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PROVIDER RESOURCES

Pharmacy Provider Manual

A Curative provider reference manual



PHARMACY NETWORK

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CURATIVE | PHARMACY NETWORK

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1. About this manual

Purpose. This manual explains how pharmacies participate in Curative's pharmacy networks and how Curative administers the pharmacy relationship. It is incorporated by reference into your Retail Pharmacy Network Agreement with Curative and forms part of that Agreement. Where this manual and the Agreement differ, the Agreement controls.

Scope. Curative administers pharmacy benefits for commercial group health plans - fully funded, level funded, and self funded. Curative does not administer Medicare Part D, Medicaid, dual-eligible, or Exchange pharmacy benefits, and nothing in this manual addresses those programs.

What this manual covers, and what it does not. Curative contracts directly with pharmacies for network participation. Claim adjudication, application of your reimbursement terms, and payment are performed by Curative's designated Claims Processor, acting under Curative's direction. Judi Rx, Inc. is Curative's current Claims Processor. This manual covers the Curative relationship. For the mechanics of submitting and adjudicating a claim, please refer to the Claims Processor's pharmacy provider manual and payer sheet, as applicable. .

Subject	Governed by
Joining and remaining in a Curative network; credentialing	This manual, section 3
Your obligations to Curative and to members	This manual, section 4
How your reimbursement is calculated; pricing appeals	This manual, section 5
Specialty drug routing	This manual, section 6
Formulary, prior authorization and appeal turnaround	This manual, section 7
Reporting fraud, waste or abuse	This manual, section 8
Privacy, records and compliance	This manual, section 9
Complaints and disputes with Curative	This manual, section 10
State requirements on adjudication, audit and payment	Claims Processor Manual, regulatory appendix

Subject	Governed by
Claim format, required fields, BIN/PCN routing	Claims Processor payer sheet
Reject codes, DUR codes and how to resolve them	Claims Processor Manual
Reversals, rebills and coordination of benefits mechanics	Claims Processor Manual
Compounds, vaccines, 340B, controlled substances, days supply, quantity and NDC selection	Claims Processor payer sheet
Basis-of-cost determination codes on your remittance	Claims Processor Manual
Claim audit, recoupment and audit appeals	Claims Processor Manual
What to do if the point-of-sale system is unavailable	Claims Processor Manual

Changes to Claims Processor. Curative may change its Claims Processor, or perform those functions itself, at any time. A change of Claims Processor does not affect your Agreement with Curative, your participation in Curative's networks, or the reimbursement terms stated in Exhibit B of your Agreement, and does not require a new agreement. If Curative's Claims processor Phanges, or Curative begins performing those functions itself, Curative may update this manual so that it aligns with the new arrangement, and will provide you advance written notice of the changes before they take effect.

Where to find the current version. The current version of this manual is published at curative.com/provider-resources. Material changes are sent by email to the address you maintain with Curative, in advance of their effective date.

2. Contacts

Claims and eligibility. For member eligibility, benefit and claims questions, contact the Claims Processor's pharmacy help desk at the number on the back of the member's ID card. The help desk is staffed 24 hours a day, every day.

Prior authorization. Prescribers submit prior authorization requests at curative.com/pa/rx, by fax to 888-293-4075, or to pharmacypa@curative.com.

Network participation. Apply at curative.com/join-pharmacy-network.

Member Services. 855-428-7284.

Compliance and integrity. Report suspected fraud, waste or abuse to Member Services on 855-428-7284 or to compliance@curative.com. Ethics concerns may be sent to ethics@curative.com.

Escalation. For claim processing, eligibility, payment or remittance issues, first contact the Claims Processor's pharmacy help desk. For an unresolved issue requiring Curative's assistance, or an issue concerning your Curative network participation or direct Agreement, contact Member Services at 855-428-7284 and ask for escalation to the Curative Pharmacy team. Provide your pharmacy identifiers, the relevant claim or case reference, and the steps already taken. Member Services will route the request to the Pharmacy team, which will coordinate with the Claims Processor as appropriate. This escalation process does not replace a formal appeal or dispute process or extend any applicable filing deadline; see sections 7 and 10.

3. Network Participation

How to apply. Apply at curative.com/join-pharmacy-network. Curative evaluates applications against member access need in your area, your contracted rates, the business case for adding your location, and your credentialing status.

