

Tennessee Pricing Appeal Process

GPP HAS ESTABLISHED A PROCESS FOR CONTRACTED PHARMACIES WITHIN THE STATE OF TENNESSEE TO FILE AN INITIAL PRICING APPEAL UTILIZING EITHER THE TENNESSEE DEPARTMENT OF COMMERCE & INSURANCE STANDARD PHARMACY REIMBURSEMENT APPEAL FORM OR GPP'S DRUG PRICE APPEAL FORM; BOTH FORMS ARE BELOW.

FILE AN APPEAL WITHIN 7 BUSINESS DAYS OF AN INITIAL CLAIM SUBMISSION

Within seven (7) business days of an initial claim submission for reimbursement, a contracted pharmacy or the pharmacy's designee may file an appeal for any prescription drug or device dispensed in Tennessee for which it alleges it did not receive its actual cost, if the price/unit a prescription drug or device is below the cost at which the drug or medical product or device is generally available for purchase by pharmacies in the state of Tennessee from national or regional wholesalers. An appeal may be initiated regardless of whether an appeal was previously submitted. GPP will respond with a final determination within (7) business days of receipt of an appeal.

FILING AN INITIAL APPEAL

The appealing party can submit an initial appeal form along with supporting documentation using one of the methods below:

1. Secure email to GLOBAL@GLOBALPHARMACEUTICALPROGRAMS.COM
2. Facsimile (973) 589-9280; or
3. By mail to:

Global Pharmaceutical Programs
One Gateway Center, Suite 2600
Newark, New Jersey 07102

For assistance with initiating an appeal by telephone, contact the GPP Helpdesk at (800)-341-2234. Appeals initiated by telephone must be followed up with a complete written or electronic request within five (5) business days.

An initial appeal will be considered sufficient if a complete initial appeal form has been received and supporting documentation provided that demonstrates the pharmacy's actual cost for the drug or medical product or device. The documentation shall include all discounts, price concessions, rebates, or other reductions received as of the date the pharmacy filed its initial appeal.

By submitting a complete initial appeal with the required documentation, the pharmacy certifies that it has provided GPP with all invoices or other records demonstrating the pharmacy's actual cost for the drug or medical product or device at issue, which will take into account all discounts, price concessions, rebates, or other reductions received as of the date the pharmacy filed its initial appeal.

INCOMPLETE INITIAL APPEAL

If GPP determines an initial appeal is incomplete, GPP will notify the pharmacy within five (5) business days of receipt of the incomplete appeal requesting additional information. The pharmacy will have five (5) business days from receipt of the notice to provide the requested information. If the information is not received, GPP may deny the initial appeal. GPP will not delay the review of an initial appeal by requiring more information than is required or for administrative or non-substantive errors or omissions.

FINAL DETERMINATION & NOTIFICATION

GPP will provide written notification via secure email or facsimile of the final determination of an initial pricing appeal within seven (7) business days of receipt of a complete initial appeal. In the event GPP fails to provide notice within seven (7) business days, the appeal shall be resolved in favor of the pharmacy.

For initial appeals resolved in favor of the pharmacy, GPP will adjust the price to the initial date of service within three (3) days of the determination for the appealing pharmacy and all other contracted pharmacies in the network that filled a prescription for patients covered under the same health plan. Other contracted pharmacies in the network that filled a prescription for patients covered under the same health plan will be notified via facsimile.

The appealing pharmacy and all other contracted pharmacies in the network that filled prescriptions for patients covered under the same health benefit plan will have sixty (60) days from the date of notification to resubmit claims and receive retroactive payment based on the adjusted price from the initial date of service the appealed drug was dispensed. Retroactive price adjustments will be made in the next payment cycle.

EXTERNAL APPEALS

Pursuant to Rule 0780-01-95 and TC 56-7-3206, a contracted pharmacy may file an external appeal with the DOI following the final determination made by GPP. To learn more about filing an external appeal, please visit the TN DOI External Payment Appeals [website](#).

STANDARD PHARMACY REIMBURSEMENT APPEAL FORM

Pursuant to Tenn. Code Ann. § 56-7-3206(c)(2)(D)

APPELLANT INFORMATION

First Name

Last Name

Phone

E-mail

Appellant Name if Different from Pharmacy

PHARMACY INFORMATION

Pharmacy Name

Pharmacy Email Address

Pharmacy National Council for Prescription Drug Programs (NCPDP) Number

Pharmacy Address Line 1

Pharmacy Address Line 2

City

State

Zip

Pharmacy Phone Number

PHARMACY BENEFITS MANAGER (PBM) INFORMATION

Name of PBM or Health Insurance Company

PBM Claim Number

CONSUMER'S CLAIM INFORMATION

Bin Number

Processor Control Number

Group

Prescription Number

First Name of Insured

Last Name of Insured

Insurance ID Number

Drug or Device Name

Fill Date

Quantity Dispensed

Drug or Device Manufacturer

Reimbursement Amount

Actual Cost

Name of Wholesaler or Manufacturer if not obtained from Wholesaler

National Drug Code or Unique Device Identifier

Pharmacy's Point of Contact at Wholesaler or Manufacturer if not obtained from Wholesaler

ATTACHMENT PAGE FOR EXHIBITS TO SUPPORT ACTUAL COST