

Notice to Mississippi Pharmacies

DATE OF NOTICE: | 4/7/2025; CVS Caremark to Notify Separately|

Please be advised that CVS Caremark has been working with the Mississippi Board of Pharmacy to update the process by which Mississippi pharmacies file claim appeals. Mississippi pharmacies can file certain administrative claim appeals that were not previously appealed.

Specifically, Mississippi pharmacies can appeal any claim related to the BIN & PCN numbers identified below that were previously adjudicated for a member in which CVS Caremark was the PBM between January 1, 2023 through March, 27, 2025, for the BINs and PCNs identified below.

Please note that the following claims do not qualify for appeal under this Notice:

- 1. Medicaid claims;**
- 2. Medicare claims;**
- 3. Tricare claims;**
- 4. Mississippi State Health Plan claims; and**
- 5. Claims that have been previously appealed.**

Relevant BIN & PCN to this Notice

RXBIN	RXPCN		RXBIN	RXPCN		RXBIN	RXPCN
004336	77993333		020099	IRXCOMOPAP		020396	IRXCOMPR
004336	77993355		020099	IRXCOMOPPR		021007	ADV
004336	ADV		020099	WG		025201	MOHMKP
013089	AMGSEGADV		020099	WK		025771	IRXCOMAP
013089	COMADV		020099	WP		026150	SSRX50
013089	COMCRK		020107	IRXCOMOPAP		027547	SSRX42
013089	COMPCS		020107	IRXCOMOPPR		027555	SSRX42
013089	COMSEGADV		020123	IRXCOMAP		027570	SSRX42
013089	COMSEGCRK		020123	IRXCOMM		610239	FEPRX
013089	COMSEGPCS		020123	IRXCOMPR		610502	00670000
020099	AC		020388	IRXCOMAP		610502	AETCRXC
020099	CH		020388	IRXCOMPR		610591	ADV
020099	FC		020396	IRXCOMAP			

Any claims qualifying for appeal pursuant to this Notice must be received on or before **August 24, 2025**, and should be submitted via the CVS Caremark Pharmacy Portal at rxservices.cvscaremark.com. These appeals should be filed with the same information required in your usual appeal process, including supporting evidence, such as wholesaler invoice or other documentation validating your acquisition cost for the prescription drug at issue. If any additional information is needed to process the appeal, CVS Caremark will contact you to obtain the needed information.

In lieu of filing an appeal for every claim that a Mississippi pharmacy believes was reimbursed below the pharmacy acquisition cost, Mississippi pharmacies may file a claim appeal

report with CVS Caremark utilizing the procedures outlined in Attachment A. Please note that the deadline for filing a claim appeal report is **May 24, 2025**.

In addition, CVS Caremark is also reviewing all appeals submitted by Mississippi pharmacies between January 1, 2023, and March 27, 2025, to ensure that such appeals were appropriately resolved. This work is underway. You do not need to take any action to have your submitted appeal re-reviewed. If the appeal results in an increased reimbursement to you, CVS Caremark will issue the additional payment to you according to your established payment process with CVS Caremark. These reimbursements shall be identified by referencing the original appeal. Again, you do not need to take any action at this time for appeals you have already submitted. Upon review of a previously denied claim if additional information is needed to confirm the acquisition cost, CVS Caremark will contact you to obtain the needed information.

If you have questions about this notice, or Mississippi pharmacy reimbursement appeals, you can contact CVS Caremark at **MACInquiries@CVSHealth.com**. In addition, you may reach out to Board PBM staff at pbadmin@mbp.ms.gov or 601-899-8880.

Pertinent Timelines of Action for this Notification

	Pharmacy Action	CVS Caremark Timeline
Filing a Claim Appeal Report	5/24/2025	120 days post receipt
Filing an Individual Appeal	8/24/2025	60 days post receipt
Reviewing Previously Filed Appeals	No action required	7/25/2025
Payment of \$200 to affected pharmacies	No action required	4/26/2025

ATTACHMENT A
CLAIM APPEAL REPORT

The claim appeal report shall contain pharmacy NCPDP, Rx number, NDC, date of service of the claim, amount paid on the claim, the acquisition cost as reflected on the wholesaler invoice and the difference between the acquisition cost and the amount paid on the claim. The Respondent shall notify the pharmacy of any additional data that is necessary to review the appeals. The claim appeal report shall be limited to claims that were adjudicated by, or on behalf of, Respondent for the period of January 1, 2023, to March 27, 2025, but shall not include claims under federal plans (i.e., Medicare, Tricare, etc.), Mississippi Medicaid claims and Mississippi State Health Plan claims. Pharmacies shall have sixty (60) days from the date of this Order (**May 24, 2025**) to file a claim appeal report, and the Respondent shall have one hundred twenty (120) days from receipt of the claim appeal report to review and make any reimbursement adjustments. The Respondent shall provide a report to the pharmacy detailing the reimbursement adjustments and any claim appeals that are denied, including the reason for denial.

The Respondent may request the pharmacy verify the acquisition cost of no more than ten percent (10%) of the claims on the claim appeal report with wholesale invoices. If the invoices reveal substantial inaccuracies of the acquisition cost in the claim appeal report, the Respondent shall notify the Board with details of the inaccuracies in the claim appeal report and justify the substantial materiality of the inaccuracies. Upon a finding of substantial inaccuracies by the Respondent, the claim appeal report shall be disallowed, and the pharmacy shall be allowed to file each individual appeal as provided under paragraph four (4) in the final Order of the Board. The pharmacy shall have one hundred fifty (150) days from the rejection of the claim appeal report to file such appeals.

This claim appeal report shall be submitted via email to MACInquiries@CVSHealth.com.