

Notice to Mississippi Pharmacies

DATE OF NOTICE: [Effective 11/21/2024; Express Scripts to Notify Separately]

Please be advised that Express Scripts has been working with the Mississippi Board of Pharmacy to update the process by which Mississippi pharmacies file claim appeals. Mississippi pharmacies can file certain administrative claim appeals that were not previously appealed.

Specifically, Mississippi pharmacies can appeal any claim related to the BIN & PCN numbers identified below that were previously adjudicated for a member in which Express Scripts was the PBM between January 1, 2023 through November 21, 2024, for the BINs and PCNs identified below.

Please note that the following claims do not qualify for appeal under this Notice:

- 1. Medicaid claims;**
- 2. Medicare claims;**
- 3. Tricare claims;**
- 4. Mississippi State Health Plan claims; and**
- 5. Claims that have been previously appealed.**

Relevant BIN & PCN to this Notice

BIN	PCN
003858	A4 (or as assigned by Express Scripts)
610014	Provided on card or anything but zeros
610056	Provided on card or anything but zeros
013865	Blank or anything except zeros
400023	Blank or anything except zeros
400023	01071998
003858	A4
012924	AMER9999
017010	0215COMM
017010	0519PAYR
017010	0216INTL
017010	0518GWH
025425	PH

Any claims qualifying for appeal pursuant to this Notice must be received on or before April 21, 2025 and should be submitted to MACDepartment@express-scripts.com. These appeals should be filed with the same information required in your usual appeal process, including supporting evidence of, such as wholesaler invoice or other documentation validating your acquisition cost for the prescription drug at issue. If any additional information is needed to process the appeal, Express Scripts will contact you to obtain the needed information. In lieu of filing an appeal for every claim that a Mississippi pharmacy believes was reimbursed below the pharmacy acquisition

cost, Mississippi pharmacies may file a claim appeal report with Express Scripts utilizing the procedures outlined in Attachment A.

In addition, Express Scripts is also reviewing all appeals submitted by Mississippi pharmacies between January 1, 2023, and November 21, 2024 to ensure that such appeals were appropriately resolved. This work is underway. You do not need to take any action to have your submitted appeal re-reviewed. If the appeal results in an increased reimbursement to you, we will issue the additional payment to you according to your established payment process with Express Scripts. These reimbursements shall be identified by referencing the original appeal. Again, you do not need to take any action at this time for appeals you have already submitted. Upon review of a previously denied claim if additional information is needed to confirm the acquisition cost, Express Scripts will contact you to obtain the needed information.

If you have questions about this notice, or Mississippi pharmacy reimbursement appeals, you can contact Express Scripts at MACDepartment@express-scripts.com.

ATTACHMENT A
CLAIM APPEAL REPORT

The claim appeal report shall contain pharmacy NCPDP, Rx number, NDC, date of service of the claim, amount paid on the claim, the acquisition cost as reflected on the wholesaler invoice and the difference between the acquisition cost and the amount paid on the claim. The Respondent shall notify the pharmacy of any additional data that is necessary to review the appeals. The claim appeal report shall be limited to claims that were adjudicated by, or on behalf of, Respondent for the period of January 1, 2023, to the date of this Order but shall not include claims under federal plans (i.e., Medicare, Tricare, etc.), Mississippi Medicaid claims and Mississippi State Health Plan claims. Pharmacies shall have sixty (60) days from the date of this Order to file a claim appeal report, and the Respondent shall have ninety (90) days from receipt of the claim appeal report to review and make any reimbursement adjustments. The Respondent shall provide a report to the pharmacy detailing the reimbursement adjustments and any claim appeals that are denied, including the reason for denial.

The Respondent may request the pharmacy verify the acquisition cost of no more than ten percent (10%) of the claims on the claim appeal report with wholesale invoices. If the invoices reveal substantial inaccuracies of the acquisition cost in the claim appeal report, the Respondent shall notify the Board with details of the inaccuracies in the claim appeal report and justify the substantial materiality of the inaccuracies. Upon a finding of substantial inaccuracies by the Respondent, the claim appeal report shall be disallowed, and the pharmacy shall be allowed to file each individual appeal as provided under paragraph four (4) in the final Order of the Board. The pharmacy shall have one hundred fifty (150) days from the rejection of the claim appeal report to file such appeals.