

TRICARE RETAIL REFUND PROGRAM

Manufacturer Policy and Procedures Guide

Standard Discount
Program (SDP) and
Additional Discount
Programs (ADP)

VERSION 5.0
LAST UPDATED:
July 2015

Acronyms & Definitions

This list defines terms and abbreviations, including acronyms, used in this policy and procedures guide.

ACH – Automated Clearing House

ADP – Additional Discount Program

BPA – Blanket Purchase Agreement

CN File – Product Level Data

COB – Coordination of Benefits

CP File – Transaction Level Data

CPI-U – Consumer Price Index for All Urban Consumers

CRM – Contract Resource Management

DAW – Dispense as Written

DEERS – Defense Enrollment Eligibility Reporting System

DHA – Defense Health Agency

DMR – Direct Member Reimbursement

DoD – Department of Defense

EFT – Electronic Funds Transfer

FCP – Federal Ceiling Price

FCP-ADP – Federal Ceiling Price Additional Discount Program

FDA – U.S. Food and Drug Administration

FM – Financial Manager

FSS – Federal Supply Schedule

HIPAA – Health Insurance Portability and Accountability Act

HRSA – Health Resources and Services Administration

ICD – Interface Control Document

ID – Identification

IHS – Indian Health Service

MCSC – Managed Care Support Contractor

MTF – Military Treatment Facility

NCPDP – National Council for Prescription Drug Programs

NDC – National Drug Code, the 11-digit number the Manufacturer or labeler and FDA assigns to a pharmaceutical product. It attaches to the product container at the time of packaging.

non-FAMP – Non-Federal Average Manufacturer Price

NPI – National Provider Identifier

Obsolete NDC – An NDC replaced or discontinued by the Manufacturer or labeler.

OCC (Other Coverage Code) – A billing code that indicates whether a patient has other insurance coverage.

OHI (Other Health Insurance) – Any non-TRICARE health insurance that is not considered a supplement. TRICARE pays second after all other health plans except for Medicaid, or other programs or plans as identified by TRICARE.

OTC (over-the-counter drugs) – Drugs that do not require a prescription under federal law before they can be sold or dispensed.

P&T – DoD Pharmacy and Therapeutics Committee

PBM – Pharmacy Benefit Manager

PDTS – Pharmacy Data Transaction Service

PGP Public Key – Password Generator Protocol

PHS – Public Health Service

POC – Point of Contact

POS – Point of Service

RCA – Reconciliation Analysts

RQU – TRICARE Retail Refund Reconciliation of Quarterly Utilization

SDP – Standard Discount Program

SFTP – Secure File Transfer Protocol

TED – TRICARE Encounter Data

Terminated National Drug Code (NDC) – An NDC that is discontinued by the Manufacturer for any reason. The NDC may be terminated immediately due to health or safety issues or it may be phased out based on the product's shelf life.

