

PBM CONTACT INFORMATION FOR REIMBURSEMENT APPEALS

(Mississippi licensed PBMs as of May 2021)

➤ **A & A Services LLC**

MS License # 140111

Contact:	Brandi Tolliver
Direct Contact Phone:	402-753-2817
Email	macpricing@savrx.com
Website	www.savrx.com

➤ **Alius Health, LLC**

MS License # 140198

Contact Person:	Amy Kelly
Dedicated phone #:	800-970-3242
Email:	macappeal@scriptcare.com
Website:	www.scriptcare.com

➤ **Alluma, LLC**

MS License # 140212

- Contact person(s) – Michael Halling, Manager of MAC and Process Development
- Dedicated telephone number - 1-800-687-0707
- Email address - macappeals@maxor.com
- Website for the purpose of submitting administrative appeals from a pharmacy - <https://www.maxor.com/maxorplus/providers/>

➤ **AmWINS Group Benefits, Inc. (dba AmWINS Rx)**

MS License # 140171

Contact:	Keith Pierce, VP of Amwins RX
Email:	Keith.Pierce@amwins.com
Direct phone:	401-734-5915
Contact person(s):	Lucas Spaulding
Dedicated phone #:	401-734-5957
Email address:	luke.spaulding@amwins.com
Website:	https://www.amwinsrx.com/

➤ **AvaCare, Inc.**

MS License # 140201

Contact person(s):	Jeremy Patterson
Dedicated telephone number:	866-794-1044
Email:	pharmacy@avacare.biz
Website for MAC Forms:	https://welldyne.com/for-pharmacies

➤ **Benecard Services, Inc. (dba Benecard PBF)**

MS License # 140196

Contact Person: Francis Kozminski
Provider Relations Manager
Dedicated Phone: 877-723-6004
Email address: PBF_NetworkQuality@benecard.com
Website: <https://www.benecardpbf.com>

The specific address to the MAC Appeals is
<https://www.benecardpbf.com/PBF/informationOnMAC.do>

➤ **Blue Cross & Blue Shield of Mississippi**

MS License # 140147

The telephone line was provided 1-800-551-5258. For purposes of required monitoring, all calls are routed through a rotary. Pharmacists are directed to **select #6** and provide the subscriber id involved, so again, proper monitoring can be accomplished, and an entire Pharmacy Call Team is available for the calls versus one person.

Phone: 800-551-5258 / select #6
Email: macappeals@bcbsms.com
Website: www.bcbsms.com

➤ **CerpassRx [Healthcare Highways dba]**

MS License # 140224

Provider Relations Team
Direct Contact Phone: 844-636-7506
Email: providerrelations@cerpassrx.com

➤ **Cigna Health and Life Insurance Company**

MS License # 140108

Establishing a pharmacy network and contracting directly or indirectly with pharmacies to provide prescription drugs to enrollees or other covered individuals is 100% performed by Cigna Health and Life Insurance Company's Affiliate, Express Scripts ("Affiliate").

In response to your Appeal Contact Information Request email, the following is the contact person, dedicated telephone number, email address, and website for the purpose of submitting administrative appeals from a pharmacy for Cigna Health and Life Insurance Company:

Name: Evan O'Shea
Email: MACDepartment@express-scripts.com
or personal eo'shea@express-scripts.com
Phone: 314-684-5606
Website: <https://prc.express-scripts.com>

➤ **Caremark, LLC dba CVS Caremark** / Mississippi License # 140123

➤ **CaremarkPCS Health, LLC** / Mississippi License # 140116



MAC Contact Information

MAC appeals for paid claims can be submitted using the MAC Appeals option from the MAC Menu on the Home Page at:

<https://rxservices.cvscaremark.com>.

Questions regarding submitted MAC appeals can be directed to:

CVS Caremark:

ATTN: MAC Inquiries Team
2211 Sanders Road Northbrook, IL 60062
Phone #: 1-847-559-3977
Email: MACInquiries@CVSCaremark.com

➤ **DST Pharmacy Solutions, Inc.**

MS License # 140106

Name: Lyn Luo
Phone: 816-435-6243
Email: LLuo@DSTHealth.com
Website: <https://www.argushealth.com/myargus/MyArgus>

➤ **Elixir Rx Solutions, LLC**

MS License # 140107 & 140138

Contact Person:	Bethany Hruschak
Phone Line:	800-361-4542
Email:	MAC@elixirsolutions.com
Website:	www.elixirsolutions.com

➤ **Employee Health Insurance Management, Inc. (EHIM)**

MS License # 140145

Contact Name:	Kathy Suppelsa
Email:	ksuppelsa@ehimrx.com macappeals@ehimrx.com
Telephone:	(248) 204-5636
Website:	www.ehimrx.com

➤ **Envolve Pharmacy Solutions, Inc.**

MS License # 140185



MAC Appeals

The following is intended to assist pharmacies when navigating within the CVS Caremark Pharmacy Portal in order to submit MAC Appeals.

