Drug-disease interactions ○ Treatment regimens pertinent to conditions ○ Emerging study data ○ New medications to market <p>Reporting Requirement: Facility will supply documentation of initial and ongoing training programs related to specialty medications and disease states including all policies and procedures associated with each training program.</p> <p>Reporting will be provided to United through the Contract/Outcomes Review Meeting and/or upon request.</p>

<p>Accreditation, Licensure and Regulatory Compliance</p>	<p>PS3: Facility will maintain all required licensure and accreditation.</p> <ul style="list-style-type: none"> • Facility will be accredited by an approved accrediting body such as JCAHO/ACHC, for all locations serving United Customers. • Facility will comply with United’s credentialing standards and meet all established federal and state laws and regulations. • Facility will have Medicare and Medicaid provider numbers in all states in which Facility is licensed to provide services. • Facility will track applicable laws and regulations related to the Facility’s scope of business, provide oversight to ensure compliance with applicable laws and regulations when changes occur; respond promptly to detected problems and takes corrective action as needed.
<p>Referral Response Time</p>	<ul style="list-style-type: none"> • Upon receipt of order, Facility will make best commercial effort to contact the Customer within 24 hours of initial referral and/or change in order. • Unless otherwise directed by prescribing physician, Facility will dispense and deliver medications within two business days.
<p>Complaints & Issue Resolution</p>	<p>PS4: Facility will not exceed a 2% complaint threshold as a percent of total shipped prescriptions.</p> <ul style="list-style-type: none"> • Facility will maintain a formal process to address Customer and/or United complaints that includes: <ul style="list-style-type: none"> ○ Timely response to all complaints ○ Documented notice of complaint resolution inclusive of an explanation ○ Evidence that the Facility’s documented policy and procedures timeline for complaint resolution was met ○ The process for additional inquiry if Customer and/or United is not satisfied with the resolution outcome <p>Reporting Requirement: Facility will report as required by JCAHO/ACHC requirements, consisting of, but not limited to:</p> <ul style="list-style-type: none"> • Total complaints, medication errors (inclusive of but not limited to Physician, Customer, or Health Plan) • By category and type • Resolutions and turnaround times. • Corrective action plans where patterns of complaints appear. <ul style="list-style-type: none"> • Reporting will be provided to United through the Contract/Outcomes Review Meeting and/or upon request.

Customer Satisfaction	<p>PS5: Facility will maintain a satisfaction rating of $\geq 95\%$ overall. If Facility falls below 95%, United and Facility will create a corrective action plan and Facility will regularly report progress until the Facility returns to compliance with the performance standard.</p> <ul style="list-style-type: none"> • Facility will perform Customer Satisfaction Surveys as required through the accreditation body for Customer’s enrolled in United health plans. • Facility must use a third party for satisfaction surveys. • Reporting Requirement: Facility will provide reporting to United, as determined by United, by health plan or category of health plans for each therapeutic category contracted under this Agreement. Reporting should include the percentage of response (solicited/returned). Reporting will be provided to United through the Contract/Outcomes Review Meeting and/or upon request.
Medical Benefit Claims Submission	<ul style="list-style-type: none"> • Facility will submit all claims in compliance with United’s claims submission requirements inclusive of but not limited to the NDC Claims Submission Guidelines. <p>100% of all claims are submitted electronically for those claims that can be received electronically by United.</p>
Claim Submission	<p>PS6: Facility will submit 99.98% of all claims as clean claims.</p>
Account Management	<ul style="list-style-type: none"> • Facility will assign an Account Manager who will serve as the primary liaison to work with United. • Facility will assign an appropriate level of staff to support ongoing program improvement and development of initiatives for optimal use of services, tracking and evaluation of outcomes.
Contract/Outcomes Review Meetings	<ul style="list-style-type: none"> • Facility will participate in Contract/Outcomes Review Meetings with United and/or a designated United at mutually agreed upon timeframes. • Reporting Requirements: Facility will present all required reports during this meeting. Reports will be sent electronically to United at least one (1) week prior to the meeting.

Specialty Pharmacy Services Category Rate Table

Specialty Pharmacy Per Diems			
HCPCS	Description	Per Diem Rate	Drug Reimbursement
S9359	Rheumatoid Arthritis Anti-tumor Necrosis Factor IV (Remicade)	\$	See Drug Rate Table
S9357	Enzyme Replacement IV Therapy (Cerezyme)	\$	See Drug Rate Table
S9363	Anti-Spasmotic IV Therapy	\$	See Drug Rate Table
S9361	Diuretic IV Therapy	\$	See Drug Rate Table
S9346	Alpha-1-Proteinase Inhibitor (e.g. Prolastin, Zemaria, Aralast)	\$	See Drug Rate Table
S9558	Growth Hormone Injection	\$	See Drug Rate Table
S9562	Synagis-Palivizumab Injection	\$	See Drug Rate Table
S9537	Blood Product Simulating Factor (Hematopoietic Hormone) Injection	\$	See Drug Rate Table
S9559	Interferon Injection	\$	See Drug Rate Table
S9560	Hormonal Therapy (e.g. Leuprolide, Goserelin)	\$	See Drug Rate Table
S9345	Hemophilia (Factor)	\$	See Drug Rate Table
S9338	Immunoglobulins	\$	See Drug Rate Table
S9347	Primary Pulmonary Hypertension (Flolan)	\$	See Drug Rate Table

Alcohol Dependence

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Anemia

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Anticoagulants

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Antiemetic

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Antipsychotic

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Asthma

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Biologic

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates..

