

**Pennsylvania Department of Human Services  
HealthChoices and Community HealthChoices Managed Care Organizations  
Contact Information for Pharmacy Pricing Disputes**

MCO	Primary Contact for Initial Disputes	Primary Contact for Second Level Disputes	Required Information for Second Level Appeals
Aetna Better Health	<p><u>MAC Pricing Issues:</u> Chain and Pharmacy Services Administration Organization (PSAO) pharmacies will submit MAC paid claim appeals through their respective chain or PSAO headquarters, which will then submit appropriate data to Caremark. Independent pharmacies (those which are not affiliated with a PSAO for contracting purposes) will submit MAC paid claim appeals using the Caremark Pharmacy Portal at <a href="https://rxservices.cvscaremark.com">https://rxservices.cvscaremark.com</a>.</p> <p>For MAC paid claim appeals and as in accordance with Law, as applicable, Provider may appeal the MAC price paid by Caremark at a product level. Submission of a paid claim by Provider is required for this process. Provider must notify Caremark within the period required by applicable Law, and provide all of the following information: date of fill, prescription number, your name, Pharmacy NCPDP/NABP number, chain/affiliation code, phone number, email address, and RXBIN.</p> <p><u>Other pricing issues:</u> Pharmacy providers can dispute a claim due to failure to pay the contractual reimbursement amount. Provider must notify Caremark within one hundred eighty (180) days from date of fill, or within a longer period required by applicable Law. The details must include date of fill, prescription number, eligible person ID number and provider NPI</p>	<p>Providers Appeal Department</p> <ul style="list-style-type: none"> <li>Website: <a href="https://www.aetnabetterhealth.com/pennsylvania/providers/pharmacy">https://www.aetnabetterhealth.com/pennsylvania/providers/pharmacy</a></li> <li>Fax: 1-860-754-1757</li> <li>Phone: 1-866-638-1232 (PA Relay 711)</li> <li>Email: <a href="mailto:PAMedicaidAppeals&amp;Grievance@aetna.com">PAMedicaidAppeals&amp;Grievance@aetna.com</a></li> <li>Mail: Aetna Better Health of Pennsylvania</li> </ul> <p>ATTN: Complaint, Grievance and Appeal Department 2000 Market Street, Suite 850 Philadelphia, PA 19103</p>	<ul style="list-style-type: none"> <li>Evidence that the Pharmacy Provider has exhausted all its remedies against the PBM <ul style="list-style-type: none"> <li>Chains/PSAOs <ul style="list-style-type: none"> <li>Documentation of denied Pricing Appeal outcome from the PBM</li> <li>Documentation that outreach regarding the denied outcome of appeal has been made to their PSAO or Corporate Headquarters with no resolution</li> </ul> </li> <li>Independent Pharmacies not affiliated with a PSAO <ul style="list-style-type: none"> <li>Documentation of denied Pricing Appeal outcome from the PBM</li> </ul> </li> </ul> </li> <li>Claim information that includes: <ul style="list-style-type: none"> <li>Pharmacy NCPDP number</li> <li>Pharmacy Name</li> <li>Name of PSAO (if applicable)</li> <li>Prescription number</li> <li>NDC</li> <li>Drug Name</li> <li>Date of Fill</li> </ul> </li> <li>Documentation of pricing information from at least two (2) wholesalers, if applicable, inclusive of any additional rebates or discounts, showing that the wholesaler prices are not equal to or less than the MAC price</li> <li>Second Level Pricing Dispute must be submitted to Aetna Better Health/Aetna Better Health Kids within 15 business days of receiving a Pricing Appeal denial from the PBM</li> </ul>

