



State of Louisiana
Department of Health and Hospitals
Bureau of Health Services Financing

MEMORANDUM

DATE: February 15, 2016
TO: All Louisiana Medicaid Pharmacy Providers
FROM: Jen Steele, Interim Medicaid Director
SUBJECT: Pharmacy MCO Reimbursement Dispute Process for "Local Pharmacies"

Please see the updated contact list for "local pharmacies" to submit reimbursement disputes directly to the Managed Care Organizations (MCOs).

Plan / PBM	Contact Number	Other Contact Information
Aetna / CVS Health	Call for dispute: (855) 364-2977	Provider must call to dispute reimbursement. To look up a MAC price: 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 MAC Appeal Form can be found at: http://www.uhccommunityplan.com/content/communityplan/homepage/health-professionals/la/pharmacy.html

The two tiered process for reimbursement disputes has not changed. The first is internal to the MCO. The second is external to the MCO and administered by DHH's contractor, Myers & Stauffer (M&S).

Step 1: Internal to the MCO

Submit the internal claims dispute to the MCO within 7 business days of the date of service, either directly to the MCO or through a PSAO at the pharmacy's option.

The MCO must provide written notification of the outcome of the internal claims disputes to the local pharmacy within 7 business days of the date that the internal claims dispute was received by the MCO.

Step 2: External to the MCO

M&S administers the external claims dispute process to serve as the final authority on the local pharmacy claims disputes for the Department.

Within 14 business days of the date of the written notification of the outcome of the internal claims dispute from the MCO to the local pharmacy, the pharmacy must submit to M&S:

1. A completed External Claims Dispute Request form (please see attached);
2. A copy of the internal claims dispute submitted to the MCO;
3. A copy of the written notification of the outcome of the internal claims dispute from the MCO to the local pharmacy;
4. A screen shot and /or print out of the adjudicated claim including the prescription number, NDC, date of service, quantity dispensed, total amount submitted and total amount reimbursed.

M&S must provide written notification of its determination to the pharmacy and the MCO within 7 business days of receipt of all documentation.

If you have questions about the external claims dispute process, please contact Myers & Stauffer at (800) 591-1183, email: lamcopharmacy@mslc.com, or website: www.mslc.com/Louisiana/.

If it is determined that the disputed reimbursement was not reasonable, the MCO must provide the pharmacy an increased reimbursement to the FFS allowed amount and the MCO must update its payable price on file to reflect the increase. The price update must be completed within 7 business days of the written notification of the outcome of the external claims dispute process to the MCO.

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

JS/MBW/ESF

c: Bayou Health Plans
Frank Opelka, Jr.
LAHP
LIPA
M&S



Louisiana Department of Health and Hospitals MCO External Claims Dispute Request for Local Pharmacies

Local pharmacy providers should utilize this form to submit a request for Myers and Stauffer, LC to review an External Claims Dispute of a Managed Care Organization (MCO) claim paid less than reasonable reimbursement as determined by Louisiana Department of Health and Hospitals (DHH). **Documentation of the provider's Internal Claims Dispute to the MCO along with the MCO's decision outcome and a screen-shot and/or print out of the paid adjudicated claim must be submitted with this form.**

Local Pharmacy Provider Information

Pharmacy Name _____
 NPI _____
 Phone _____
 Fax _____
 Email _____

Managed Care Organization

- Aetna Better Health/CVS Health
- Amerigroup/Express Scripts
- AmeriHealth Caritas/PerformRX
- Louisiana Health Connections/USScript
- United Healthcare/OptumRX

Claim Information (One claim per request form)

A screen-shot and/or print out of the paid adjudicated claim must be included with this form. **All information below must be submitted for an External Claims Dispute to be initiated.**

Drug Name _____
 National Drug Code (NDC) _____
 Prescription Number _____
 Date of Service / Dispensation _____
 Quantity Dispensed _____
 Total Billed Amount _____
 Total Reimbursement Amount (including disp. fee) _____

Please print and fax this form to 317-571-8481 (attention: Pharmacy MCO External Claims Dispute Unit) or scan and email this form to laMCOpharmacy@mslc.com.

By signing below, I acknowledge that all of the information above is complete and correct.

Name _____ Date _____
 Title _____