Participation Requirements. A pharmacy must have a direct agreement with Curative or participate through another pharmacy network arrangement made available to Curative. Curative will confirm which arrangement applies and any separate contracting, credentialing and claims-processing requirements of the Claims Processor. Complete those requirements and obtain Curative's approval before submitting claims as participating. A contract with the Claims Processor alone does not establish participation in a Curative network.

Willing providers. Curative does not exclude a pharmacy from a network on a basis prohibited by the law of the state in which the pharmacy operates.

When participation begins. Curative's network file is updated on the first day of each month. A pharmacy accepted during a month becomes participating on the first day of the following month.

Decision timing. Curative decides a complete application within 30 days. An application is complete when Curative has your credentialing information, your location roster, and confirmation that the contracting and Claims Processor onboarding requirements applicable to your participation have been satisfied .

Credentialing. Each location must be separately credentialed and must appear in Exhibit A of your Agreement before it may submit claims. Each location is independently subject to suspension, termination and audit.

Keeping your information current. Maintain accurate ownership, tax, NPI, NCPDP, address, hours and service information with Curative and with NCPDP, and notify Curative promptly of any change that could affect member access or directory accuracy.

Termination and suspension. Curative may terminate or remove a pharmacy location immediately on notice if a required licence, permit, accreditation, credential or insurance coverage is lost, suspended or materially restricted; if Curative reasonably suspects fraud, diversion or material misrepresentation; if the pharmacy or a relevant person becomes excluded or debarred; if conduct poses a threat to member health, safety or privacy; or if the pharmacy fails to cooperate with an audit. Curative may suspend participation, claim submission or payment while it investigates.

4. Your Obligations

Licensure. Maintain every licence, permit and registration required to operate and to dispense, and ensure all professional staff are licensed and practicing within their lawful scope.

Member hold harmless. The reimbursement you receive, together with the member's cost share, is payment in full for a Covered Prescription Service. You may not bill, charge, or seek any additional amount from a member, a Plan Sponsor, or Curative for that service. This obligation applies even if Curative or a Plan Sponsor fails to pay you, and it survives termination of your Agreement.

Non-covered products. You may charge a member for a non-covered product or service only after making reasonable efforts to obtain a coverage determination where coverage is uncertain, clearly advising the member before dispensing that the item is not covered and that they will be responsible for the cost, and obtaining the member's agreement to proceed.

No steering. You may not steer a member away from their Plan, discourage use of a Curative program, disparage Curative or a Plan Sponsor.Nothing in this manual restricts you from directing a member to a cash, coupon or discount arrangement, including a manufacturer discount, for a non-clinical reason, where permitted by applicable law. You may always provide truthful information required by law and discuss clinically appropriate alternatives.

Cost share. Collect the full cost share returned by the point-of-sale system, unless a lower amount or waiver is required by law. Cost share is determined by the member's Plan, not by the pharmacy.

Usual and customary. Your usual and customary charge is the price a cash-paying customer would pay for the same drug and quantity on the same day, inclusive of any discount you routinely offer. Submit it accurately on every claim.

5. How You Are Paid

Direct contracted rates. For claims governed by your direct Agreement with Curative, reimbursement is determined under Exhibit B even when the Claims Processor adjudicates and pays the claims. Use of the Claims Processor does not, by itself, make your Agreement dormant. Where section 2.10 of your Agreement applies, the applicable network arrangement instead governs the affected claims.

The lesser-of. Your reimbursement for a Covered Prescription Service is the lowest of the amounts set out in Exhibit B of your Agreement. Those amounts include the applicable contracted or reference-based rate plus the dispensing fee, your submitted ingredient cost plus any approved fee, and your usual and customary charge. Your usual and customary charge is inclusive of all dispensing and professional fees; no dispensing fee is added to it.

Benchmarks. Curative prices generic drugs against NADAC where a NADAC value is published, and against the benchmark stated in your Exhibit B where it is not. The specific benchmarks, discounts and dispensing fees that apply to you are stated in Exhibit B of your Agreement. Published reference values - AWP, WAC, NADAC) - and the applicable MAC list may change without amendment to your Agreement, subject to reasonable notice and other requirements as set forth by applicable law.

Dispensing fee. Curative's dispensing fee is set together with a small-claim provision, under which claims below a stated ingredient cost threshold are paid at a reduced dispensing fee. The two are a single commercial term. The amounts that apply to you are stated in Exhibit B of your Agreement.