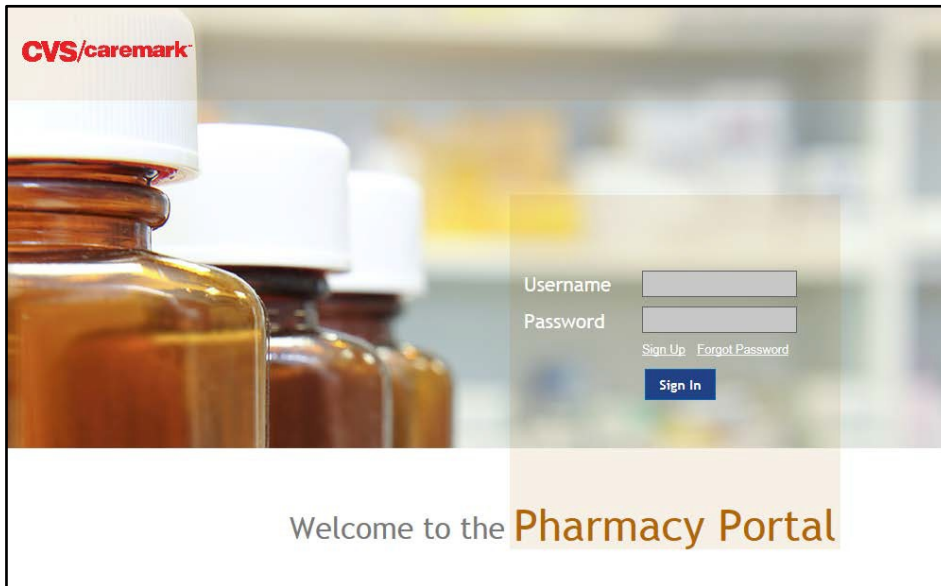
Upon entering the link to the Pharmacy Portal, you will reach the log-in page.

[\(https://rxservices.cvscaremark.com/\)](https://rxservices.cvscaremark.com/)

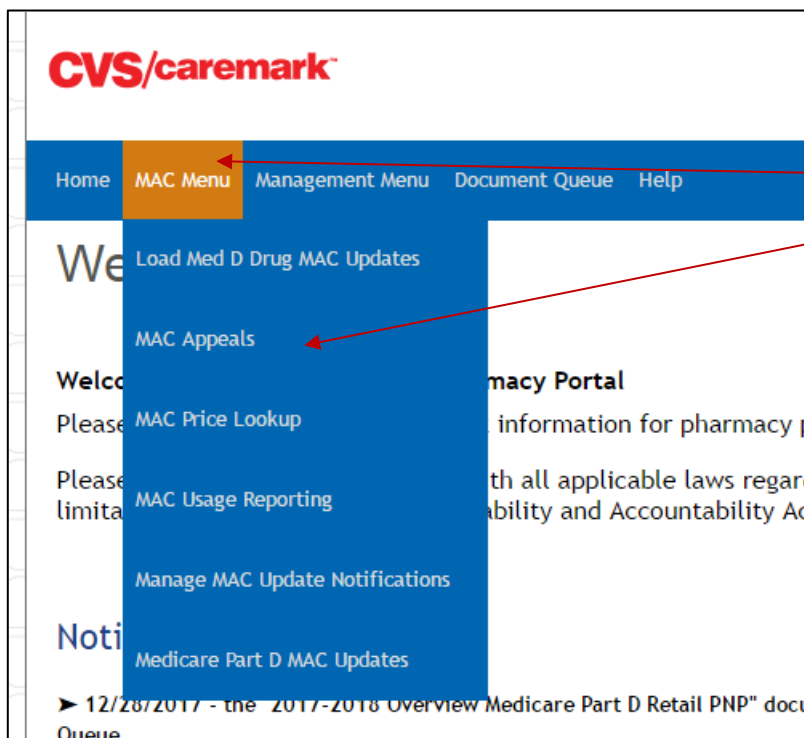
If you are an individual pharmacy and not already registered to use the Pharmacy Portal, click "Sign Up", complete the validation procedures, and create a user name and password.

If you are a chain or PSAO headquarters and not already registered, contact your CVS

Screen 1: Log-in Page



Note: The Pharmacy Portal is the same site many providers have accessed for MAC look-up inquiries based on various state requirements; it also is the site for pharmacy re-credentialing activities. If your pharmacy has previously registered, click on “Sign In”; if your pharmacy has not registered, click on “Sign Up” and follow instructions.



To access the MAC Appeal form, click on “MAC Menu” then “MAC Appeal” from the Home Page.

Screen 3: MAC Appeal Form

CVS/caremark

Home MAC Pricing **MAC Appeal** Credentialing Document Queue Help

MAC Appeal

Please complete all of the information below to submit your MAC Appeal. If any information for the required fields is invalid or missing, CVS/Caremark does not have the information necessary to respond.

*Indicates a required response field.

Chain/Affiliation Code*	Select	Your Name*	Shivetha Dande
Phone Number*		Email Address*	adinarayana1.chirikonda@CvsCaremark.com
BIN*	Select	Date of Fill*	(mm/dd/yyyy)
Rx Number*		NCPDP (NABP) Number*	
Member ID		Internal Issue Tracking Number	
PCN Number		Invoice Cost	
Invoice NDC Package Size		Invoice Effective Date	(mm/dd/yyyy)
Comments			

Please enter the text shown in image above in the textbox and click Submit

Reset Submit

Complete all required fields accurately.

Before submitting your appeal, enter the text shown in the image in the textbox.

Screen 4: MAC Appeal Confirmation

CVS/caremark

Home MAC Pricing MAC Appeal Document Queue Help Adherence Programs

MAC Appeal Confirmation

Thank you for submitting the MAC appeal. P_5201c1ddd6055f98 is the reference number for the appeal. Please use it for any communication regarding this appeal.

Would you like to submit another appeal?

After submitting your MAC Appeal, a confirmation screen displays.

Click on the “No” button to return to the Home Page, or click on the “Yes” button

Contact the CVS Caremark Network Services area at 1-866-488-4708 for Pharmacy Portal assistance or questions.