TMOP – TRICARE Mail Order Pharmacy

TPRs – Temporary Price Reductions

TRRP – TRICARE Retail Refund Program

TRRT – TRICARE Retail Refund Team

TRRWS – TRICARE Retail Refund Website

TRRx – TRICARE Retail Pharmacy

UF – Uniform Formulary

UF-ADP – Uniform Formulary Additional Discount Program

VA – Department of Veterans Affairs

VHCA – Veterans Health Care Act

WAC – Wholesale Acquisition Cost

WAC-ADP – Wholesale Acquisition Cost-Additional Discount Program

Table of Contents

Acronyms & Definitions.....	i
1. POLICY GUIDELINES.....	1
1.1 INTRODUCTION.....	1
1.2 DEMAND LETTERS.....	2
1.3 WAIVER.....	2
1.4 GENERAL CONCEPT.....	2
2. CUSTOMER SERVICE SUPPORT.....	3
2.1 PROGRAM SUPPORT.....	3
2.2 TECHNICAL SUPPORT.....	3
2.3 FINANCIAL MANAGEMENT SUPPORT.....	3
2.4 EMDEON (PDS Contractor).....	3
3. PROCESS OVERVIEW.....	4
3.1 DATA FLOW.....	4
3.2 REFUND CYCLE.....	4
4. OPERATIONAL DETAILS.....	5
4.1 CLAIMS COVERAGE.....	5
4.2 FILE DELIVERY.....	5
4.3 FORMAT.....	6
4.4 PRIOR PERIOD ADJUSTMENTS.....	7
4.5 QUALITY ASSURANCE.....	7
5. REFUND UTILIZATION CALCULATION.....	8
5.1 BACKGROUND.....	8
5.2 PAST PROCESS.....	8
5.3 CURRENT PROCESS.....	8
5.4 NEW DRUGS.....	9
5.5 REFUND CALCULATIONS FOR STANDARD REFUND.....	9
5.6 DIRECT CONTRACT SALES.....	10
5.7 VOLUNTARY ADDITIONAL REFUND AGREEMENT BASED ON FCP (Per Package Calculation).....	11
5.8 VOLUNTARY ADDITIONAL REFUND AGREEMENT BASED ON WAC (Per Unit Calculation).....	11
5.9 PROPRIETARY INFORMATION & SECURITY.....	11
6. PAYMENT INFORMATION.....	12
6.1 PAYMENT TIMELINE.....	12
6.2 PAYMENTS.....	12
6.3 LATE PAYMENTS.....	13
6.3.1 Interest.....	13
6.3.2 Administrative Fees.....	13
6.3.3 Penalty.....	13
6.3.4 Examples.....	14
7. RESOLUTION PROCESS.....	15
7.1 OVERVIEW.....	15
7.2 SUBMITTING A PAYMENT DETAIL/ RQU.....	16
7.2.1 Via the TRRWS RQU.....	16
7.2.2 Manual Payment Detail (Non-TRRWS).....	16
7.3 SAMPLE PAYMENT DETAIL TEMPLATE.....	17
7.4 BLANK PAYMENT DETAIL TEMPLATE.....	17
7.5 DISPUTES TEMPLATE.....	18
7.6 DISPUTE CODES.....	19
7.6.1 Dispute Code Descriptions.....	20
7.7 DISPUTE RESOLUTION.....	21
7.7.1 Examples.....	21
7.8 RESOLVED DISPUTES:.....	22

8.	APPENDIX I _ AMENDMENT OF DoD RETAIL REFUND PRICING AGREEMENT BETWEEN DEFENSE HEALTH AGENCY (DHA) AND THE MANUFACTURER.....	23
9.	APPENDIX II _ MANUFACTURER QUESTIONNAIRE	24
10.	APPENDIX III_ TRICARE RETAIL REFUND APPENDIX A CHANGE REQUEST FORM	26
11.	APPENDIX IV_ PAYMENT DETAIL TEMPLATE	27
12.	APPENDIX V_ DISPUTE TEMPLATE	28
13.	APPENDIX VI_ 340b DISPUTE TEMPLATE.....	29
14.	APPENDIX VII_ DISPUTE RESUBMISSION PROCESS GUIDE.....	31

1. POLICY GUIDELINES

1.1 INTRODUCTION

As required by 10 U.S.C. § 1074g(f), with respect to any prescription filled after January 28, 2008 (the date of enactment of the National Defense Authorization Act for Fiscal Year 2008 (NDAA-08)), the TRICARE Retail Pharmacy Program shall be treated as an element of the Department of Defense (DoD) for purposes of the procurement of drugs by Federal agencies under 38 U.S.C. § 8126 to the extent necessary to ensure pharmaceuticals paid for by the DoD that are provided by pharmacies under the program to eligible covered beneficiaries under section 1074g are subject to the pricing standards in section 8126. A covered drug is a drug that is a covered drug under 38 U.S.C. § 8126. If TRICARE provides utilization data of covered drugs, a refund is owed. This statute is implemented by the regulation at 32 C.F.R. § 199.21(q) under the Final Rule republished in the Federal Register on October 15, 2010. The statute requires Manufacturer refunds, the process for which the Final Rule established the TRICARE Retail Refund Program (TRRP). Manufacturers may use the drug-by-drug opt-out provision in the regulation to voluntarily remove in writing a drug from coverage in the TRICARE Pharmacy Benefits Program. Based on such a voluntary opt-out, DoD could block the prescription at the retail network pharmacy and in other transactions pertinent to the Military Treatment Facility (MTF) pharmacies and mail order pharmacy, preserving the Manufacturer's voluntary choice on whether it wants to participate in the TRICARE Pharmacy Benefits Program.