Which basis applied. Contact the Claims Processor for the basis on which a claim was priced. For the meaning of any reimbursement codes provided, see the Claims Processor manual.

If you think a claim was priced wrong. The Claims Processor applies your reimbursement terms and issues your remittance. If you believe a claim was priced incorrectly - the wrong benchmark was used, the arithmetic is wrong, or the amount paid

does not match the point-of-sale response - raise it with the Claims Processor first, following the process in the Claims Processor pharmacy provider manual. For a formal pricing appeal, use the Claims Processor's pricing appeal form and applicable filing deadline, subject to applicable law. Do not wait for a Curative escalation to conclude before filing a required appeal.

If you think the wrong rate was loaded. If you believe the rate the Claims Processor applied does not match the rate stated in Exhibit B of your Curative Agreement, that is Curative's to correct. Promptly contact Member Services at 855-428-7284 for escalation to the Curative Pharmacy team, identifying the claim, the rate that was applied, and the rate you believe your Agreement provides. Comply with any applicable claim-dispute or appeal deadline under your Agreement, the Claims Processor's procedures or applicable law. Curative verifies the rate on file and, where the rate loaded with the Claims Processor is wrong, arranges the correction.

Rate changes. Changes to your reimbursement rates are governed by your Agreement and applicable law. Curative will provide advance written notice identifying the affected rates and their effective date, in accordance with any applicable notice and consent requirements. Any right to terminate is governed by your Agreement and applicable law. This manual does not create a separate termination right or independently authorize a rate change.

Claims-processing fees. Any claims-processing or network fee charged to a pharmacy, including by the Claims Processor, must be authorized by the applicable agreement and permitted by applicable law. Nothing in this manual authorizes a prohibited fee or deduction, including where the fees may be restricted by applicable law; see section 11. Fees payable by Curative to its Claims Processor do not, by themselves, create a payment obligation for a pharmacy.

6. Specialty Drugs

The rule. Certain drugs are designated specialty drugs and are dispensed through Curative's designated specialty network. A claim for a specialty drug submitted by a pharmacy that is not in that network is rejected at the point of sale. Whether a pharmacy participates in the specialty network is stated in its Agreement.

What to do. If you are not in the specialty network and a member presents a specialty prescription, direct the member to Member Services at 855-428-7284 so the prescription can be routed to a participating specialty pharmacy.

Specialty pricing. Specialty drugs are reimbursed under the terms stated in Exhibit B of your Agreement, which elects whether specialty drugs are excluded from the retail schedule or covered by a separate addendum.

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7. Formulary and Prior Authorization

Formulary and UM. The applicable formulary and utilization management requirements are determined by the member's Plan and returned through the point-of-sale system. Where a drug requires prior authorization, step therapy, or exceeds a quantity limit, the claim rejects with the reason returned at the point of sale.

Prior authorization. The pharmacy's role is to route the request, not to adjudicate it. Direct the prescriber to curative.com/pa/rx, fax 888-293-4075, or pharmacypa@curative.com.

Turnaround. Curative decides standard prior authorization requests within the deadlines below or any shorter deadline required by law that applies to the member's Plan. The applicable Plan and law govern when the review period begins and any permitted extension. For claims subject to ERISA's claims-procedure rules, the period begins when the request is filed under the Plan's reasonable procedures, even if additional information is needed. For self-funded and level-funded plans in every state: standard requests within 15 calendar days, urgent requests within 72 hours, formulary exceptions within 72 hours standard and 24 hours urgent. Retroactive requests are decided within 30 calendar days in all markets. Fully insured plans follow applicable federal requirements and the deadlines of the state in which the plan is written:

State / Jurisdiction	Standard Review	Urgent Review	Step Therapy / Special Timing
Texas	3 calendar days	Not specified	72 hours standard; 24 hours urgent; same day for ER medications
Georgia	7 calendar days	72 hours	2 business days standard; 24 hours urgent
Maryland	2 business days	24 hours	Electronic: real-time to 1 business day

State / Jurisdiction	Standard Review	Urgent Review	Step Therapy / Special Timing
District of Columbia	3 business days electronic; 5 business days fax	24 hours	Not specified
Florida	15 calendar days	72 hours	Not specified
Indiana	2 business days	24 hours	Not specified

Appeals. Coverage appeals are currently administered by the Claims Processor on Curative's behalf. The member, prescriber or authorized representative should follow the appeal instructions and filing deadline in the adverse benefit determination notice and the member's Plan documents. Submit supporting clinical documentation promptly and within the applicable submission period. Documentation received after such time is still considered if it arrived before the decision is issued. Appeals are reviewed under the member's Plan and applicable law, including applicable full and fair review requirements. Request expedited review through the contact listed in the denial notice when the urgency criteria are met. The pharmacy pricing and audit appeal processes are separate from a member's coverage appeal.