➤ **Epiphany Rx, LLC**

MS License # 140206

Contact Person: Holly Stanbrough
Dedicated Phone #: 844-820-3260
E-mail: pharmacynetwork@epiphanyrx.com
Website: www.epiphanyrx.com

➤ **Express Scripts Administrators, LLC dba Express Scripts**

MS License # 140117

Name: Evan O'Shea
Email: MACDepartment@express-scripts.com
or personal eo'shea@express-scripts.com
Phone: 314-684-5606
Website: <https://prc.express-scripts.com>

➤ **FairosRx, LLC**

MS License # 140210

Contact Person: Amy Kelly
Dedicated phone #: 800-970-3242
Email: macappeal@scriptcare.com
Website: www.scriptcare.com

➤ **Fairview Pharmacy Services, LLC (dba ClearScript)**

MS License # 140188

Please find contact information for pharmacies submitting administrative appeals below. Please note we delegate this process to our vendor, SS&C Health.

Name: Lyn Luo
Phone: 816-435-6243
Email: LLuo@DSTHealth.com
Website: <https://www.argushealth.com/myargus/MyArgus>

➤ **HealthSmart Rx Solutions, Inc.**

MS License # 140128

Appeals contact:
Name: Evan O'Shea
Email: MACDepartment@express-scripts.com
Phone: 314-684-5606
Website: <https://prc.express-scripts.com>

➤ Hospice Pharmacy Solutions LLC

MS License # 140146

Kal Patel | Hospice Pharmacy Solutions
Manager of Pharmacy Network
2201 N. Central Expressway Suite 250 | Richardson, TX 75080
O: 469-480-7215 C: 214-405-5562
kpatel@hospicepharmacysolutions.com

Secondary Contact: Makara Phor
Email: mphor@hospicepharmacysolutions.com

➤ Hospitality Rx, LLC

MS License # 140176

Hospitality Rx, LLC contracts with WellDyne to perform these services. WellDyne's contact person(s), dedicated telephone number, email address, and website for the purpose of submitting administrative appeals from a pharmacy are as follows:

Contact person: Brad Kogen, VP, Pharmacy Network Management
Dedicated telephone: (888) 886-5822 (for pharmacies); (888) 479-2000 (for members)
Email address: pharmacyinfo@welldyne.com
Website: <https://welldyne.com/for-pharmacies>

➤ Humana Pharmacy Solutions, Inc.

MS License # 140143

Contact Person: Bryan Duke
Telephone No.: 888-204-8349
Email Address: pharmacypricingreview@humana.com
Website: www.humana.com

Exhibit from Contract:

EXHIBIT G

STATE LAW COORDINATING PROVISIONS

Humana and Provider agree that the following provisions are incorporated into the Agreement solely to the extent specifically required to ensure compliance with applicable state laws, rules and/or regulations, and such provisions do not apply in states or for business lines where preempted or otherwise inapplicable. For example and for purposes of clarity, to the extent the Agreement includes Network(s) for MAPD Plans or PDPs, the parties agree that none of the provisions of this Exhibit apply to such Network(s).

In the event of a direct conflict between this Exhibit and the Agreement, the applicable provisions of this Exhibit shall control if required. This Exhibit may be modified from time to time pursuant to the Agreement.

HUMANA CONTINUED:

MISSISSIPPI REQUIREMENTS

1. If Humana or Plan fails to pay for Pharmacy Services as set forth in the Agreement, Members shall not be liable to Participating Pharmacy for any sums owed by Humana or Plan. Miss. Code Ann. § 83-41- 325(13).
2. If Participating Pharmacy terminates the Agreement, Participating Pharmacy shall give Humana at least sixty (60) days advance notice of termination. Miss. Code Ann. § 83-41-325(17).
3. For audits of pharmacy records not involving fraud, willful misrepresentation or abuse:
 - a) Humana, Customers, government regulatory agencies, and their authorized representatives shall have the right, for the term of the Agreement and for three (3) years thereafter, upon at least two weeks prior written notice to Participating Pharmacy, to review, audit, examine, and reproduce any of the Participating Pharmacy's books, records, prescription files, and signature logs pertaining to Covered Medications for Members and/or Participating Pharmacy's compliance with the Agreement.
 - b) The entity conducting the on-site audit shall not interfere with the delivery of pharmacist services to a patient and shall utilize every effort to minimize inconvenience and disruption to pharmacy operations during the audit process.
 - c) Any audit that involves clinical or professional judgment shall be conducted by or in consultation with a pharmacist.
 - d) Any clerical or record-keeping error, such as a typographical error, scrivener's error, or computer error, regarding a required document or record shall not necessarily constitute fraud; however, those claims may be subject to recoupment.
 - e) Participating Pharmacy may use the records of a hospital, physician, or other authorized practitioner of the healing arts for drugs or medicinal supplies written or transmitted by any means of communication for purposes of validating the pharmacy record with respect to orders or refills of a legend or narcotic drug.

Pharmacy Provider Agreement Exhibit G (MS) 2/21

- f) A finding of an overpayment or an underpayment may be a projection based on the number of patients served having a similar diagnosis or on the number of similar orders or refills for similar drugs, except that recoupment shall be based on the actual overpayment or underpayment.
- g) A finding of an overpayment shall not include the dispensing fee amount unless a Covered Medication was not dispensed.
- h) Each Participating Pharmacy shall be audited under the same standards and parameters as other similarly situated pharmacies audited by Humana, Customers, and government regulatory agencies.
- i) The period covered by an audit shall not exceed two (2) years from the date a claim was submitted to or adjudicated by Humana or Plan.
- j) An audit shall not be initiated or scheduled during the first five (5) calendar days of any month unless otherwise consented to by the Participating Pharmacy.
- k) A written report of the audit shall be provided to Participating Pharmacy in accordance with the following requirements:
 - i. The preliminary audit report shall be delivered to Participating Pharmacy within 120 days after conclusion of the audit, with a reasonable extension to be granted upon request.
 - ii. Participating Pharmacy shall be allowed at least thirty (30) days following receipt of the preliminary audit report in which to produce documentation to address any discrepancy found during the audit, with a reasonable extension to be granted upon request.
 - iii. A final audit report, signed by the auditor, shall be delivered to Participating Pharmacy within 180 days after receipt of the preliminary audit report or final appeal, whichever is later.