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	<p>or NCPDP. Provider should include a copy of the remittance advice, if possible, and must provide the specific reason for the dispute. Notifications may be mailed to:</p> <p>Caremark Attn: Network Services, MC 0023 9501 East Shea Boulevard Scottsdale, AZ 85260</p>		
AmeriHealth / Keystone First	<p>HealthChoices and Community Health Choices- Kim Woodrow-Taylor (PerformRx Pharmacy Pricing Dept) <a href="mailto:ktaylor@performrx.com">ktaylor@performrx.com</a></p>	<p>HealthChoices – Michael Colvin, Market Pharmacist <a href="mailto:mcolvin@keystonefirstpa.com">mcolvin@keystonefirstpa.com</a> Community HealthChoices – Michelle Murphy, Pharmacy Director <a href="mailto:mmurphy@amerihealthcaritas.com">mmurphy@amerihealthcaritas.com</a></p>	<ul style="list-style-type: none"> <li>• Request for Second Level Review must be received or postmarked within 60 calendar days of final decision rendered by PerformRx</li> <li>• Once escalated for Second Level Review, plan will confirm receipt and require that both the pharmacy provider and PerformRx provide documentation supporting each entity’s position related to the pricing dispute within 14 calendar days. <ul style="list-style-type: none"> <li>➤ The pharmacy provider documentation must include the following items, as well as, any additional information to support their position. <ol style="list-style-type: none"> <li>a. Pricing based on market intelligence</li> <li>b. Pharmacy’s wholesaler invoice showing purchase price of medication</li> <li>c. Pharmacy’s wholesaler contract</li> </ol> </li> </ul> </li> </ul>
Gateway	<p>CVS Pharmacy Portal <a href="https://rxservices.cvscaremark.com/">https://rxservices.cvscaremark.com/</a>. In the event a pharmacy has an issue with submitting the initial appeal, they should call 1-866-488-4708.</p>	<p>Gateway Health Pharmacy Services <a href="mailto:RxPricingDisputes@GatewayHealthPlan.com">RxPricingDisputes@GatewayHealthPlan.com</a></p>	<ul style="list-style-type: none"> <li>• The pharmacy must submit written attestation that they have exhausted all remedies against the PBM before requesting a Gateway second level pricing dispute.</li> <li>• Along with the attestation, the pharmacy must also submit the following required information using the form per claim:</li> </ul>

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			<ul style="list-style-type: none"><li>➤ Pharmacy Name</li><li>➤ Pharmacy NPI</li><li>➤ Pharmacy Contact Person</li><li>➤ Pharmacy Contact Person's Phone Number (not a general number)</li><li>➤ Pharmacy Contact Person's Email address</li><li>➤ Pharmacy NCPDP Number</li><li>➤ Date of Fill</li><li>➤ Rx Number</li><li>➤ Member ID</li><li>➤ Member Name</li><li>➤ Member DOB</li><li>➤ Drug Name &amp; Strength</li><li>➤ NDC</li><li>➤ Quantity</li><li>➤ Days Supply</li><li>➤ Disputed reimbursement amount from PBM</li><li>➤ Documentation of actual acquisition cost net of any discounts</li><li>➤ Copy of request submitted to PBM and case number</li><li>➤ Date of appeal with PBM</li><li>➤ PBM decision</li><li>➤ Date of PBM decision</li><li>➤ Statement describing why the pharmacy disagrees with the PBM's decision, including supporting evidence where applicable (e.g., breached terms of contract)</li><li>➤ Contract arrangement type (direct, PSAO, etc.)</li><li>➤ Name of PSAO, if applicable</li><li>➤ Evidence of PSAO involvement and their acceptance or rejection of the first level review decision, if applicable</li></ul>
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Geisinger	<a href="mailto:PharmacyOperationsSups@medimpact.com">PharmacyOperationsSups@medimpact.com</a>	Kevin Szczecina, Brandy Powell via fax 570-214-6768	<ul style="list-style-type: none"> <li>All submissions of a Second Level PBM Pricing dispute must be made within 10 business days of the PBM Provider exhausting all remedies against the PBM.</li> <li>Provider's request must include supporting documentation.</li> </ul>
Health Partners	Initial pricing disputes are routed to the PBM, DST Pharmacy Solutions. The email and phone number for DST are noted below. These both have been in place for more than 3 years and the contact points are noted in the DST pharmacy manual that is made available to participating pharmacies. The email box is m5@dsthealth.com. The phone number for the call center: 1-800-522-7487	Brandi Mahler - bmahler@hpplans.com Archie Sharper – asharper@hpplans.com	<ul style="list-style-type: none"> <li>Pharmacy vendor has 14 calendar days to submit appeal to Health Partners Plans for the second level appeal process</li> <li>Both parties, the pharmacy provider and the PBM must provide appropriate documentation supporting each entity's position(s) related to the pricing dispute, including specific invoices and other documentation related to pricing.</li> </ul>
United	Initial Dispute with Optum Rx: <ul style="list-style-type: none"> <li>Pharmacy to complete appeal form and submit the Appeal Form to PBM within 30 days from the date of the initial claim submission or within such time period as may be required by applicable state law.</li> <li>Pharmacies can obtain a 1st level appeal form by thought the OptumRx Provider Portal. <a href="https://professionals.optumrx.com/content/dam/optum/resources/Downloads/orx_mac_appealsubmissiontemplate_pharmacy.xlsx">https://professionals.optumrx.com/content/dam/optum/resources/Downloads/orx_mac_appealsubmissiontemplate_pharmacy.xlsx</a></li> </ul>	Mike Verba, Regional Pharmacy Director <a href="mailto:michael.verba@uhc.com">michael.verba@uhc.com</a> 952.406.4493  Eileen Nolte, Pharmacy Account Manager <a href="mailto:eileen.nolte@uhc.com">eileen.nolte@uhc.com</a> 952.202.1922	Pharmacy submits all information for a second level appeal to UHC to this email address: <a href="mailto:uhcpa2ndlevapp@uhc.com">uhcpa2ndlevapp@uhc.com</a> . This information should include the following: pharmacy contact/email, date received, BIN, PCN, NCPDP, Rx Number, NDC, Product Name, Date filled, Amount Paid, Pharmacy Name, and resolution file from OptumRx. This information can be completed on the UHC 2nd level appeal form or simply listed in the email to UHC. The pharmacy should submit any narrative or additional

