

Tennessee Initial Appeals Deadlines and Appeal Process.

This process contains all deadlines applicable to MaxorPlus' initial appeal process, and a description of the steps contained within MaxorPlus' initial appeal process as required by 0780-01-95-.05 (6).

MaxorPlus' initial appeal process is available for all prescription drugs or devices in Tennessee for which a pharmacy alleges it did not receive its actual cost. Please email completed form to:

PharmacyAppeals@maxor.com

Process:

1. A pharmacy must file its initial appeal with MaxorPlus within seven (7) business days of its submission of the initial claim for reimbursement for the drug or medical product or device.
2. A pharmacy must complete the Tennessee Standard Pharmacy Reimbursement Appeal Form found on MaxorPlus' website. The pharmacy needs to include:
 - a. All invoices or other records demonstrating the pharmacy's actual cost for the drug or medical product or device at issue, which shall take into account all discounts, price concessions, rebates, or other reductions received as of the date the pharmacy filed its initial appeal.
 - b. The name and contact information of the wholesaler or manufacturer from which it purchased the prescription drug or device at issue.
3. The completed Tennessee Standard Pharmacy Reimbursement Appeal Form should be emailed to PharmacyAppeals@maxor.com.
4. MaxorPlus will make a final determination resolving the pharmacy's initial appeal within seven (7) business days of MaxorPlus' receipt of an initial appeal.
 - a. If the appeal is approved, within seven (7) business days after MaxorPlus received the notice of the appeal, MaxorPlus will provide the appealing pharmacy or agent with required information in 0780-01-95-.04.
 - b. If the appeal is denied, then within seven (7) business days after notice of the appeal is received, MaxorPlus will provide the appealing pharmacy or agent with required information in 0780-01-95-.04.

Incomplete Information

If MaxorPlus receives an initial appeal from a pharmacy that does not contain all information required, MaxorPlus will accept the incomplete initial appeal and hold it open pending receipt of additional information from the pharmacy.

1. Within five (5) business days of receipt of an incomplete initial appeal, MaxorPlus will notify the pharmacy of the information needed to complete the initial appeal and initiate MaxorPlus' review.
2. The pharmacy may respond within five (5) business days of receipt of MaxorPlus' notice outlining the requested information. If the pharmacy fails to provide the requested information within five business days of receipt of MaxorPlus' notice, MaxorPlus may deny the initial appeal.

Similarly Situated Pharmacies

When applying the findings from an initial appeal that was resolved in favor of a pharmacy to other similarly situated pharmacies as to the rate of reimbursement and actual cost for the particular drug or medical product or device that was at issue in the initial appeal, MaxorPlus will, within seven (7) business days of resolution of an initial appeal, apply the findings retroactively to all similarly situated pharmacies that received the challenged rate of reimbursement for the particular drug or medical product or device that was at issue in the initial appeal, including any appeals pending with MaxorPlus where the challenged rate of reimbursement is the subject of the pending appeal.