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Blood Modifying Agents

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Cardiovascular/Heart Failure

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Cervical Dystonia

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

CNS Agents

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Cystic Fibrosis

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Dermatologic

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Diagnostic

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Endocrine

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Enzyme Deficiency

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Gaucher's Disease

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Growth Hormone Deficiency

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Hematologic

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Hemophilia

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Hepatitis B

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Hepatitis C

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

HIV/AIDS

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Immune Globulin

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Immune Modulator

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Infertility

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Interstitial Cystitis

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Iron Overload

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Macular Degeneration

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Monoclonal Antibody Miscellaneous

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Multiple Sclerosis

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Neutropenia

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Oncology - Injectable

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Oncology - Oral

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Oncology/Multiple Sclerosis

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates..

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Ophthalmic/Otic

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Osteoarthritis

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Osteoporosis

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Pain Management

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Parkinson's Disease

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Psoriasis

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Pulmonary Hypertension

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Rheumatoid Arthritis (RA)

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

RSV-Prevention

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Severe Spasticity

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Thrombocytopenia Prevention

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Thrombolytic Agents

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Transplant

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Unclassified Drugs

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Uvitis

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

Vaccines

This Therapeutic/Primary Indication Category is a Contracted Service for Facility with the exception of drugs that are subject to United's Administrative Guide Protocols. Please refer to the Specialty Pharmacy Services Rate Table below for drug specific rates. Prescriptions subject to United's Administrative Guide Protocols should be directed to a United network specialty pharmacy provider.

Therapeutic/Primary Indication Category Default: 80% of Customary Billed Charges for drugs.

INSERT DRUG RATE TABLE

Specialty Pharmacy Network Requirements, Standards and Guarantees

The following are the minimum participation, performance and reporting standards and requirements for United’s Specialty Pharmacy Network.

Contracted Therapeutic Categories:

<input type="checkbox"/> Crohn’s Disease	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Hepatitis C	<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Oral Oncology	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> PAH
<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Transplant	<input type="checkbox"/> RSV	<input type="checkbox"/> Infertility
<input type="checkbox"/> Other: _____			

Section 1: General Program Requirements and Performance Standards

Key: PS=Performance Standard

Category	Program Requirements and Performance Standards
Service	<p>PS1: Facility will provide services to at least 98% of all referrals with no less than 2% of all cases referred to Facility being declined.</p> <p>Reporting Requirement: Facility will provide a report of all declined cases and the reason for decline. Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p>
Availability- Customer Service	<p>PS2: Facility will meet call center operating requirements with 99.98% compliance. Calls must have an average speed of answer within 30 seconds; average abandonment rate of incoming calls will not exceed 3%.</p> <ul style="list-style-type: none"> Facility will operate a call center that is available during normal business hours from 8:00am to 8:00pm EST. Facility will provide access to clinicians during normal business hours and after hours (24/7 access) for urgent/emergent calls and clinical questions. Facility will provide a toll free telephone number and facsimile number. <p>Reporting Requirement: Facility will track, not less than monthly, and report quarterly call center metrics; inclusive of call wait times, call abandonment rates, and transfer wait time for clinician referral. Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p>
Staff Training - Continuing Education	<ul style="list-style-type: none"> Facility will meet all orientation, training and continuing education requirements to comply with licensure and accreditation standards. Facility will provide ongoing education and training, at a minimum annually, to maintain professional competency of all staff. Facility will provide initial and ongoing training to all staff for all therapeutic categories contracted under this Agreement. At a minimum clinical staff training must include: <ul style="list-style-type: none"> Conditions related to dispensed medications, including supporting medications and those used for ancillary care. Pharmacology