HUMANA CONTINUED:

iv. Recoupment of any disputed funds, or repayment of funds to Humana or Plan by Participating Pharmacy if permitted pursuant to this Agreement, shall occur after final internal disposition of the audit, including the appeals process. If the identified discrepancy exceeds \$25,000.00, future payments in excess of that amount to Participating Pharmacy may be withheld pending finalization of the audit.

v. Interest shall not accrue during the audit period.

vi. Each entity conducting an audit shall provide a copy of the final audit report, after completion of any review process, to the Plan. Miss Code Ann. §§ 73-21-183; 189.

4. Participating Pharmacy, its agents, trustees, or assignees shall not maintain any action at law against a Member to collect sums owed by Plan or Humana. Miss. Code Ann. § 83-41-325(15).

5. Provider is entitled to the following Maximum Allowable Cost (“MAC”) information and appeal process for claims insured by an insurer, as defined in Mississippi Code § 73-21-1561:

A. "Maximum allowable cost list" means a listing of drugs or other methodology used by a pharmacy benefit manager, directly or indirectly, setting the maximum allowable payment to a pharmacy or

1 Mississippi Code § 73-21-156

Pharmacy Provider Agreement Exhibit G (MS) 2/21

pharmacist for a generic drug, brand-name drug, biologic product or other prescription drug.

“Maximum Allowable Cost List” shall include any term that a pharmacy benefit manager or a health care insurer may use to establish reimbursement rates to a pharmacist or pharmacy for pharmacist services.

B. Provider may obtain from Humana a current list of the sources used to determine MAC pricing. Humana shall update the pricing information at least every three (3) days and provide a means by which Provider may promptly review pricing updates in a format that is readily available and accessible.

i. The most recent MAC list can be accessed via Humana’s Web Portal. Provider may contact pharmacycontracting@humana.com for additional information regarding a secured login for Humana’s Web Portal.

C. Provider may appeal, investigate, or dispute MAC reimbursement within thirty (30) business days following the initial claim date by submitting its request to appeal, investigate, or dispute in writing to Humana by fax [855-381-1332] or e-mail [pharmacypricingreview@humana.com]. Provider may

contact Humana at 888-204-8349 to speak to a representative regarding its request. Provider must include all of the following information in its request:

1. Pharmacy Name,
2. Pharmacy Address,
3. Pharmacy NPI,
4. Drug name,
5. Drug strength,
6. Drug NDC,
7. Date of initial fill,
8. Quantity of fill,
9. Relevant documentation that supports the MAC is below the cost available to the pharmacy, and
10. Any other supporting documentation as needed.

D. Responses to MAC appeals will be made to Pharmacy within thirty (30) business days of Humana's

HUMANA CONTINUED:

receipt of the appeal.

E. In the event the MAC appeal is upheld, Humana will

- i. Make the change in the maximum allowable cost list payment to at least the pharmacy acquisition cost;
- ii. Permit the challenging pharmacy to reverse and rebill the claim in question;
- iii. Provide the National Drug Code that the increase or change is based on to the pharmacy ; and
- iv. Make the change effective for each similarly situated pharmacy as defined by the payor subject to the maximum allowable cost list.

F. In the event the MAC appeal is denied, Humana will provide the challenging pharmacy the National Drug Code (NDC) and the name of the national or regional pharmaceutical wholesalers operating in Mississippi that have the drug currently in stock at a price below the maximum allowable cost as listed on the maximum allowable cost list; or

- If the National Drug Code provided by Humana is not available below the pharmacy acquisition cost

from the pharmaceutical wholesaler from whom the pharmacy purchases the majority of prescription drugs for resale, then Humana shall adjust the maximum allowable cost as listed on the maximum allowable cost list above the challenging pharmacy's acquisition cost and permit the pharmacy to reverse and rebill each claim

Pharmacy Provider Agreement Exhibit G (MS) 2/21

affected by the inability to procure the drug at a cost that is equal to or less than the previously challenged maximum allowable cost

6. In the case of insolvency of Plan or Humana, Participating Pharmacy shall continue to provide Pharmacy Services to Members for the duration of the contract period for which premiums have been paid and shall continue to provide Pharmacy Services to Members who are confined on the date of insolvency in an inpatient facility until their discharge or expiration of benefits. Miss. Code Ann. § 83-41-325(16).

➤ IngenioRx, Inc.

MS License # 140202

Pharmacy grievances are handled by outside vendor:

CVS Caremark
Attn: Network Management, MC 080
9501 East Shea Boulevard
Scottsdale, AZ 85260

Caremark Pharmacy Portal:
Caremark/IngenioRx Pharmacy Help Desk:
MAC Appeal follow up:

www.rxservices.cvscaremark.com
IngenioRx BIN 020099 – (833) 296-5037
MACAppeals@CVSHealth.com

➤ **Independent Health's Pharmacy Benefit Dimensions, LLC**

MS License # 140200

Contact: Joseph Kancar (joseph.kancar@pbdrx.com)
Email: MAC.Appeals@independenthealth.com
Phone: 716-635-7808
Website: www.pbdrx.com

➤ **Kroger Prescription Plans, Inc.**

MS License # 140124

KPP contracts with MedImpact Healthcare Systems, Inc. for management of its MAC Appeals process.