Refunds due to TRICARE are based solely on utilization of pharmaceutical agents dispensed through a TRICARE Retail Pharmacy (TRRx)¹ to DoD beneficiaries. A DoD Retail Refund Pricing Agreement is signed and executed between the Manufacturer and Defense Health Agency (DHA) to honor the pricing standards required under the above paragraph. This agreement provides eligibility for inclusion of the Manufacturer's drugs on the preferred Tier 2 of the Uniform Formulary (UF). Without a pricing agreement covering the specific pharmaceutical agent, DHA may consider the pharmaceutical agent for nonformulary Tier 3 placement. Those drugs that are placed on the non-preferred Tier 3 will not be available through retail network pharmacies without preauthorization nor generally available in the MTF. Additionally, DHA may forward to the Department of Veterans Affairs (VA) a list of those drugs that are not included on a DoD Retail Refund Pricing Agreement or for which the manufacturer refuses to comply with the statutory requirement. A signed and executed pricing agreement does not guarantee which tier a drug will be placed on in the UF.

Manufacturers may offer additional discounts in a Uniform Formulary Voluntary Agreement to improve the chance that their pharmaceutical agents will be included on the generics Tier 1 or the formulary Tier 2 of the DoD Uniform Formulary. The UF-ADP is contingent on the successful placement of the agent on Tier 1 or Tier 2. Refund quotes for UF-ADPs may be submitted only for pharmaceutical agents that are scheduled for review by the DoD Pharmacy & Therapeutics (P&T) Committee at the next committee meeting. The DoD P&T Committee will consider refund quotes for UF-ADPs as part of the evaluation of the relative cost effectiveness of pharmaceutical agents in recommending the placement of pharmaceutical agents on the DoD Uniform Formulary.

¹ Includes long term care facilities, specialty pharmacies, pharmacies inside physician offices and hospitals, and all other pharmacies identified as part of the TRICARE Retail Network

1.2 DEMAND LETTERS

The due date for payment is set forth in a demand letter. Refunds will be due at least seventy (70) days after the utilization data are released to Manufacturers. All Manufacturers, even those without a Pricing Agreement, will receive a demand letter thirty (30) days before the due date unless the refunds are paid in full before the demand letters are released. Please refer to the [Information for Pharmaceutical Manufacturer's webpage](#) for Refund Payment Due and Dispute Cut-Off Dates.

1.3 WAIVER

Pursuant to the provisions of 32 C.F.R. § 199.21(q) and 32 C.F.R. § 199.11, a Manufacturer may request waiver and/or compromise of a refund amount due under 10 U.S.C. § 1074g (f). This includes the ability to request compromise of refund debt, and/or waiver of associated interest, penalties, and administrative charges, which should be supported by justification(s) of why the relief is appropriate under section 199.11 and other applicable authorities. Requests for waiver/compromise may be sent directly to your assigned FM or to the address below:

DHA Office of General Counsel
Claims Collection Branch
16401 East Centretech Parkway
Aurora, CO 80011

DHA will respond to requests as quickly as practicable, but Manufacturers must note that interests, penalties, and administrative charges continue to accrue during the pendency of any waiver/compromise request.

1.4 GENERAL CONCEPT

The TRICARE Retail Refund Team (TRRT) provides program management and oversight for the TRRP.

Pharmacy Data Transaction Service (PDTs) provides the TRRT with an extensive audit trail and reporting process for transaction-based invoicing.

