



Price Dispute Process

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Policy Intent

The purpose of this policy is to detail the process followed for provider price disputes for all claim price sources. Price disputes are forwarded to the OptumRx account team through many sources (GA Department of Community Health (DCH)), internally through ORX call centers, GPhA, and directly from the provider).

Policy Owner

Optum Rx Account Management

Policy Detail

Federal Upper Limit (FUL) Dispute Process

- FUL dispute is received by the Optum Rx account team
- No updates allowed for this price source
- Provider is informed that the product is reimbursing the Federal Upper Limit (FUL) which is a price established by the Centers for Medicare Medicaid Services (CMS) that is updated monthly. Further details regarding this price source are available online under www.medicaid.gov – Medicaid – Prescription Drugs – Federal Upper Limits

State Maximum Allowable Cost (SMAC) Dispute Process

- SMAC dispute is received by the Optum Rx account team along with a copy of the provider submitted invoice
- Updates are allowed for this price source
- Optum Rx reviews the dispute internally to determine if a change to the current SMAC price is warranted
- If it's determined that a change to the current SMAC price is warranted, the SMAC recommendations is forwarded to GA DCH for review
- Upon DCH approval of the recommended GMAC price change, Optum Rx updates the SMAC price in RxClaim

National Average Drug Acquisition Cost (NADAC) Dispute Process

This process applies to the initial NADAC inquiry where a price review by the NADAC Help Desk has yet to occur:

- NADAC dispute is forwarded to the OptumRx account team
- Optum Rx confirms that the product in question has an assigned NADAC price and that the claim(s) in question is reimbursing using NADAC
- Within 2 business days from receiving the dispute OptumRx contacts the provider directly via phone to review the next steps in the review process
- Provider is given a high-level overview of NADAC
- Provider is informed that a price review will need to be submitted directly to the NADAC helpdesk for review along with a copy of their product invoice:
 - Toll-free phone: (855) 457-5264

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- Electronic mail: info@mslcrps.com
- Facsimile: (844) 860-0236
- Price Review Form: www.medicaid.gov → Medicaid → Prescription Drugs → Retail Price Survey (pricing Review form is located at the bottom of this page)
- Provider will be informed of the timeliness of NADAC price updates, and where these price lists are published online: www.medicaid.gov → Medicaid → Prescription Drugs → Pharmacy Pricing → National Average Drug Acquisition Cost
- Optum Rx will follow-up with the provider regarding dispute to close-the-loop

Provider Submitted Charges Dispute Process

- Price dispute is received by the Optum Rx account team
- If the disputed claim is reimbursing at Submitted Ingredient Cost, Gross Amount Due, or Usual and Customary, the provider is informed of this
- No price changes are warranted for this source

Georgia Estimated Acquisition Cost (GEAC) and Select Specialty Pharmacy Rate (SSPR) Dispute Process

- GEAC/SSPR dispute is received by the Optum Rx account team along with a copy of the provider submitted invoice
- Updates are allowed for this price source
- Optum Rx forwards the dispute and invoice to GA DCH for review
- Upon DCH communication of the recommended SSPR price change, Optum Rx updates the GEAC/SSPR in RxClaim

Wholesale Acquisition Cost (WAC) Dispute Process

- WAC dispute is received by the Optum Rx account team
- No updates allowed for this price source
- Provider is informed that the product is reimbursing the Wholesale Acquisition Cost and that GA Medicaid will not reimburse more than the WAC price. It is suggested that the provider contact their wholesaler for a potential price adjustment.

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Supporting Process Guides, Standards, Procedures



Date:

Pricing Appeal Form

Appeals must be submitted within 30 days of the claim fill date

Please complete the form and fax to 1-888-292-4814

All fields are required - Incomplete forms will not be reviewed

Provider Information:

Pharmacy/Provider Name:

Pharmacy/Provider NCPDP ID:

Pharmacy/Provider NPI:

Contact Name:

Phone Number:

Fax Number:

E-mail:

Member Information:

Last Name:

First Name:

Member ID:

Middle Initial:

Rx Number:

Date of Birth:

Claim Information:

Claim Authorization Number:

☐ Brand ☐ Generic

BIN:

PCN:

Submitted Group:

NDC:

Claim Fill Date:

Qty. Dispensed:

Product Name:

Invoice Price:

Product Strength:

Drug Form:

Comments:

MUST submit invoice showing NDC of the claim being disputed with this form

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