	<ul style="list-style-type: none"> ○ Adverse drug reactions ○ Drug-drug interactions ○ Drug-disease interactions ○ Treatment regimens pertinent to conditions ○ Emerging study data ○ New medications to market <p>Reporting Requirement: Facility will supply documentation of initial and ongoing training programs related to specialty medications and disease states including all policies and procedures associated with each training program. Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p>
Accreditation, Licensure and Regulatory Compliance	<p>PS3: Facility will maintain all required licensure and accreditation.</p> <ul style="list-style-type: none"> ● Facility will be accredited by an approved accrediting body, for all locations serving United Customers. ● Facility will be URAC accredited for Specialty Pharmacy. ● Facility will comply with United’s credentialing standards and meet all established federal and state laws and regulations. ● Facility will have Medicare and Medicaid provider numbers in all states in which Facility is licensed to provide services. ● Facility will track applicable laws and regulations related to the Facility’s scope of business, provide oversight to ensure compliance with applicable laws and regulations when changes occur; respond promptly to detected problems and takes corrective action as needed.
Employment Background Screening	<p>PS4: Facility will maintain 100% compliance.</p> <ul style="list-style-type: none"> ● Facility will conduct, at a minimum, employment background screening for all employees who have access to medications and controlled substances. The screening must include: (a) criminal background check and (b) drug testing/screening. <p>Reporting Requirement: Facility will track all screenings on an individual staff member basis to include the recorded date screening was completed, the type of screening performed, screening results, and corrective action, if applicable. Facility will make available to United upon request.</p>
Complaints & Issue Resolution	<p>PS5: Facility will not exceed a 2% complaint threshold as a percent of total shipped prescriptions.</p> <ul style="list-style-type: none"> ● Facility will maintain a formal process to address Customer and/or Client complaints that includes: <ul style="list-style-type: none"> ○ Timely response to all complaints ○ Documented notice of complaint resolution inclusive of an explanation ○ Evidence that the Facility’s documented policy and procedures timeline for complaint resolution was met ○ The process for additional inquiry if Customer and/or Client is not satisfied with the resolution outcome ● Facility will comply with United’s Handling and Escalation of Complaints Policy and Procedure.

	<p>Reporting Requirement: Facility will report as required by URAC Specialty Pharmacy Accreditation Guide, consisting of, but not limited to:</p> <ul style="list-style-type: none"> • Total complaints, medication errors (inclusive of but not limited to Physician, Customer, or Health Plan) • By category and type • Resolutions and turnaround times. • Corrective action plans where patterns of complaints appear. <p>Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p>
Customer Satisfaction	<p>PS6: Facility will maintain a satisfaction rating of $\geq 95\%$ overall. If Facility falls below 95%, United and Facility will create a corrective action plan and Facility will regularly report progress until the Facility returns to compliance with the performance standard.</p> <ul style="list-style-type: none"> • Facility will perform Customer Satisfaction Surveys as required through the URAC Specialty Pharmacy Accreditation Requirements for Customer’s enrolled in United’s health plans. • In addition to the URAC Requirements, Facility must use a third party for satisfaction surveys. • Facility may utilize an alternative to CAHPS® fka Consumer Assessment of Healthcare Providers and Systems as referenced in URAC Specialty Pharmacy Accreditation Requirements. <p>Reporting Requirement: Facility will provide reporting to United, as determined by United. Facility will provide reporting by health plan and/or line of business for each therapeutic category contracted under this Agreement. Reporting should include the percentage of response (solicited/returned). Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p>
Referral Response Time	<ul style="list-style-type: none"> • Upon receipt of order, Facility will make best commercial effort to contact the Customer within 24 hours of initial referral and/or change in order. • Unless otherwise directed by prescribing physician, Facility will dispense and deliver medications within two business days.
Account Management	<ul style="list-style-type: none"> • Facility will assign an Account Manager who will serve as the primary liaison to work with United. • Facility will assign an appropriate level of staff to support ongoing program improvement and development of initiatives for optimal use of services, tracking and evaluation of outcomes.
Joint Operating Committee Meetings	<ul style="list-style-type: none"> • Facility will participate in Joint Operating meetings with United at mutually agreed upon timeframes. <p>Reporting Requirements: Facility will present all required reports during this meeting. Reports will be sent electronically to United at least one (1) week prior to the meeting.</p>
Financial Assistance	<ul style="list-style-type: none"> • Facility will assist Customers in obtaining financial assistance when needed. This will include directing Customers to available literature and information on federal, state and disease-specific agencies.

Policy and Procedures	<ul style="list-style-type: none"> Facility will (a) review written policies and documented procedures no less than annually and revise as necessary; (b) maintain and comply with written policies and/or documented procedures that govern core business processes of its operations related to the scope of the accreditation; (c) maintain the ability to produce a master list of all such policies and procedures; and (d) include the following on the master list or on all written policies and documented procedures:(i) effective dates, review dates, including the date of the most recent revision; and (ii) identification of approval authority.
Emergency Management	<ul style="list-style-type: none"> Facility will have an emergency management plan that includes a plan for distribution of the drugs and services during an emergency to ensure continuity of care. Facility will notify United upon execution of the emergency management plan.
Disclosure	<ul style="list-style-type: none"> Facility will disclose upon request; arrangements that could create a conflict of interest that affects clinical or financial decisions; all purchasing discounts; pricing structure of pharmacy services, inclusive of rebate structure, administrative fees and any subcontracting services in support this Agreement.
Corrective Action Plan	<ul style="list-style-type: none"> Facility will be subject to a Corrective Action Plan if the Performance Standards, Program Requirements and/or Reporting Requirements are not meet.
Billing and Reimbursement	
Medical Benefit Claims Submission	<ul style="list-style-type: none"> Facility will submit all claims in compliance with United’s claims submission requirements inclusive of but not limited to the NDC Claims Submission Guidelines.
Claim Submission	PS7: Facility will submit 99.98% of all claims as clean claims.