Other Federal Pricing not currently applicable to TRRx purchases unless specific language to that effect is included in the Standard Discount Program (SDP) or Additional Discount Program (ADP):

- Federal Supply Schedule (FSS) Pricing
- Incentive Agreements
- Blanket Purchase Agreements (BPAs)
- Temporary Price Reductions (TPRs)
- VA/DoD Contracts

2. CUSTOMER SERVICE SUPPORT

2.1 PROGRAM SUPPORT

General questions about the TRICARE Retail Refund Program, Disputed Claims, File Format, and Manufacturer forms:

Phone Number	Hours	Questions
703-681-8494	8:00am to 5:00pm (EST) Monday - Friday	Submit email inquiries to: UFVARR_Requests@mail.mil

2.2 TECHNICAL SUPPORT

Communication, Connectivity, File Downloading and Decrypting, Password Resets, and System Availability:

Phone Number	Hours	Questions
703-681-8494	8:00am to 5:00pm (EST) Monday - Friday	Submit email inquiries to: UFVARR_Requests@mail.mil

2.3 FINANCIAL MANAGEMENT SUPPORT

Demand Letters, Payments, Adjustments, Credits, Statements of Account, Waiver/Compromise Requests, Disputes Resolution Summary Reports:

Phone Number	Hours	Questions
303-676-3637	8:00am to 5:00pm (MST) Monday - Friday	Submit email inquiries to: UFVARR_Requests@mail.mil

2.4 EMDEON (PDTs Contractor)

Secure File Transfer Protocol (STFP) Database

Phone Number	Hours	Questions
330-405-2357, 330-405-0008	10:00am to 4:00pm (EST) Monday - Friday	Submit email inquiries to: DOD_Drug_Mfr_Refunds@emdeon.com

Note: Manufacturers are assigned a TRRT and Contract Resource Management (CRM) Financial Manager (FM) Points of Contact (POCs) when they are enrolled in the program. If you are unsure of whom your TRRT and CRM FM POCs are, please email UFVARR_Requests@mail.mil.

3. PROCESS OVERVIEW

3.1 DATA FLOW

The prescription is presented at a network pharmacy:

- The Pharmacy Benefit Manager (PBM) verifies beneficiary eligibility via interface to the Defense Eligibility Enrollment Reporting System (DEERS);
- PBM conducts coverage determination and formulary edits;
- The transaction is captured by PBM and PDTS;
- PBM notifies the retail network pharmacy of dispensing authorization based on eligibility verification and edits;
- The pharmacy collects the cost shares.

3.2 REFUND CYCLE

The TRRT uses PDTS to generate standard National Council for Prescription Drug Programs (NCPDP) (Version 3.02 and Version 5.01 or current version²) reports, based on paid TRICARE Encounter Data (TED) claims:

- The TRRT makes utilization data reports available to Manufacturers;³
- The FM provides demand letters to the Manufacturers;
- Manufacturers review utilization data and demand letters;
- Refund paid directly to DHA Government Account;
- Resolution of disputes through the TRRT, as defined in the dispute process, if applicable;
- The TRRT conducts periodic audits for accuracy of the SDP and ADP based on pricing elements.

More information can be found in by viewing the Interface Control Document in [Operational Documents](#).

² TRICARE Retail Refund utilization files moved from NCPDP Version 3.02 to NCPDP Version 5.01 on October 31, 2012

³ The TRICARE Retail Refunds Website (TRRWS) provides a condensed version of the NCPDP file (i.e., removing filler columns not used by TRRP).

4. OPERATIONAL DETAILS

4.1 CLAIMS COVERAGE

The refund process applies only to prescriptions processed at a TRICARE network pharmacy. The data file provided to the Manufacturers will consist only of claim types included in the refund process.

Claims excluded from the TRICARE Retail Refund reports are:

- Compound prescriptions;
- Repackaged products;
- TRRx claims with an Other Coverage Code (OCC) of 2 where TRICARE was not the primary payer.
- Dispensing that occurred at:
 - Military Treatment Facility (MTF)
 - TRICARE Mail Order Pharmacy (TMOP)
 - Non-network pharmacies
 - Indian Health Service (IHS) Pharmacy
 - Department of Veterans Affairs (VA) Pharmacy

The TRRx-contracted PBM is prohibited from including TRRx claims in its commercial book of business for any type of reimbursement from Manufacturers or any other source. Likewise, the TRICARE Managed Care Support Contractors (MCSCs) no longer process TRICARE retail pharmacy claims, eliminating the possibility of including TRRx claims in their commercial book of business. This does not preclude TRICARE MCSCs from entering into refund agreements for drug expenses, which are paid under the scope of responsibility of those contracts outside of the DoD TRRx Program.