Transition fills. A formulary drug that requires prior authorization may be covered for a first 30-day fill while the prior authorization is obtained or an alternative is selected. A drug that is not on the formulary does not receive a transition fill. For a member in their first 30 days of enrollment, a one-time 30-day supply may be allowed based on prior coverage status.

Emergency overrides. Curative may grant a one-time override of up to 30 days where a manufacturer shortage or backorder prevents dispensing, during a natural disaster or declared emergency, or where a member cannot reach an open in-network pharmacy after hours. The member should contact Member Services on 855-428-7284.

8. Fraud, Waste, and Abuse

Obligation. You must not submit a claim for a service not rendered, for a drug or quantity, other than the drug and quantity actually dispensed, or containing information you know or should know to be false. You must report suspected fraud, waste, or abuse to Curative promptly.

Fraud, Waste, and Abuse (FWA). **Fraud** is an intentional act to obtain improper payment. **Waste** is unnecessary utilization resulting in excess cost. **Abuse** is billing or service practices inconsistent with accepted standards that result in improper payment.

Prevention and Cooperation. FWA may be prevented by maintaining controls and cooperating with audits, reviews, and investigations conducted by Curative or its Claims Processor in accordance with your Agreement and applicable law. Pharmacies are responsible for maintaining and providing supporting records as further described below in Section 9.

Good Faith Reporting. Reports of suspected FWA made in good faith are protected from retaliation.

How to report. Report to Member Services on 855-428-7284 or to compliance@curative.com. Ethics concerns may be sent to ethics@curative.com.

9. Privacy, Records, and Compliance

Privacy. You must comply with HIPAA and all applicable privacy and security requirements, limit use and disclosure of protected health information to the minimum necessary, and notify Curative of any breach or security incident affecting Curative member information.

Confidentiality. Curative treats member prescription and health records, Pharmacy credentialing and recredentialing information, and contract terms and rate arrangements as confidential information. Curative's board and committee members and staff are responsible for maintaining that confidentiality in accordance with the terms of the Agreement and applicable law.

No offshore processing. You must not use an offshore subcontractor to receive, access, store, or process Curative member information without Curative's express written approval.

Records. Maintain accurate, complete and contemporaneous records sufficient to verify every claim, including prescriptions, patient profiles, purchase invoices, wholesaler and lot information, inventory records, dispensing and delivery records, and coordination-of-benefits records. Retain records for the period stated in your Agreement or required by law, whichever is longer. Records must be made available to Curative and its delegates on request.

10. Complaints and Disputes

Which process applies. Where to take a complaint depends on what it is about.

Handled by the Claims Processor. Claim processing, payment, remittance, audit findings, and your Capital Rx credentialing are handled by the Claims Processor. Follow the process in the Capital Rx pharmacy provider manual.

Handled by Curative. Participation in a Curative network, the rate stated in Exhibit B of your Curative Agreement, specialty drug routing, a formulary or prior authorization decision, or the conduct of Curative staff - send these to pharmacynetwork@curative.com. Curative acknowledges receipt and tells you who owns it.

Member Complaints. Members, or pharmacies acting on a member's behalf with the appropriate authorization, may submit complaints about Curative's administration of pharmacy benefits. Complaints may be submitted by contacting Member Services at 855-428-7284 or in writing to:

Curative Health Plan

ATTN: Provider Complaint Appeals

P.O. Box 1786

Austin, Texas 78767

Curative will acknowledge and investigate the complaint and provide a written response. A member or authorized representative who disagrees with the resolution may request an appeal in writing. An appeal challenging an adverse benefit determination must follow the coverage appear process in Section 7 and the instructions provided in the denial notice, if applicable.

Contract disputes. A dispute under your Curative Agreement is governed by the dispute resolution provisions of that Agreement.

11. State-specific requirements

State law prevails. Where the law of the state in which you operate imposes a requirement that conflicts with this manual, this manual is applied in the manner that complies with that law. Use of the Claims Processor does not relieve Curative or Pharmacy of obligations imposed on it by applicable law.