



OptumRx State of Delaware Similarly Situated Pharmacy Maximum Allowable Cost (MAC) Claim Reversal and Reprocessing Request Submission Guidelines

This document outlines the process for requesting a reversal and reprocess of claim(s) following the receipt of the weekly OptumRx MAC Appeal approval notification.

This process has been established for MAC reimbursement adjustments in accordance with the State of Delaware Insurance Code Title 18 Chapter 33A § 3324A effective June 1, 2020 as applicable.

OptumRx will distribute a weekly communication to Delaware Network Pharmacy Providers, notifying them of recently approved MAC appeals. Following receipt of such notification, it is the Network Pharmacy Provider's responsibility to contact OptumRx to request a re-adjudication of a claim. Upon receipt of such request, OptumRx will review the request to determine whether the claim is eligible for a MAC price adjustment. If an adjustment is appropriate, OptumRx will reverse and reprocess the claim on behalf of the Network Pharmacy Provider without charging any fees related to the re-adjudication (i.e. transaction fees). Please note the following requirements for these requests:

- Requests must be submitted to the OptumRx MAC Appeals team via the OptumRx MAC Reverse and Reprocess Request Form ("Request Form") available on the OptumRx Provider Portal. Any other form will not be accepted for reversal and reprocessing requests. <https://professionals.optumrx.com/landing/delaware.html>
- Only submit a request if you have not already submitted a MAC appeal through the OptumRx MAC Appeal Submission Process for the claim in question.
- Network Pharmacy Provider may request re-adjudication of similar claims under similarly applicable contracts (as the approved appeal claim) with dates of service within the date of service on the appealed claim and through the appeal resolution date.
- Re-adjudication requests must be submitted to the OptumRx MAC Appeals team within 180 days after the date of service on the claim being requested for re-adjudication. Reprocessing requests that exceed the allowable submission period will NOT be reviewed.



- **In order to avoid a charge for re-adjudication of an eligible claim (i.e. transaction fees), OptumRx must be notified via this request process so that OptumRx may perform the re-adjudication itself.**
- Delaware State Law requirements do not apply to all claims or all lines of business. ORx will review submitted requests and determine applicability for processing.

Please submit all Reversal and Reprocess Requests to MAC@optum.com. Submit a claim only once, duplicate claim requests will NOT be reviewed.

Required Information and Formatting

All required information on the Request Form must be completed in accordance with these guidelines.

Any formatting errors will cause the entire file to be sent back for corrections and resubmission.

Please follow the below formatting specifications to ensure your request can be processed as quickly as possible.

- The following required fields must be filled out in order to be processed:
 - Fill Date - date field, MM/DD/YYYY
 - BIN - text field, 6 digits (Must not cut off leading zeros)
 - PCN - text field (Must not cut off leading zeros)
 - NCPDP - text field, 7 Digits (Must not cut off leading zeros)
 - RX # - text field, 12 Digits (Must not cut off leading zeros)
 - NDC - text field, 11 Digits (Must not cut off leading zeros; No dashes)
 - Claim Paid Amount – excluding Dispensing Fee
 - Date of Announcement - date of the OptumRx weekly appeal approval notification that prompted this request

If you have any questions regarding this process or any concerns, please contact OptumRx MAC Department at MAC@optum.com.