4.2 FILE DELIVERY

The billing periods span the calendar quarters January through March, April through June, July through September, and October through December. The billing schedule is updated and posted to the Defense Health Agency Pharmaceutical [Manufacturers Homepage](#).

The initial demand letters are mailed to the Manufacturers forty (40) days after the utilization data is released.

Data files will be available via the Secure File Transfer Protocol (SFTP) Server, in addition to being placed on TRRWS.

Note: If you have not been regularly deleting your files from the SFTP, please be advised that the files will only be available for a rolling 5 quarters (e.g. 1QCY15 and 1QCY14-4QCY14)

The following [Operational Documents](#) are also available for download on the Defense Health Agency Pharmaceutical Manufacturers [Homepage](#):

- Manufacturer Questionnaire - (See Appendix II)
 - The Questionnaire is used for Manufacturers to indicate how they will access the TRICARE utilization data file (i.e., TRRWS or Secure Server).
 - Questionnaires completed by the Manufacturer will include the Manufacturer's primary and secondary points of contact (i.e., third party or financial manager) and any changes or updates that have occurred to the contact information. Third-party contacts cannot be the POC.
 - Manufacturers should submit a new or revised questionnaire when any of the following changes occur:
 - New Manufacturer Points of Contact
 - Billing address or phone number changes
 - Tax identifier changes
 - Company acquisition
 - FTP Server preference changes
 - Manufacturers cannot freely access the questionnaire. However, Manufacturers may email UFVARR_Requests@mail.mil to request the latest copy. Please note that if TRRT cannot verify the requester is an employee of the company, the TRRT has the right to withhold the form until verification is complete.
- Interface Control Document (ICD) Layout Pages (NCPDP Version 5.x and Version 3.x) - A document that explains the PDTS resource being used to manage the presentation of the utilization files.
- 703 Downloading and Decrypting Files Guide - Instructions for download and decryption of the utilization files.

4.3 FORMAT

Two (2) files (CP and CN – defined below) are generated per program per quarter in which utilization data is being reported. The programs are identified within each respective quarter as:

- **006** = Standard Discount Program Utilization Files (SDP)
- **009** = Additional Discount Program Utilization Files based on Wholesale Acquisition Cost (WAC-ADP)
- **010** = Additional Discount Program Files based on Federal Ceiling Price (FCP-ADP)

Please refer to the ICD for claim-specific headers and definitions.

As described in the ICD, the NCPDP Version 3.02 and NCPDP Version 5.01 (or current version) Manufacturer Refund Flat File Utilization Standard to report utilization will be used.

The CP and CN files that will be delivered each quarter are defined as:

- Utilization Flat File: Transaction Level Data (CP) – Utilization detail records will be provided at the individual claim level to report prescription level data. This report is provided so Manufacturers may validate the summary report.

In accordance with Health Insurance Portability and Accountability Act (HIPAA), no patient names are provided in the detail files. Each patient's identification (ID) number is encrypted to ensure confidentiality while preserving the ability to create surrogate patient ID profiles across accounting and reporting periods. The data provided is consistent with HIPAA-recognized use for treatment, payment, and operations.

- Summary Utilization Flat File: Product Level Data (CN) – Utilization detail records will be provided at a National Drug Code (NDC) level to report product level data. This report contains metric quantity of all prescriptions dispensed for the specified 11-digit NDC Number.

Instructions for downloading and decrypting the data are provided in the [703 Downloading and Decryption Guide](#) located on the Defense Health Agency Pharmaceutical Manufacturers Homepage under Operational Documents.

