




State of Louisiana

Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

DATE: February 27, 2015

TO: All Louisiana Medicaid Pharmacy Providers

FROM: Mary T. C. Johnson, Medicaid Deputy Director 

SUBJECT: Managed Care Organization (MCO) Pharmacy Reimbursement MAC Appeals

It has been brought to the attention of the department that some pharmacy providers are experiencing issues with MCO pharmacy reimbursement. While the department is in the process of attempting to resolve the issues, we want to clarify the procedure that should be followed by pharmacists with specific concerns. Medicaid plans and Pharmacy Benefit Managers (PBMs) have agreed to accept Maximum Allowable Cost (MAC) appeals directly from pharmacy providers to assure receipt and timeliness.

Please refer to the chart below to provide contact information for direct submission of a MAC appeal to each plan/PBM.

| Plan / PBM | Contact Number | Other Contact Information |
|--|----------------------------|--|
| Aetna / CVS Health | (800) 364-6331 | Submit via web: https://rxservices.cvscaremark.com |
| AmeriHealth Caritas / PerformRx | (800) 684-5502 | Email: PerformRxPharmacyPricingDept@PerformRx.com (No form is needed for pricing review requests) |
| Amerigroup / Express Scripts | (800) 922-1557 | Submit via web: www.express-scripts.com/services/pharmacists |
| Louisiana Healthcare Connections / U. S. Scripts | (877) 935-8026 | Submit via web: https://www.usscript.com/Media/Default/docs/USS_MAC_Pricing_Inquiry_Form.pdf |
| United Healthcare / OptumRx | (800) 613-3591 Option 9 | Email: Rxreimbursement@Optum.com (Call OptumRx to obtain the appeals form) |
| Fee for Service / Myers and Stauffer (M&S) | (800) 591-1183 | Submit via web: http://www.mslc.com/Louisiana/AACrequestForm.aspx |

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After a MAC appeal has been submitted, the plan will have seven days to provide a resolution.

There are two possible resolutions:

1-The price is adjusted and the claim is reprocessed.

2-The price is not adjusted, but the plan provides the pharmacist the Louisiana wholesaler and NDC code of the **available** medication at the MAC price.

If neither of the above resolutions is provided please fax the claim information with documentation to Sue Fontenot at (225) 242-0473; or call (225) 342-1367; or email sue.fontenot@la.gov.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

MCJ/MBW/ESF

c: Bayou Health Plans
Melwyn B. Wendt