

Claim Reimbursement Review/Appeals Process and Frequently Asked Questions

OptumRx has updated its claim reimbursement review/appeal request process to be more efficient and to better assist our providers.

New Process

When submitting a claim reimbursement review/appeal request, providers and/or PSOs should follow the steps below.

1. Download and complete the **Claim Reimbursement Review/Appeal Form**¹ located at this [link](#)².
 - This form is an Excel document. If you do not have access to Excel, email MAC@optum.com
 - Guide link: <https://professionals.optumrx.com/resources/manuals-guides/appeals-submission-guide.html>
 - Save the form to your desktop.
2. Visit the **OptumRx Provider Portal** and login (with your username and password): <https://professionals.optumrx.com>
 - New users (to the OptumRx Provider Portal) must create a new account.
 - An account is required to submit a Claim Reimbursement Review/Appeal request.
3. Click the **MAC Appeal** tab to upload your form.



Important

OptumRx will no longer accept Claim Reimbursement Review/Appeal requests via email. All requests must be submitted through the OptumRx Provider Portal for reimbursement / resolution. Failure to do so may delay reimbursement payment and/or resolution.

For more information on the OptumRx Claim Reimbursement Review/Appeal request process:

- Contact OptumRx at 1-800-613-3591 extension 9, Monday through Friday, 6 AM – 4 PM PT, or your OptumRx Provider Liaison; or the Call Center at 800-424-5815 to request a reimbursement price.
- Visit: <https://professionals.optumrx.com/resources/manuals-guides/appeals-submission-guide.html>

¹ OptumRx MAC Reimbursement Review Form

² <https://www.tn.gov/content/dam/tn/tennicare/documents/ORxMacAppealSubmissionTemplate.xlsx>

How do enrolled Tennessee pharmacy providers request a claim reimbursement review/appeal?

- Pharmacy providers may request a price review by submitting a fully completed Claim Reimbursement Review/Appeal Form to OptumRx within seven (7) business days of the paid claim's adjudication date.
- The pharmacy must include an original invoice for the NDC being appealed:
 - The NDC reflected on the invoice must match the NDC submitted on the pharmacy claim and Claim Reimbursement Review/Appeal Form.
 - The date reflected on the invoice must coincide with the date of service on the Claim Reimbursement Review/Appeal Form and pharmacy claim submitted.
 - The appeal will be denied if it lacks requisite information or is inaccurate or ambiguous.
- OptumRx will provide a written response indicating the outcome within seven (7) business days. If a price adjustment is not warranted, OptumRx will provide alternatives within the response (when possible) that demonstrate product availability below the current reimbursement rate.

What types of appeals will result in automatic denials?

- Duplicate Claim Reimbursement Review/Appeal requests from the same pharmacy for the same NDC when OptumRx has provided a previous response.
- Claims with a final price type of AWP, FUL or U&C, as these reimbursement types are not regulated by OptumRx

What should an enrolled Tennessee pharmacy provider do if unable to access lower cost alternatives recommended below the current reimbursement rate?

- Providers should submit documentation verifying that they are unable to access the less expensive alternative(s) below the current reimbursement rate.

Whom should an enrolled Tennessee pharmacy provider contact for questions?

- Enrolled pharmacy providers are encouraged to contact OptumRx (Provider.Relations@Optum.com) or your OptumRx Provider Liaison regarding all concerns with reimbursement, changes in product availability and the status of a claim reimbursement review/appeal request .