Section 2: Specialty Drug Management and Reporting

Drug Management	<p>PS8: Facility will meet all URAC Standards for the provision of a comprehensive drug management program as referenced in the URAC Specialty Pharmacy Accreditation Guide.</p> <ul style="list-style-type: none"> • Facility will comply with all of United’s clinical policies inclusive of medical policies, drug policies and/or Administrative Guide Protocols. • Facility will utilize an electronic drug management software tool inclusive of clinical decision support tools and clinical review tools. <p>Reporting Requirement: Facility will report all drug management activities inclusive of but not limited to adverse drug events supported by URAC Standard SDrM4 in the URAC Specialty Pharmacy Accreditation Guide. Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p>
Customer Safety Process Requirements	<ul style="list-style-type: none"> • Facility will notify United and the Customer immediately of all critical adverse events as they relate to clinical errors, adverse drug events, drug recalls, and product-inventory shortages including long- term out-of-stock medications, and dispensing errors when the Facility’s Customer safety process has failed. • Facility will comply with United’s Handling and Escalation of Complaints Policy and Procedure. <p>Reporting Requirement: Upon identification and immediate notification of critical adverse events, the Facility will provide a Customer Safety report to United.</p>
Health Literacy and Cultural Appropriate Communication	<ul style="list-style-type: none"> • Facility will provide comprehensive disease and drug specific printed education materials for all therapeutic categories contracted under this Agreement. • Materials must meet a literacy level of the 8th grade • Facility will customize materials upon request to support language and/or cultural differences. • Facility will customize materials upon request to support United’s Customers that may have a cognitive or physical impairment which warrants customized materials (i.e. hearing and vision impaired). • Facility will supply materials as needed to support United Customer’s course of treatment. • Facility will make available to United, upon request relevant policies and procedures and samples of all educational materials upon request.
Clinical Interventions	<p>PS9: Facility will comply with and promote to prescribers; United’s Prescription Drug List (PDL), benefit tiering, step therapy, Administrative Guide Protocols and other benefit designs in support of United’s specialty drug management program.</p>

	<p>Reporting Requirement: Facility will track and report, as mutually agreed upon, on all clinical interventions under this Agreement. Facility will report to United through the Joint Operating Committee Meeting and/or upon United’s request the following:</p> <ul style="list-style-type: none"> • Intervention count by activity and acceptance of recommendation by Customer or Physician <ul style="list-style-type: none"> ▪ Immunization recommendation ▪ Dose adjustments ▪ Therapy adjustments / Drug Interaction ▪ Customer education ▪ Referral to partner resources (i.e. OptumHealth Behavioral Solutions) ▪ Other (describe)
Dose Optimization	<p>Upon request, Facility and United will collaboratively develop Dose Optimization Program(s) and associated Performance Standard. Once established Facility will meet all tracking and reporting requirements as referenced below.</p> <p>Reporting Requirement: Facility will track and report on results of therapy specific dose optimization programs performed as part of this Agreement and will collaborate with United on reporting requirements.</p>
Prescription Fulfillment	<p>PS10: Facility will fill 100% of approved prescription medications within required timelines referenced below.</p> <ul style="list-style-type: none"> • Facility will provide timely assistance to Customers in obtaining prescription medications that are out of supply, which may require expedited product ordering and delivery and/or seeking assistance from another specialty or retail pharmacy. • Facility will arrange for same day delivery or Saturday delivery if warranted by the drug ordered and/or the condition being treated. • Facility will conduct reminder calls as appropriate for all United Customers 5 -15 days in advance of the next expected refill to support the coordination and delivery of ordered medication. Facility will make three call attempts if contact is not made with the Customer. • If prescription needs to be replaced the Facility will do so at no additional cost to the Customer or United. • Facility will work in conjunction with prescribing physician, Customer, and/or caregiver when appropriate to obtain all necessary prescription information and other orders. • Unless otherwise directed by prescribing physician, Facility will dispense and deliver medications within two business days. <p>Reporting Requirement: Facility will track and report all exceptions to meeting the 100% fill rate of all approved prescription medication referrals. Inclusive of but not limited to all "lost" prescriptions.</p>
Adherence Programs	<p>PS11: Facility will provide medication adherence programs, including but not limited to, refill reminder calls. Refill reminder calls should be made at a minimum of but not limited to two (2) attempts for each upcoming refill.</p> <p>Reminder calls should screen for non-adherence. Screenings could include but not be limited to the medication compliance (missed doses), problems with the Customers medication (s), and/or a review of the Customers prescription history. Note- at this</p>

