



Reimbursement Appeal Process

This appeal process is available for all prescription drugs or devices in Tennessee for which a pharmacy alleges it did not receive its actual cost.

This process outlines the steps and deadlines for filing an appeal, as well as the review and determination process.

A pharmacy has the right to designate a pharmacy services administrative organization or other agent to file and handle its appeal.

All appeal reviews will be completed, and a notice of determination sent to the pharmacy, within 7 business days of submission of complete appeal documentation.

If you have any questions about the appeal process, please contact:

Email: **providerrelations@gateway-networks.com**

Phone: Citizen's Rx Pharmacy Help Desk: **888.316.6510**

1. **FILING AN APPEAL:**

To initiate a reimbursement appeal, submit the following forms via **www.gateway-networks.com**:

- The "Standard Pharmacy Reimbursement Appeal Form" ("Appeal Form") from the Tennessee Department of Commerce and Insurance. Copies of the invoice(s) demonstrating the pharmacy's actual cost for the drug or medical product or device at issue as of the date of the filing of the appeal by the pharmacy must be attached.
- the "Reimbursement Appeal Certification Form" ("Certification Form")

Both of these forms are available on the Gateway website; accessible as follows: Info > Tennessee Reimbursement Appeal > Click on "here".

Deadline for Filing Appeal: The pharmacy must file its appeal within seven (7) business days of its submission of the initial claim for reimbursement for the drug or medical product or device. If the appeal is not filed within this time frame, it may be denied.

The pharmacy will receive an email confirming receipt of the appeal, with the date/time of receipt.

PLEASE ENSURE THAT THE APPEAL FORM AND THE CERTIFICATION FORM ARE FULLY COMPLETED, INCLUDING ANY ATTACHMENTS, PRIOR TO SUBMISSION. THE 7 BUSINESS DAY TIMELINE FOR PROCESSING AN APPEAL DOES NOT BEGIN UNTIL COMPLETE APPEAL DOCUMENTATION HAS BEEN RECEIVED.

IF THE APPEAL FORM AND THE CERTIFICATION FORM ARE NOT COMPLETE, THE PHARMACY WILL BE CONTACTED WITHIN 5 BUSINESS DAYS TO PROVIDE THE MISSING INFORMATION. IF COMPLETE INFORMATION IS NOT PROVIDED WITHIN 5 BUSINESS DAYS OF THE REQUEST FOR MISSING INFORMATION, THE PHARMACY'S APPEAL MAY BE DENIED.

2. APPEAL REVIEW

THE APPEAL REVIEW PROCESS WILL BE COMPLETED, AND THE PHARMACY WILL BE NOTIFIED AS TO THE APPEAL DETERMINATION, WITHIN SEVEN (7) BUSINESS DAYS OF THE PHARMACY'S SUBMISSION OF THE APPEAL FORM AND ALL REQUIRED INFORMATION.

The Appeal Form and supporting documentation will be reviewed by a member of the Pricing Team to determine whether an adjustment to the appealed reimbursement amount is required. This review will include contacting pharmaceutical wholesalers operating in Tennessee to determine whether the product associated with the national drug code number or unique device identifier that is subject to the appeal is available at a cost that is less than the challenged rate of reimbursement from a pharmaceutical wholesaler in Tennessee as of the date the appeal was received.

- If the contacted wholesalers fail to provide the requested information within the 7-business day timeline for processing the appeal, it will be presumed that the product subject to the appeal was not available at a cost that is less than the challenged rate of reimbursement from a pharmaceutical wholesaler in Tennessee state as of the date the appeal was received.
- If the Pricing Team determines that the product that is subject to the appeal is available at a cost that is less than challenged reimbursement amount from a pharmaceutical wholesaler in Tennessee as of the date the appeal was received (based on information received from contacted wholesalers), the pharmacy's Majority Wholesaler will be contacted to determine if the product subject to the appeal was available at a cost that is less than challenged reimbursement amount from the appealing pharmacy's Majority Wholesaler as of the date the appeal was received.

"Majority Wholesaler" means the wholesaler from whom a pharmacy purchased the majority of its prescription pharmaceutical products for resale in the calendar year preceding the calendar year during which the claim that is the subject of an initial appeal is processed.