CP files retrieved from the Emdeon Secure Server include the following (by column number):

1. Record Type
2. Line Number
3. Data Level
4. Pharmacy ID Qualifier
5. Pharmacy ID Code
6. Pharmacy Zip Code
7. Product Code Qualifier
8. Product Code
9. Product Description
10. Dispense as Written (DAW)/ Product Selection Code
11. Total Metric Decimal Quantity
12. Unit of Measure
13. Rebate Days' Supply
14. Prescription Type
15. Prescription Number/ Service Reference Number
16. Date Filled/ Date of Service
17. New/ Refill Code
18. Record Purpose Indicator
19. Rebate per Unit Amount
20. Requested Rebate Amount
21. Claim Number
22. Original Claim Number
23. Other Coverage Code (OCC)

4.4 PRIOR PERIOD ADJUSTMENTS

The pharmacy industry standard is to process reversals if the prescription has not been dispensed or picked up by the beneficiary. However, if a reversal is not processed within the billing quarter, the reversal will be captured in data from the subsequent quarter. These out-of-cycle reversals will be annotated in the detail transaction file by negative transaction types and embedded in the totals of the summary report.

4.5 QUALITY ASSURANCE

The presumption is that the U.S. Government's utilization data is correct. PDTs provides an extensive audit trail for an entire transaction (i.e., eligibility, cost, and point of service). The pharmacies are accountable for the accurate input of the quantity dispensed, days supplied and the NDC number correlating to dispensed products. To ensure the accuracy, completeness, and timeliness of the TRRP, the TRRT confirms that refunds are validated and calculations are verified.

5. REFUND UTILIZATION CALCULATION

5.1 BACKGROUND

The Veterans Health Care Act of 1992 (VHCA) established a price cap, known as the Federal Ceiling Price (FCP), for sales of covered drugs to the DoD, VA, Public Health Service (PHS) and Coast Guard (the “Big 4”). The FCP is based on a Manufacturer’s Non-Federal Average Manufacture Price (non-FAMP). The non-FAMP is the weighted average price of each single form and dosage unit of a drug that is paid to a Manufacturer by wholesalers for non-federal purchasers, taking into account any cash discounts or similar price reductions. The non-FAMP does not reflect refunds paid by the Manufacturer to third-party payers.

The FCP is 76% of the annual non-FAMP, minus an “additional discount” designed to offset annual increases in the non-FAMP exceeding the inflation rate.

Manufacturers may not charge a “Big 4” agency a price exceeding the FCP for covered drugs procured by the agency.

5.2 PAST PROCESS

The annual non-FAMP reported to the VA in November of each year was used as a benchmark for refund calculations. The FCP, effective January 1st thru December 31st, was used for refund calculations and reconciliation reports relating to transactions that occurred during the same calendar year.

Example: The November 2010 reported annual non-FAMP and the 2011 FCP will be used in refund calculations based on TRRx transactions that occur during the calendar quarters of 2011.

5.3 CURRENT PROCESS

All Covered Drugs are eligible for the TRICARE Retail Refund Program.*

- When calculating refunds, DoD uses non-FAMP and FCP amounts provided by the VA. DHA will request, from the VA, the current annual FCP and the annual non-FAMP from which it was derived prior to compiling each quarterly invoice. The pricing data obtained will be applicable to all prescriptions filled during each respective quarter. In the case of reversals and prior quarter claims, DHA will use the appropriate value provided by the VA at the time of billing. Drugs that have a negative refund value with the VA are not invoiced.
- These quarterly updates to the annual non-FAMP and the annual FCP should not be mistaken for the quarterly reporting of non-FAMP by Manufacturers.

**For Rebilled Periods 2008-2011, DoD requested, from the VA, one file that captured previously reported updates to the current annual FCP and the annual non-FAMP from which it was derived prior to compiling all quarterly invoices for each rebilled year.*

Example:

The November 2013 reported annual non-FAMP and the 2014 FCP will be used in refund calculations based on TRRx transactions that are billed during the calendar quarters of 2014. If a reversal for 1Q14 is reported in 3Q14 utilization, DHA will use the non-FAMP and FCP prices from 1Q14 for the reversed utilization only.