	<p>time an adherence program is not required for infertility but the Facility must communicate to the Customer how to refill medication(s) through Facility.</p> <ul style="list-style-type: none"> • The adherence program will include any subjective and objective adherence screening methods/tools and timing of screenings. • Facility will have documented process flows and materials describing and/or documenting the adherence program, Customer interactions, intervention plans, plans/process flows for intervention if non-adherence is detected, follow up, and reporting. <p>Reporting Requirement: Facility will provide a report (mean, standard deviation, range for Proportion of Days Covered and Medication Possession Ratio (MPR) and persistence) on the adherence rates for all contracted therapeutic category (ies) under this Agreement. Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <p>Adherence Program reporting must follow URAC’s recommended methodology Proportion of Days Covered and MPR for all contracted therapeutic category (ies).</p> <p>Medication Possession Ratio (MPR) = N_{total}/D_{total}.</p> <ul style="list-style-type: none"> • Numerator (N) is the number of days of medication within the respective medication class supplied during the measurement period (index date through the end of the measurement period) minus the days supply that extends beyond the end of the measurement period. • Denominator (D) is the number of days from the first (index) prescription for the respective medication class during the measurement period to the end of the measurement.
<p>Clinical Management Programs (CMP)</p>	<p>PS12: Facility will achieve a participation rate of > 40% in Clinical Management Programs (CMP) and will comply with the URAC Standards for Program Management and United’s requirements for Clinical Management Programs.</p> <ul style="list-style-type: none"> • The following therapeutic categories/disease states require Clinical Management Programs; Crohn’s Disease, Hemophilia, Hepatitis C, HIV/AIDS, Multiple Sclerosis, Oral Oncology, Primary Pulmonary Hypertension, Psoriasis, Rheumatoid Arthritis, and Transplant. United reserves the right to add additional CMPs when developed and implemented for new categories/disease states. • Facility will define active status for participation in CMP if Customer has completed at least one CMP scheduled consultation during a reporting period. • Facility will provide CMPs- incremental opt in/voluntary clinical counseling and assessment interventions to thoroughly manage a patient’s medication therapy on an ongoing basis. • CMP assessment will include but not be limited to: <ul style="list-style-type: none"> ○ An ongoing assessment of Customer medication therapy ○ Appropriateness of medication therapy ○ Medication tolerability and side effect assessment

- Disease specific lab and outcome monitoring parameters
- Behavioral health needs assessment with referral to OptumHealth Behavioral Solutions if needed

- Facility will have program process flows and protocols demonstrating:
 - Proactive, interventional, clinical programs providing scheduled assessments and communications with Customers at an appropriate frequency on an ongoing basis
 - At a minimum, CMP assessments must be offered monthly for the first three (3) months, quarterly thereafter. Exception: Oncology CMP consults must be biweekly for first six (6) weeks, at least quarterly thereafter
- Facility will provide written comprehensive care plans to United Customers and abbreviated summary care plans including intervention recommendations to the prescribing physician. United must review and approve all care plan templates on an annual basis.

Reporting Requirement: Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request. Facility will report CMP performance with the following criteria:

- Participation rate in programs (number of members within a requested category with an incremental CMP assessment during the reporting period)
- Demographics of Customers participating (age, gender, diagnosis etc)
- ER, hospitalization, unplanned healthcare visits due to Customer’s medical condition(s)
- OptumHealth Referral Reporting- Facility will collaborate with United on these reporting requirements for non-behavioral health referrals
- OptumHealth Behavioral Solutions Referral Reporting
 - Total number of depression screens provided
 - Number of Customers screened
 - Number screening positive
 - Number of Customers accepting referral to OptumHealth Behavioral Solutions
 - Number of Customers receiving assistance through OptumHealth, post referral. (If information is available through scheduled and/or maintenance follow up calls, between the Facility and Customer.)

Reporting Requirement: Clinical Outcomes Reporting. Facility will provide Reporting will be provided to United bi-annually and/or upon request.