Contact person: Diana Valdez
Dedicated telephone number: 858-790-6374
Email address: MAC@medimpact.com
Website: <https://pharmacy.medimpact.com/Resources/AllResources>

➤ **Magellan Rx Management, LLC (dba Magellan Rx)**

MS License # 140186

Contact: Stephanie McDonald
Phone: 410-953-4729
Fax: 410-953-5207
Email: mrxmacappeals@magellanhealth.com
Secondary: Smmcdonald2@magellanhealth.com
Website: <https://magellanrx.com/provider/macappeals>

➤ **Maxor Plus, Ltd.**

MS License # 140134

- Contact person(s) – Michael Halling, Manager of MAC and Process Development
- Dedicated telephone number - 1-800-687-0707
- Email address - macappeals@maxor.com
- Website for the purpose of submitting administrative appeals from a pharmacy - <https://www.maxor.com/maxorplus/providers/>

FROM PROVIDER MANUAL:

Maximum Allowable Cost (MAC)

MaxorPlus uses a MAC pricing program to reimburse Pharmacy for some multisource products. The program provides reasonable reimbursement for all pharmacies while encouraging pharmacies to dispense lower cost, generic drugs. MaxorPlus uses acquisition cost data from multiple national sources to calculate its MAC prices. The list is reviewed regularly to ensure up-to-date pricing is maintained.

Should Pharmacy feel that MaxorPlus' MAC pricing is inappropriate for one or more products, appeals can be sent to macappeals@maxor.com for review. The Pharmacy will be notified of the outcome of the review and any price adjustment will be made as required by Law.

➤ **MedImpact Healthcare Systems, Inc.**

MS License # 140126

Contact person: Diana Valdez
Dedicated telephone number: 858-790-6374
Email address: MAC@medimpact.com
Website: <https://pharmacy.medimpact.com/Resources/AllResources>

➤ **MeridianRx, LLC**

MS License # 140175

The information for MeridianRx's MAC Appeal contact can be found in the attached MS MAC Appeal Policy and Procedure manual. For your convenience, I am including it here as well:

Contact: Taylor Murtha
Email: EmTaylor.Murtha@meridianrx.com
Phone: (313) 324-3700 x24085
Website: www.meridianrx.com

See **Right Rx FL, LLC dba US-Rx Care (below)** for additional details such as:

- MeridianRx, LLC's 2021 MS MAC Appeal Policy and Procedure Manual; and
- MeridianRx, LLC's Pharmacy Pricing Inquiry Guide, which provides instructions on how to submit and review MAC Appeals.

➤ **Mitchell International, Inc. dba ScriptAdvisor**

MS License # 140204

Contact Person: Amy Kelly
Dedicated phone #: 800-970-3242
Email: macappeal@scriptcare.com
Website: www.scriptcare.com

➤ **Navitus Health Solutions, LLC**

MS License # 140195

Contact: Amanda Sarsha
Phone: 608-298-5778
Email: pricingresearch@Navitus.com
Website: www.Pharmacies.navitus.com

Pharmacies need a login to access the Pricing Research Request form on the online Pharmacy Portal, as well as information on Navitus' MAC program in general. Pharmacies receive a login for the portal when they contract with Navitus. Pharmacies can contact Navitus for help setting up an account on the portal. Attached is a copy of our Pricing Research Request form. This is the form Navitus requires with any appeal, in addition to the pharmacy's invoice for the product in question.

Navitus continued:

Navitus Pricing Research Request Form

Navitus Pricing Research Request Form

Send completed form and other required elements to: PricingResearch@Navitus.com or fax to: (608) 298-5878. Responses will be emailed back to the email address provided.

Expected response time: 15 days after date received or in accordance with state rule

Pharmacy Name:		Date Requested:	
NCPDP #:	Pharmacy State:	Email Address (to send response to):	
Contact Name:	Phone #:	Fax #:	

Claim Information: Complete the section below or attach copy of claim transaction.

Rx #:	Fill Date: //	Amt Submitted:	Disp. Fee:	Total Paid:
Drug Name & Strength:			NDC #: ----- - ---- -	
Qty Dispensed:	Days' Supply	U & C Price:		

Other Requirements:

Comments:

Other Requirements:

The information contained in this message is intended solely for the individual named above and may contain confidential and/or privileged information. Therefore, this message must be secured and protected in accordance with state and federal laws regarding the treatment of confidential information, medical privacy or other requirements (legal or business practice). If you, the reader of this message, are not the individual named above or an authorized representative of the individual named above, you are hereby notified that any review, dissemination, use, copying or retention of this message or any part of the information herein is strictly prohibited.

If you have received this message in error, please notify the sender immediately by phone and destroy this message.

Other Requirements:

➤ **NBFSA LLC**
MS License # 140226

Contact: Jill H. Evans
Phone: 336-605-3202
Email: jill@nbfsa.com

➤ **OP Pharmacy LLC dba OnePoint Patient Care, LLC**

MS License # 140223

Please see the required information below:

- 866-337-6426
 - Follow the prompts to the appropriate team member (option 1, option 1, option 2)
- Provider-Services@oppc.com
 - This is managed by a team of people and would be the best contact for any questions
- <http://onepointpatientcare.com/index.php/providers>

I have also provided our MAC Price Appeal/Inquiry Form available to all pharmacies.