5.4 NEW DRUGS

For a new drug without sales history that the VA reports, the first (provisional) benchmark is the initial listed wholesale price minus any discounts; it will be the price used to begin the TRRx refund calculation. Thereafter, the normal reporting of temporary and first, annual (permanent) non-FAMPs will be used to determine the TRRx benchmark prices. Provisional, temporary, and permanent FCPs, as appropriate, will be applied to these new drug benchmarks. If there are multiple entries for the same, most current, status, the discontinuation date for each entry will be taken into account and TRICARE will use the pricing associated with the date that has not passed. If a manufacturer believes that the data provided by the VA to TRICARE is erroneous, it is the manufacturer's responsibility to contact the VA to address any restatements or corrections. If a manufacturer wishes to inquire as to which status/pricing was used for a given quarter, they may contact TRRT. TRRP will use the value provided by the VA at the time that the claim is billed, which may not be the most up-to-date value at the time of invoice.

A covered drug is eligible for a refund regardless of the presence of a pricing agreement, FSS, or other federal contract. To add a drug to their Appendix A, Manufacturers must report the new drug with an Appendix A change form (See Appendix III) or have signed a Pricing Agreement Amendment (See Appendix I). DHA will use the date that utilization first appears as reported in PDTS.

Manufacturers who sign a Pricing Agreement Amendment do not need to manually update the DoD Retail Pricing Agreement Appendix A with new covered drugs and new NDCs for existing covered drugs. A template Amendment to the DoD Retail Pricing Agreement between DHA and The Manufacturer is posted on the [Pharmaceutical Manufacturer's website](#) and is available in Appendix I. The purpose of the Amendment is to clarify and streamline processes and to eliminate unnecessary burdens on both DHA and the Manufacturer related to updating and maintaining the information in the current Appendix A (See Appendix III) by eliminating the need for the Manufacturer to update their Appendix A with new covered drugs and new NDCs for existing covered drugs.

To remove a drug from their Appendix A due to discontinuation or transfer of the drug between Manufacturers, each Manufacturer involved must submit an Appendix A change request form (See Appendix III). The TRRP does not use termination dates from the VA as the date of termination for ownership.

5.5 REFUND CALCULATIONS FOR STANDARD REFUND

Manufacturers may elect to utilize one of the following methods of price calculation on their DoD Retail Refund Pricing Agreements:

- The difference between the average non-federal prices of the drug sold to wholesalers, as represented by the annual non-FAMP, and the corresponding FCP. This is the Minimum Refund per full FCP Package for the respective NDC.
- The difference between FCP and direct commercial sales prices specifically attributed to the reported TRICARE paid pharmaceutical.

SDP per-unit calculations are based on the total quantity of individual units dispensed for each NDC in a dispensing quarter and reported in the particular billing quarter. The difference between the non-FAMP and FCP is divided by the package size for each NDC to yield the appropriate refund due per unit. The per-unit rate is

rounded to five (5) decimal places and multiplied by the total quantity dispensed to calculate the refund amount due for that NDC.

SDP per-package calculations are based on the total number of full packages dispensed for each NDC and dispensing quarter and reported in the particular billing quarter. Total utilization is divided by the package size. The resulting package count will be **rounded down** to the nearest whole number for the purpose of refund calculations. The remainder (fractional or decimal units) from this calculation will not carry over to the next billing cycle. Manufacturers will be billed using the per-package calculations until a billing method is selected by the Manufacturer on an approved pricing agreement. The Manufacturer will calculate the refund for that NDC using the total package quantity multiplied by either the Minimum Refund per full FCP Package (non-FAMP minus FCP) or the difference between FCP and direct commercial sales, as described in the refund calculation methods outlined below.

Unit Example: Divide refund per package/package size, and then multiply by units dispensed.

137 tablets were dispensed in 1Q14 for a product.

The package size was 30.

Standard Minimum Refund: \$100.00

$(\$100/30) \times 137 = \456.67

Package Example: Divide quantity by package size, round **down** to the next full package number, then multiply the result by the standard minimum refund.

137 tablets dispensed in 1Q14.