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	<ul style="list-style-type: none"> <li>• PBM has 30 days to respond to the pricing dispute</li> <li>• The appeal response will include but not limited to the following: pharmacy NCPDP, appealed claim Rx #, date of service, dispensed product NDC and Drug Name, BIN #, PCN, date of resolution and action taken.</li> </ul> <p>Hours of operation: Monday–Friday, 8 a.m. to 5 p.m. (Central Time) Telephone: 1-800-613-3591 Ext. 9 Fax: 1-866-285-8652 Email address: MAC@optum.com</p>		pertinent information in the body of the email to UHC when the pricing appeal is submitted.
UPMC	HealthChoices and Community HealthChoices- Initial pricing disputes are administered by the PBM, Express Scripts Inc. Network pharmacies may submit pricing disputes through ESI’s online provider portal, the Pharmacist Resource Center.	HealthChoices and Community HealthChoices- Second level disputes can be submitted to UPMC at the address below: UPMC Health Plan Provider Appeals PO Box 2906 Pittsburgh, PA 15230-2906	<ul style="list-style-type: none"> <li>• The PBM provider and ESI will provide UPMC Health Plan with documentation supporting each entity’s pricing dispute.</li> <li>• Appeals must be received by UPMC Insurance Services Division within thirty (30) business days of the initial denial notification.</li> </ul>
PHW	Chris Swyter <a href="mailto:Chris.Swyter@EnvolveHealth.com">Chris.Swyter@EnvolveHealth.com</a>	PHW Pharmacy team PharmacyPHW@centene.com	<ul style="list-style-type: none"> <li>• Second Level Pricing Dispute must be submitted to PHW within 15 business days of receiving a MAC or Non MAC appeal denial from the PBM</li> <li>• Pharmacy Provider is required to submit the following information along with the Second Level Dispute Submission: <ul style="list-style-type: none"> <li>➤ Evidence that the Pharmacy Provider has exhausted all of its remedies against the PBM <ol style="list-style-type: none"> <li>a. Chains/Pharmacy Services Administration Organizations (PSAOs) <ol style="list-style-type: none"> <li>1. Documentation of denied MAC or Non MAC (AWP contracted rate) appeal outcome from the PBM</li> </ol> </li> </ol> </li> </ul> </li> </ul>

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			<div>b. Independent Pharmacies not affiliated with a PSAO</div> <div><div>1. Documentation of denied MAC or Non MAC (AWP contracted rate) appeal outcome from the PBM</div></div> <div>➤ Claim information that includes:<div>a. Pharmacy NCPDP number</div><div>b. Pharmacy Name</div><div>c. Name of PSAO (if applicable)</div><div>d. Prescription number</div><div>e. NDC</div><div>f. Drug Name</div><div>g. Date of Fill</div></div> <div>➤ MAC Appeals: Documentation of pricing information from at least 2 wholesalers, inclusive of any additional rebates or discounts, showing that the wholesaler prices are not equal to or less than the MAC price</div> <div>➤ NON MAC Appeals: Documentation of AWP pricing information for Medi-Span and Contracted Rate</div>
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