If the pharmacy did not include name and contact information for its Majority Wholesaler on the Certification Form, a follow up request will be made to the pharmacy. **IF THE PHARMACY FAILS TO PROVIDE THE NAME OF ITS MAJORITY WHOLESALER WITHIN TWO BUSINESS DAYS OF A REQUEST TO PROVIDE THAT NAME, IT MAY BE PRESUMED THAT THE PRODUCT SUBJECT TO THE APPEAL IS AVAILABLE AT A COST THAT IS LESS THAN THE CHALLENGED RATE OF REIMBURSEMENT FROM THE PHARMACY'S MAJORITY WHOLESALER.**

- If the Majority Wholesaler fails to provide the requested information within the 7-business day timeline for processing the appeal, it will be presumed that the product subject to the appeal was not available at a cost that is less than the challenged rate of reimbursement from a pharmaceutical wholesaler in Tennessee state as of the date the appeal was received.

3. NOTICE OF DETERMINATION OF APPEAL

THE PHARMACY WILL BE NOTIFIED AS TO THE APPEAL DETERMINATION WITHIN SEVEN (7) BUSINESS DAYS OF THE PHARMACY'S SUBMISSION OF THE APPEAL FORM AND ALL REQUIRED INFORMATION.

Appeal Upheld – Notification to/Adjustment for Appealing Pharmacy: If the Pricing Team has determined that the drug or medical product or device that is subject to the appeal was not available at a cost that is less than the challenged rate of reimbursement from a pharmaceutical wholesaler in Tennessee as of the date the appeal was received (based on information received from contacted wholesalers, or the presumption of unavailability based on failure to obtain requested information from wholesalers), the pharmacy's appeal will be upheld.

The Pricing Team will notify the pharmacy that its appeal has been upheld within 7 business days of receipt of a complete appeal submission from the pharmacy. The notification will include the national drug code number for the drug, or the unique identifier for the device, on which the change in pricing is based.

The pharmacy will be permitted to reverse and rebill the claim(s) in question to receive the corrected reimbursement amount. The reimbursement amount will be at least the pharmacy's Actual Cost for the prescription drug or device. "Actual Cost" will not include the amount of any professional dispensing fee that is payable to the pharmacy. There will be no transaction fee required to reverse and rebill the claim.

Appeal Denied - Notification to Appealing Pharmacy: If the appeal was not filed timely; if the appealing pharmacy did not provide evidence of/Certification of Actual Cost within the required time frame; if the Pricing Team has determined that the drug or medical product or device that is subject to the appeal was available at a cost that is less than challenged reimbursement amount, from a pharmaceutical wholesaler in Tennessee as of the date the appeal was received (based on information received from contacted wholesalers), and either the appealing pharmacy did not provide the name of its Majority Wholesaler within 2 business days of the Pricing Team's request or the Pricing Team has determined that the drug or medical product or device that is subject to the appeal was available at a cost that is less than challenged reimbursement amount, from the Majority Wholesaler as of the date the appeal was received (based on information received from the Majority Wholesaler), the Pricing Team will notify the pharmacy of denial of its appeal.

This communication will include:

- A statement the appeal is denied, along with a summary outlining the basis for the denial of the appeal;

- The name of the national or regional pharmaceutical wholesalers operating in Tennessee that have the particular drug or medical product or device currently in stock at a price that is less than the amount of the challenged rate of reimbursement; and, if the product involved in the appeal is a drug, then the national drug code number for the drug; or if the product involved is a medical device, then the unique device identifier for the device; and
- Instructions on how to make an external appeal to the Commissioner of Insurance.

Appeal Denied – Notification to/Adjustment for Appealing Pharmacy if the Pricing Team has determined that the drug or medical product or device that is subject to the appeal was available at a cost that is less than challenged reimbursement amount from a pharmaceutical wholesaler in Tennessee as of the date the appeal was received (based on information received from contacted wholesalers), but was not available (or presumed not available) from the appealing pharmacy's Majority Wholesaler, the pharmacy's appeal will be denied, but the pharmacy's reimbursement rate will be adjusted, as set forth below.

The notification of denial will include the following information:

- A statement the appeal is denied, along with a summary outlining the basis for the denial of the appeal;
- The name of the national or regional pharmaceutical wholesalers operating in Tennessee that have the particular drug or medical product or device currently in stock at a price that is less than the amount of the challenged rate of reimbursement; and, if the product involved in the appeal is a drug, then the national drug code number for the drug; or if the product involved is a medical device, then the unique device identifier for the device; and
- Instructions on how to make an external appeal to the Commissioner of Insurance.

The challenged rate of reimbursement will be adjusted to an amount equal to or greater than the appealing pharmacy's actual cost, and the pharmacy will be permitted to reverse and rebill each claim affected by the inability to procure the pharmaceutical product at a cost that is equal to or less than the previously challenged rate of reimbursement. There will be no transaction fee required to reverse and rebill the claim.