- Facility will provide United with a report that summarizes the prior years and cumulative outcomes data and association with medication adherence.
- Facility will meet newly established and/or clinical outcomes reporting

	requirements for existing and/or new therapeutic categories associated with a Clinical Management Program.
Summary Utilization Reporting	<p>Reporting Requirement: Facility will provide a summary utilization report to United. Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <ul style="list-style-type: none"> • Reports must be delineated by line of business inclusive of all Affiliates (i.e. separate reports for Commercial, Medicare, Medicaid, Oxford, etc). • Reports must be reportable for both the medical and pharmacy benefit. • Reports should include medication utilization, costs, trends, outcomes reporting and actionable recommendations where appropriate. • Details of utilization reporting by medication to include <ul style="list-style-type: none"> • Track and report prescriber specialty by medication category/disease state for dispensed medications • Unique Customer count • Age: mean, median, range for each group and count and percent <18 years of age and ≥18 years of age • Gender: Male / Female • Therapy status <ul style="list-style-type: none"> ▪ Treatment naïve ▪ Treatment experienced ▪ Restarted therapy • Facility will have the ability to provide ad-hoc management reports where required and requested in writing by United. Facility will have 7 business days to provide an estimate of time and/or feasibility for the requested ad-hoc report(s).
Therapeutic Category Reporting	Facility will meet the Therapeutic Category Reporting Requirements referenced below for all contracted categories under this Agreement.
Crohn's Disease	<p>Reporting Requirement: Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <ol style="list-style-type: none"> 1. Customer-reported flare-ups 2. Work Productivity and Activity Impairment in Crohn's Disease (WPAI:CD) 3. Percent Absenteeism, Presenteeism and Overall Work Impairment as Measured by the Work Productivity and Activity Impairment Questionnaire for Employed Customers
Hepatitis C	<p>Reporting Requirement: Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <ol style="list-style-type: none"> 1. Genotype 2. Missing therapy 3. Co-morbid conditions: Anemia, Neutropenia 4. Viral load as appropriate at weeks 0, 4, 12, 24, therapy end, and 24 weeks post

	<p>therapy end</p> <p>5. Number/% of unique Customers Achieving EVR</p> <p>6. Number/% of unique Customers Achieving SVR</p> <p>7. % of Customers using each therapy combination as defined by.....</p> <p>8. % of Customers using each therapy combination reported by therapy status, naïve, experienced, retreatment/restarted therapy</p> <p>9. Number/% of unique Customers Achieving EVR, by genotype and therapy status</p> <p>10. Number/% of unique Customers Achieving SVR, by genotype and therapy status</p>
Hemophilia	See Section 3-Hemophilia Requirements
Multiple Sclerosis	<p>Reporting Requirement: Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <p>1. Relapses and/or exacerbations- Customer self reported</p>
Psoriasis	<p>1. Customer Report of Extent of Psoriasis Involvement (PREPI)</p> <p>2. Work Productivity and Activity Impairment in Psoriasis (WPAI)</p> <p>3. Percent Absenteeism, Presenteeism and Overall Work Impairment as Measured by the Work Productivity and Activity Impairment Questionnaire for Employed Customers</p>
Rheumatoid Arthritis	<p>Reporting Requirement: Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <p>1. Modified Health Assessment Questionnaire (mHAQ)</p>
RSV Synagis	<p>Reporting Requirement: Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <ul style="list-style-type: none"> • Cost Avoidance and Cost Savings • Number of approvals completed by Facility (by month and total by year) • Number of cases referred to Health Services (CCR) for further review <ul style="list-style-type: none"> ○ Cases approved by CCR ○ Cases denied by CCR • Total volume of cases by year and trend analysis year over year • Denial rate per year and year over year • Volume of cases by gestational age (end of year report only) • Patient chronological age at the start of the RSV season • Volume of cases of patients in childcare (end of year report only) • Volume of cases of patients with siblings less than 5 years old (end of year report only) • Top 10 ICD9 codes for patients referrals • Top 10 States for Dispensing by Patient Volume • Average Turn Around Time per case and per state

Section 3: Hemophilia Requirements

The following requirements are specific to United’s Hemophilia Network and are in addition to Section 1 and Section 2 of Appendix 8, Specialty Pharmacy Network Requirements.

Categories	Requirements and Performance Standards
Product Management	<ul style="list-style-type: none"> Facility will participate in the National Patient Notification System for clotting factor concentrate recalls.
Prescription Dispensing	<ul style="list-style-type: none"> Facility will track all lot numbers for each prescription of clotting factor products dispensed. Facility will inquire about Customer stock on hand at each interaction and prior to dispense. Clotting factor concentrates will have acceptable outdates based on diagnosis and frequency of treatment. Short dated product (outdate within 6 months) will only be dispensed after consultation with both the prescribing physician and the Customer in that order. Facility will follow all state and industry specific requirements for the dispensing of factor.
Availability	<ul style="list-style-type: none"> Facility in collaboration with the treating physician will develop an emergency plan place to ensure that the Customer will have access to factor concentrate within 3 hours of expressed need. If the pharmacy receives a call about an emergency situation, the treating physician should be notified immediately.
Dose Optimization.	<p>PS13: The Facility will meet an aggregate not to exceed < 1.5% above prescribed dose.</p> <p>Definition: Assay matching will be calculated from the dose specified on the prescription being dispensed. When the prescription is written as an allowable dosage range, assay matching will be calculated utilizing the <i>low end</i> of the prescribed range. This standard will not be compromised by dispensing a number of vials so excessive that it would cause undue burden, compromise adherence to medication therapy or so low a dose that it would compromise medical outcome.</p> <p>Reporting Requirement: Facility will report the aggregate percentage for all United Customers per measurement period. Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <p>The aggregate percentage is calculated utilizing the following formula:</p> $\frac{(\text{Total units dispensed} - \text{Total units prescribed})}{\text{Total units prescribed}} \times 100 = \% \text{ variance}$ <p>Example:</p> <ul style="list-style-type: none"> United has 10 Customers on service with Facility During 1st measurement period, the prescribed units of factor for all 10 Customers totaled 550,000 units The total amount of factor dispensed during the first measurement period based on those prescriptions was 557,399 units The calculated variance is as follows: $\frac{(557,399 - 550,000)}{550,000} \times 100 = \underline{0.0200} \times 100 = \underline{2.00\% \text{ variance}}$