SEE NEXT PAGE FOR FORM

MAC Price Appeal/Inquiry Form

This form is intended to notify OnePoint Patient Care of an issue with Generic Product availability affecting marketplace pricing and/or the Pharmacy's ability to acquire Medication at a cost below what is being reimbursed. Supporting documentation, such as a copy of recent drug purchase invoice including the product in question, must be submitted for your inquiry to be reviewed.

All fields are required.

Pharmacy Information

Provider Name: _____

NCPDP/NPI #: _____

Contact Name: _____

Contact Phone #: _____

Contact Email: _____

Drug Information

Rx Number: _____

NDC: _____

Product Name: _____ Date of

Service: _____

Purchase invoice for the product in question must be submitted with this form.



➤ **OptumRx, Inc. / SEE UNITED HEALTH BELOW:**

➤ **PerformRx, LLC**

MS License # 140194

WAITING ON RESPONSE FROM KIM / VM

Contact Persons: Kim Taylor and Scot Miller
Email address: PerformRxPharmacyPricingDept@performrx.com
Pharmacy Reimbursement Appeals: Phone: 1-800-555-5690
Fax: 1-800-684-5504

➤ **Pharmacy Data Management, Inc.**

MS License # 140225

Pharmacy Help Desk: 800-767-4226
Fax: 330-757-7102
Email: pharmacy@pdmi.com
Website: <https://www.pdmi.com/pdmi/resources/network-pharmacy-support>

➤ **Prime Therapeutics, LLC**

MS License # 140105

Contact: Amanuel Osbu / Pricing Analyst / Pharmacy Operation
Direct Contact Phone: 888-277-5510
Fax: 877-823-6373
Email: pharmacyops@primetherapeutics.com
Website: <https://macpricing.primetherapeutics.com/>

➤ **ProAct, Inc.**

MS License # 140221

Contact person: Coleen Consolo
Telephone: 1-800 – 613-3591 ext. 9
Email address: mac@optum.com
Web address: <https://professionals.optumrx.com/>

➤ **ProCare Pharmacy Benefit Manager, Inc.**

MS License # 140177

Contact Person: Jen Josey
jljosey@procarerx.com
Generic Pricing Appeals (MAC): reimbursement@procarerx.com
Claims-related Issues or Questions: 800-699-3542
ProCare Pharmacy Portal: <https://web.mc-rx.com/member-pharmacies>

➤ **Progyny, Inc.**

MS License # 140205

Contact: Zakiya Boyd
Phone: 646-933-4493
Email: legal@progyny.com
Website: <https://progyny.com/>

➤ **Right Rx FL, LLC dba US-Rx Care**

MS License # 140203

MAC Appeals are subcontracted to MeridianRx.

Contact person: Taylor Murtha
Phone numbers: 313-324-3700 x24085
Email: Taylor.Murtha@meridianrx.com
Website: www.meridianrx.com

MeridianRx MS MAC Appeal Policy & Procedure:

POLICY AND PROCEDURE MANUAL

Policy Title: MS MAC Dispute Appeal Process Policy Number: 73-21-156
Primary Department: MeridianRx Finance NCQA Standard: N/A
URAC Standard: N/A
Affiliated Department(s): Legal Committee

Definitions:

Appeal A written request to MeridianRx through its MAC Inquiry Tool to review a MAC price for a particular claim
MAC Maximum Allowable Cost
NDC National Drug Code

Policy:

MeridianRx has a process to respond to appeals of its MAC pricing in accordance with applicable law.

Procedure:

National Drug Sources

Meridian references a number of sources when determining the maximum allowable cost (MAC) prices including information submitted from network pharmacies, national pricing standards, acquisition cost data, state fee for service Medicaid MAC pricing, and other state Medicaid reimbursement rates in a comparable region.

MAC Pricing Dispute Appeal Process

A contracted pharmacy or the pharmacy's designee, or a pharmacy services administration organization (PSAO), or group purchasing organization may appeal if:

1. Drug is below pharmacy acquisition cost, or
2. Not meeting the requirements of this section (MAC eligibility)

MAC appeals must be submitted through MeridianRx's online Pharmacy Pricing Inquiry Tool. If a pharmacy inquires orally regarding the pricing of a pharmaceutical, MeridianRx staff will direct the pharmacy to the Pharmacy Pricing Inquiry Tool, located at www.meridianrx.com. For multiple NDCs or NCPDP IDs, the pharmacy shall use the downloadable form that is provided and may submit it as an attachment. Upon submission of each dispute, an acknowledgment letter will be generated containing a confirmation number. Pharmacies can enter the confirmation number in a link on MeridianRx's website.

A pharmacy's right to submit an appeal is limited to sixty (30) days and MeridianRx shall accept an appeal on or before sixty (30) days after the initial claim. MeridianRx shall investigate and resolve the appeal no later than ten (10) calendar days from receipt.

For an appeal received by a PSAO or a group purchasing organization, MeridianRx may request documentation that the PSAO or group purchasing organization is acting on behalf of a contracted pharmacy before responding to the appeal.

