



Accumulator Adjustment Medical Benefit program Provider Protocol

Accumulator Adjustment Medical Benefit program—Provider Protocol Effective 1/1/21

Effective 1/1/21, unless prohibited by federal or state law, this protocol applies to network providers including physicians, healthcare professionals, facilities and ancillary providers who provide services to UnitedHealthcare commercial individual and fully insured group market health plans, and self-funded group market health plan members who are using manufacturer drug coupons for specialty medications billed as a medical benefit drug claim.

Accumulator Adjustment Medical Benefit program

In order to align employer costs for specialty medications with actual member out of pocket and deductibles, UnitedHealthcare is launching the Accumulator Adjustment Medical Benefit program. This program requires providers to submit payment information received from drug manufacturer copay coupon programs which are applied to a member's cost share when billing for specialty medications as a medical benefit drug claim.

What's Changing

Effective 1/1/21 providers must submit specialty medication medical claims and manufacturer copay coupon reimbursement information to UnitedHealthcare.

- Specialty medication medical benefit drug claims with coupon eligible NDC codes will be identified and adjudicated.
- Once the claim is adjudicated, the member and provider will receive (Explanation of Benefits and Payment Remittance Advice) documents with messaging indicating the claim may be eligible for manufacturer drug reimbursement cost share savings.
- The provider has 45 days from receipt of the Payment Remittance Advice to submit a copay coupon to drug manufacturer for the reimbursement request.
- When the provider receives the coupon reimbursement from a drug manufacturer, the provider must submit the coupon value and actual member paid cost share amount to UnitedHealthcare within 45 days of receipt.
- If a member does not present a coupon for the specialty medication, the provider will enter zero-dollar value for coupon and member cost share amount.

The reimbursement value entered may trigger a second adjudication of the claim, which may affect the member cost share responsibility.

Which UnitedHealthcare plans are excluded from the program?

- All Savers
- Rocky Mountain Health plan
- Student Resources
- UnitedHealthone
- Oxford
- Sierra Nevada
- UHC West
- UMR

How do Providers submit Rx specialty medical drug claim coupon reimbursement information to UnitedHealthcare?

Providers must submit reimbursement information via UnitedHealthcare's Provider Portal at www.UHCprovider.com. A Pharma Coupon tab will be added to the TrackIT section of the new portal Link experience. UnitedHealthcare will provide an updated link to the TrackIT section of the portal and notify providers when it is available.

Questions regarding Accumulator Adjustment Medical Benefit program

-Please contact Provider Service Call Center with questions at 1-877-842-3210 *option #4*

-For technical support please contact Technical Support Help Desk at 866-842-3278, option 1

-Additional questions please contact your UnitedHealthcare Provider Advocate or Network Account Manager

Coupon Submission Process

• Provider submits specialty medication medical drug claim to UnitedHealthcare via their current claim submission channel
• Provider receives Payment Remittance Advice document from UnitedHealthcare
• Provider sends coupon to drug manufacturer (if not previously submitted)
• Provider receives weekly email from UnitedHealthcare's TrackIT application alerting them coupon eligible claims are ready for reimbursement updates
• Provider clicks link within email
• Provider logs into the new Link experience portal, using their existing log in credentials
• Provider accesses the TrackIT link within the new Link experience
• Provider clicks the new Pharma Coupon tab in TrackIT menu
• Provider is presented with eligible coupon claims ready for reimbursement updates
• Provider selects claim and enters coupon value and reimbursement amount
• Provider enters zero for coupon and reimbursement amount if coupon is not used
• Provider clicks submit button after each entry
• Provider receives second Payment Remittance Advice and 835 communication when claim is adjudicated using the reimbursement information
• Provider adjusts member responsibility (if applicable) and bills member if balance is due

called # 6 min 32 sec agent said I need to call again & press option #4.

Called agent pressed option #4 21 min 57s agent said to call credentials 10/8/20 9:35am

When is the "Provider" supposed to practice medicine?