Categories	Requirements and Performance Standards
	<p><u>Variance/Assay Reporting</u></p> <ol style="list-style-type: none"> 1. Aggregate and individual Customer level data on variance of dispensed factor dose from target dose prescribed 2. Dose to Assay Matching will be monitored by Facility on an ongoing basis at each pharmacy location. Performance reports will be made available to contracted health plans for Customers on a quarterly and annual basis using the following report formats: <ul style="list-style-type: none"> • Dose to Assay Summary • Report Dose to Assay Detail Report
Weight Monitoring	<p>PS14: 98.5% of all current Customer body weights will be monitored by Facility at the time of each factor dispensing. The performance standard of 98.5% is based on calculation of a measurement period aggregate percentage for all Customers/Customers of a health plan for whom a current weight has been obtained and dosing verification has been completed by the pharmacist.</p> <ul style="list-style-type: none"> • Proactive monitoring of current weight will be conducted for all Customers at the time of each factor prescription dispensed to ensure proper dosing per prescription <p>Definition: The pharmacist reviews/receives a current weight at dispensing of factor prescription and ensures proper dosing per prescription. If weight change impacts factor dosing, documentation is required indicating prescriber notification. The Customer's weight will be recorded by a care team Customer, as reported by the Customer/caregiver, physician/HTC, or home care nurse at a minimum frequency listed above. The pharmacist will review the most current weight and verify dosing accuracy at the time of each dispensing by comparing weight based dosing to the prescription, prescriber protocol, or general clinical guidelines and will contact the prescriber as needed to discuss potential dosage adjustments.</p> <p>Reporting Requirement: Facility will report the monitoring of current body weights as an aggregate percentage for all United Customers. Reporting will be provided to United through the Joint Operating Committee Meeting and/or upon request.</p> <p>The following formula is used to complete the aggregate calculation</p> $\frac{\text{Total \# Rx dispensed with current weight documented or reviewed at dispensing}}{\text{Total \# Rx dispensed}} \times 100 = \% \text{ compliance}$ <p>Example:</p> <ul style="list-style-type: none"> <input type="checkbox"/> United has 10 Customers on service with Facility to whom there were 100 prescriptions dispensed during the 1st measurement period <input type="checkbox"/> Of the 100 prescriptions dispensed, 99 had a current weight recorded and reviewed by the pharmacist at the time of dispensing. <input type="checkbox"/> Performance calculation: $\frac{99}{100} \times 100 = 99\%$

Categories	Requirements and Performance Standards
Emergency Room Visits	<p>PS15: The Facility will maintain a 100% avoidance rate of hemophilia or bleeding disorder related emergency room (ER) visits that meet the criteria for Avoidable ER Visits (under the control of Facility).</p> <p>The definition of avoidable versus unavoidable ER visits is as follows:</p> <p><i>Avoidable ER visits (under the control of Facility):</i></p> <ul style="list-style-type: none"> • All Providers <ul style="list-style-type: none"> ○ Inability to dispense and ship medication or supplies to Customer in sufficient time to meet Customer’s need under standard operational circumstances ○ Prior authorization is given within 24 hours to maintain adequate home supply in cases of increased factor utilization • Nursing Infusion Provider <ul style="list-style-type: none"> ○ Pediatric nursing not available ○ Nursing services not available after hours ○ Remote area/nursing not available ○ Lack of factor and/or infusion supplies in the home <p><i>Unavoidable ER visits (not under the control of Facility):</i></p> <ul style="list-style-type: none"> • Customer choice • Customer with mild bleeding disorder having rare or infrequent factor use, not knowing self-infusion technique and using ER for factor infusion • HTC usually infuses; HTC closed • No prior authorization to maintain adequate home supply in cases of increased factor utilization do to a bleeding episode • Assessment of injury supports going to the ER • Bleed not responding to infusion • Customer usually infuses for active bleed, but is unable to access vein; time required to set up nursing visit for home would result in delay which increases likelihood of joint damage and increased factor usage • Allergic reaction • Directed by HTC; missed annual HTC visit • Unable to obtain prescription; no reply from physician • Insurance requires ER to infuse to pay for factor • Customer traveling/out of town/vacation <p><i>This excludes ER visits for which emergency medical evaluation was necessary, whether bleeding related or not, and visits deemed necessary as instructed by physician or HTC/clinic. (In instances when an ER visit occurs documentation will be supplied by Facility to support the reason for the visit and the proactive client specific plan moving forward.)</i></p> <p>Reporting Requirement: Facility will collect ER visit information from Customers. Facility will report to United the ER visit information for each participating enrolled Customer. United will reconcile the Facility ER report against claims data.</p>
Utilization Reporting	Facility will provide a utilization report for all United Customers serviced for Hemophilia. The report will include but not be limited to:

Categories	Requirements and Performance Standards
	<ol style="list-style-type: none"> 1. Type of Hemophilia <ul style="list-style-type: none"> Hemophilia A Hemophilia B Von Willebrand Disease Factor XIII deficiency Other Unknown 2. Severity Level: <ol style="list-style-type: none"> 1. Break out severity level for Hemophilia A & B <ul style="list-style-type: none"> - Mild - Moderate - Severe - Other - Unknown 2. Break out type for Von Willebrand <ul style="list-style-type: none"> - Type 1 - Type 2 - Type 3 3. Disease Characteristics <ul style="list-style-type: none"> o Receiving treatment for inhibitor o Customer has target joints o Number of target joints 4. Prophylaxis only therapy vs. on-demand/as needed or prophylaxis/on-demand combination 5. Number of central line infection occurrences within past 4 week period 6. Count of days missed from school or work in 4 wk period related to hemophilia/bleeding disorder 7. Count of total hospitalization in 4 wk period 8. Count of hospitalizations related to Hemophilia/bleeding disorder in 4 wk period 9. Count of total ER visit in 4 wk period 10. Count of ER visits related to hemophilia/bleeding disorder in 4 wk period 11. Exercise/activity level – reported average days per week with 30 minutes moderate exercise 12. Use of Hemophilia Treatment Center for medical care (Y/N) 13. Identify how Factor is administered to each Customer. Administered by: <ol style="list-style-type: none"> a. Self b. Parent c. Caregiver d. Health Care Professional e. Other
Interventions Reporting	<p>Facility will provide an activity based reporting on all interventions.</p> <ol style="list-style-type: none"> 1. Intervention count 2. Intervention count by activity <ul style="list-style-type: none"> • Immunization recommendation (per guidelines for Customer specific disease profile) • Dose adjustments • Therapy adjustments / Drug Interaction

Categories	Requirements and Performance Standards
	<ul style="list-style-type: none"> • Customer education • Referral to HTC for medical care • Referral to partner resources (OptumHealth) • Other (describe)
Key Client Reporting	<p>Upon request, Facility will provide a Client Case Summary Report.</p> <ul style="list-style-type: none"> a. Client Case Summaries will include but are not limited to the following: <ul style="list-style-type: none"> i. Customer demographic overview- clinical diagnosis and treatment regiment ii. Customer experience with services through specialty pharmacy iii. Highlights of management activity, interventions, and outcomes of interventions iv. Dispensing information and adherence v. Follow up plan

Resource documents included but are not limited to:

State Specific Guidelines: NJ: New Jersey Insurance Laws and Regulations

In addition to the state of New Jersey, the provider will compile with all applicable state requirements specific to providing Hemophilia services.

Industry Standards:

Medical and Scientific Advisory Council (MASAC): Standards of Service for Facilities of Clotting Factor Concentrates for home use to Customers with Bleed Disorders

Note: Approved by the NHF (National Hemophilia Foundation) Board of Directors November 2008

SERFF Tracking #:

UHLC-128845102

State Tracking #:

Company Tracking #:

UHC SLEEP STUDY FACILITY APPENDIX
V4 07....

State: Arkansas
 TOI/Sub-TOI: HOrg03 Health - Other/HOrg03.000 Health - Other
 Product Name: UHC Sleep Study Facility Appendix v4 07.12, etal
 Project Name/Number: UHC Sleep Study Facility Appendix v4 07.12, etal/UHC Sleep Study Facility Appendix v4 07.12, etal

Filing Company: UnitedHealthcare of Arkansas, Inc.

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/28/2013
Comments:	The form filings achive a Flesch Score of 52.8 and 48.1		
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/28/2013
Bypass Reason:	Not Applicable - Provider Agreement Amendment		
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved-Closed	01/28/2013
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Bypassed - Item:	PPACA Uniform Compliance Summary	Approved-Closed	01/28/2013
Bypass Reason:	Not Applicable - Provider Agreement Amendment		