Notification of Appeal

MeridianRx shall provide the appealing pharmacy or pharmacy's designee that the appeal has been received. MeridianRx shall provide the name(s), email address, and telephone number for MeridianRx's contact person for questions regarding the MAC appeal process. Contact Info

Taylor Murtha

Taylor.Murtha@meridianrx.com

313-324-3700 x24085

www.meridianrx.com

Upon resolution, MeridianRx shall provide a written response to the appealing pharmacy or pharmacy's designee that shall include:

1. Date of the decision
2. The name, phone number, mailing address, email address, and the title of the person making the decision; and
3. A statement setting for the specific reason for the decision, including:

If the appeal is Denied:

If an appeal is denied, MeridianRx shall provide the following:

1. Reason for the denial
2. Identify the national drug code of a drug product (NDC); and
3. Identify the source where (NDC) may be purchased from a licensed wholesaler by contracted pharmacies at a price at or below the MAC.
4. If the National Drug Code provided by the pharmacy benefit manager is not available below the pharmacy acquisition cost from the pharmaceutical wholesaler from whom the pharmacy or pharmacist purchases the majority of prescription drugs for resale, then the pharmacy benefit manager shall adjust the maximum allowable cost as listed on the maximum allowable cost list above the challenging pharmacy's pharmacy acquisition cost and permit the pharmacy to reverse and rebill each claim

affected by the inability to procure the drug at a cost that is equal to or less than the previously challenged maximum allowable cost.

If the appeal is Granted

If an appeal is granted, MeridianRx shall apply the following:

1. Make the change in the maximum allowable cost list payment to at least the pharmacy acquisition cost;
2. Make the change in the MAC to the initial date of service the appealed drug was dispensed.
3. Notify the appealing pharmacy of the amount of the adjustment to be paid retroactive to the initial date of service (the date the appealed drug was dispensed), and include in such notice the drug name, NDC, prescription number of the appealed drug, and appeal number assigned by the PBM;
4. Retroactively adjust the MAC price for the appealing pharmacy and for all in-network pharmacies that filled a prescription for patients covered under the same health benefit plan to the initial date of service the appealed drug was dispensed.

MeridianRx Online Form:

Pharmacy Pricing Inquiry

MeridianRx offers participating pharmacies a way to check if drugs are priced correctly. They may use the online Pharmacy Pricing Inquiry form to request a pricing review. To use the Pharmacy Pricing Inquiry:

1. **Go to www.meridianrx.com**
2. **Click on “Pharmacists”**
3. **Select “Submit a Maximum Allowable Cost (MAC) appeal” from the menu selection on the left side**
4. **At minimum, fill in the required fields.**
 - a) **Identified with a red asterisk**
 - b) **“Your Cost” field must also be completed**
5. **Select “Submit Pricing Appeal”**
 - a) **For multiple NDCs or NCPDP IDs, please use the downloadable form that is provided and submit as an attached form.**
6. **Upon submission of each inquiry an acknowledgement letter will be generated containing a confirmation number. Please advise to print or save document for record purposes.**
7. **A response to any pricing inquiry will be available within 10 business days.**

MeridianRx continued:

THE FORM BELOW MUST BE COMPLETED ONLINE:

Maximum Allowable Cost (MAC) Appeal

For multiple pricing appeals, download the [Pricing Appeal Template](#)

Pharmacy Information

NCPDP *	<input type="text"/>	Date of Claim (MM/DD/YYYY) *	<input type="text"/>
Rx # *	<input type="text"/>	Claim #	<input type="text"/>
Pharmacy Name	<input type="text"/>		

Drug Information

NDC *	<input type="text"/>	Labeler	<input type="text"/>
Label Name	<input type="text"/>	Pharmacy Cost (\$) *	<input type="text"/>

Contact Information

Contact Name *	<input type="text"/>	Email Address *	<input type="text"/>
Phone Number *	<input type="text"/>	Fax Number	<input type="text"/>

Additional Comments

*Indicates required field

Submit Pricing AppealReset

➤ **RxAdvance Corporation**

MS License # 140197

Contact person(s):	Consumer Services Team
Dedicated Telephone Number:	877-281-1745
Email Address:	macappeals@rxadvance.com
Website:	https://pharmacyproviders.rxadvance.com

➤ **Rx Preferred Benefits, LLC**

MS License # 140189

Rachel Cox	
Direct Contact Phone	615-823-7763
Email	support@rxpreferred.com
Website	www.rxpreferred.com

➤ **RxSense, LLC**

MS License # 140227

Contact person:	Stacia Hipsher
Dedicated telephone:	1-800-974-3135
Email address:	pharmacynet@rxsense.com
Website:	https://app.smartsheet.com/b/form/09e53b5ad4384f10a8cfb24c1527425a

➤ **Scrip World, LLC**

MS License # 140110

Re: Questions regarding submitted MAC appeals can be directed to: CVS Caremark

1. Contact : ATTN: MAC Inquiries Team
 2211 Sanders Road Northbrook, IL 60062
 2. Phone #: 1-847-559-3977
 3. Email: MACInquiries@CVSCaremark.com
 4. MAC appeals for paid claims can be submitted using the MAC Appeals option from the MAC Menu on the Home Page at: <https://rxservices.cvscaremark.com>.
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➤ **Script Care, Ltd**

MS License # 140103

Contact Person:	Amy Kelly
Dedicated phone #:	800-970-3242
Email:	macappeal@scriptcare.com
Website:	www.scriptcare.com

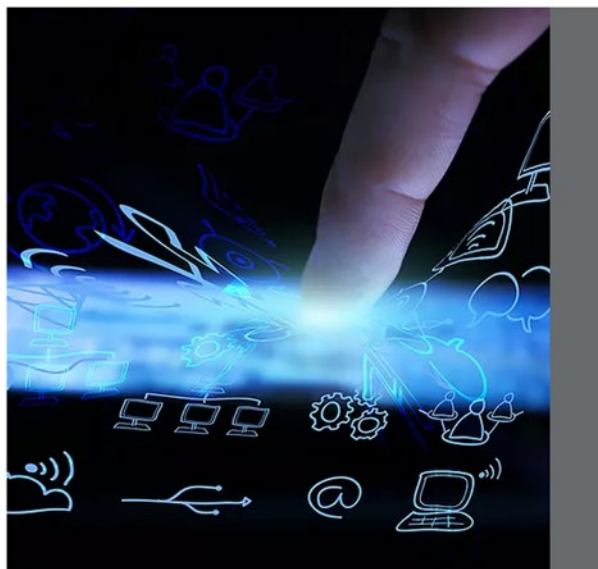
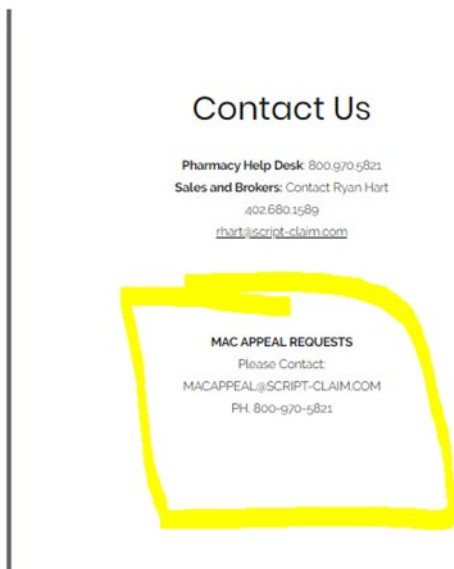
➤ ScriptClaim Systems, LLC

MS License # 140222

Our website www.script-claim.com included in the CONTACT US section has a mac appeal information:

Email: macappeal@script-claim.com

Phone: 800-970-5821



➤ Southern Scripts, LLC

MS License # 140179

Contact: Michael Patterson, Director of Pharmacy Network

Telephone: 800-710-9341

Email: support@southernscripts.net

Website: <http://southernscripts.net/providers.php>

➤ Tmesys, LLC

MS License # 140209

Phone: 855-264-8815
Fax: 866-576-1656
Email: Tmesys.Network@optum.com

A. Tmesys

1. OptumRx List 3: Prescription Bank Identification Numbers (Rx BINs)

Tmesys provides nationwide online claims submission, approval and processing for workers' compensation claims as well as certain automobile (PIP) claims in select state. The BIN number is 004261 (Envoy users, BIN is 002538) the PCN is CAL. For the Payer Sheets, click [here](#).

2. Contact Information

Administrator strives to ensure that pharmacies receive prompt and courteous attention when questions arise. For assistance in processing a Claim or questions concerning Administrator pharmacy programs, please contact the Administrator at the telephone number identified on the Member's identification (ID) card or contact the Administrator as indicated below. For additional contact information, please see Contact information provided in Section II of this PM.

Note: With the growth of OptumRx, information may be specific to a legacy BIN/PCN at this time. Please refer to the BIN/PCN information to determine which specific contact information to use.

A. Pharmacy help desk service contact information

- Telephone: 1-800-964-2531
- Email: HelpDesk3@optum.com

B. Prior authorization (PA) service contact information

- Telephone: 1-800-964-2531
- Email address: HelpDesk3@optum.com

C. Pharmacy network contracting department contact information

- Telephone: 1-855-264-8815
- Fax: 1-866-576-1656
- Email address: Tmesys.Network@optum.com

D. MAC appeals contact information

- Telephone: 1-855-264-8815
- Fax: 1-866-576-1656
- Email address: macresolution@optum.com

E. Pharmacy Communications (Faxblast)

- Telephone: 1-855-264-8815
- Fax: 866-576-1656
- Email address: Tmesys.Network@optum.com

➤ Tredium Solutions, LLC

MS License # 140211

Contact Person: Amy Kelly
Dedicated phone #: 800-970-3242
Email: macappeal@scriptcare.com
Website: www.scriptcare.com

➤ Trust Plus Pharmacy Benefit Consultants, Inc.

MS License # 140127

Contact: Charlene Gentry
Phone: 601-899-9303
601-954-6931

Website:

➤ United Health / Optum

MS License # 140113

D. MAC Appeals Contact Information



Hours of Operation: Monday–Friday, 6 a.m. to 4 p.m. (Pacific Time)

To review the summary and guidelines for appealing MAC prices / pharmacy reimbursement, as well as downloading the form for submitting appeals, please visit the Pharmacist section of the OptumRx Health Care Professionals Portal or contact us using one of the following:

- **OptumRx Lists 1 & 2 RxBINs**
 - Telephone: 1-800-613-3591 Ext. 9
 - Fax: 1-866-285-8652
 - Email address: MAC@optum.com
- **OptumRx List 3 RxBINs:** See contact information provided in the Workers' Compensation and auto no-fault section of this PM.

Website: professionals.optumrx.com

➤ WellDyneRx, LLC

MS License # 140190

Contact: Bradford Kogen / VP Pharmacy Network Management
Phone: (863) 583-6117
Email: bkogen@welldynernx.com
Website: <https://welldyne.com/for-pharmacies> (Click MAC Appeal)

MAC Appeals:

Download Appeal Form at <https://welldyne.com/for-pharmacies>

1. Please provide all accurate information on Required information tab
 2. Email completed form to RetailManager@netcardsystems.com with a title of MAC appeals
 3. A response will be provided via email
 4. If notified that the price has been adjusted, please reverse and reprocess the claim
 - Network participation, credentialing, and reimbursement inquiries: (866) 813-3743
Email address: pharmacyinfo@welldyne.com
 - Pharmacy Help Desk – for claim submission inquiries: (888) 886-5822
 - Escalations: Brad Kogen – VP, Pharmacy Network Management: (863) 583-6117
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