The package size was 30

Standard Minimum refund: \$100.00

$137/30 = 4.56$ packages. Round **down** to 4 packages, then $4 \times \$100.00 = \400.00

Note: If the Manufacturer identifies pricing that appears incorrect, please provide billing quarter and year information, NDC, refund price calculated, and values used to arrive at the refund and send it to your TRRT POC.

5.6 DIRECT CONTRACT SALES

Actual sale prices from direct pharmacy contract sales may be used as benchmarks by a Manufacturer when these direct sales can reasonably be ascertained and attributed to TRICARE claims. Direct contract sales are those sales where the Manufacturer has a contractual agreement with a network retail pharmacy or chain at an established price and the product is provided directly to the pharmacy/chain, or through a wholesaler, at an established price. If actual sale prices (direct contract sales) are used to adjust the refund calculation, then the Manufacturer must segregate the direct contract sales data to provide visibility and an audit trail.

5.7 VOLUNTARY ADDITIONAL REFUND AGREEMENT BASED ON FCP (Per Package Calculation)

When a Manufacturer offers an additional discount based on FCP, the formulas and rounding for SDP as provided in Section 5.3 are utilized. The refund is the difference between the reported annual non-FAMP and corresponding FCP **PLUS** any additional discount provided.

Example: An additional discount quote is offered on an 11-digit NDC that has a non-FAMP of \$200 and a FCP of \$100. The resulting minimum refund is \$100 per whole FCP package. The Manufacturer then offers an additional discount of 25% of non-FAMP, which yields a total ADP refund quote of \$150 per full FCP package for that NDC. The ADP refund formula is illustrated as $((\text{non-FAMP} - \text{FCP}) + (\text{non-FAMP} \times \text{Additional \% of non-FAMP}))^*$.

** ADP refund offers are NOT fixed prices and may change based on the Covered Drug List provided by the VA at the time of billing.*

5.8 VOLUNTARY ADDITIONAL REFUND AGREEMENT BASED ON WAC (Per Unit Calculation)

The WAC is obtained from First Databank via daily price updates; it is maintained at the dispensing unit level to five (5) decimal places. If the WAC changes during a calendar quarter, an average WAC will be calculated on a daily weighted basis (per unit only).

Example:

NDC:	11111-11-1111
Total Quantity Dispensed:	1,575 tablets
WAC Discount:	25%
Unit WAC:	Day 1 to 20 (20 days) @ \$1.00 = $(20/90) 22\% \times 1.00 = .22$ Day 21 to 90 (70 days) @ \$1.50 = $(70/90) 78\% \times 1.50 = 1.17$ Daily Weighted Average WAC: $.22 + 1.17 = \$1.39$ per tablet
Calculated Unit Refund:	$\$1.39 \times 25\% = \$.3475$ per tablet
Total Refund:	$1,575 \text{ tablets} \times \$.3475 = \$547.31$

Note: WAC is used for products that do not have a FCP, such as diabetic supplies (i.e., test strips), and can also be applied to Covered Drugs.

If the percentage offered by the Manufacturer for either additional discount voluntary program yields an ADP refund that does not meet or exceed the minimum refund, TRICARE will adjust the calculations so that the offered refund meets the minimum refund as required by legislation.

5.9 PROPRIETARY INFORMATION & SECURITY

The Covered Drug List received from the VA and maintained by TRICARE can only be accessed by the Manufacturer responsible for the labeler and the authorized TRRT members. This includes non-FAMP and FCP values, which cannot be posted publicly as they are proprietary numbers.

6. PAYMENT INFORMATION

6.1 PAYMENT TIMELINE

Refunds along with a completed TRICARE Retail Refund Reconciliation of Quarterly Utilization (RQU) or payment detail are due to DHA no later than seventy (70) days following the date of the release of utilization data.

6.2 PAYMENTS

To submit payments for TRICARE Retail Pharmacy Refunds, one of the following payment methods may be used. Submitted payments require supporting payment detail and relevant disputes as required by DHA to efficiently process your payment. Templates for payment details are located in Sections 7.3 and 7.4.

Payments may be sent as an Automated Clearing House (ACH) or Electronic Funds Transfer (EFT) using CREDIT GATEWAY or Pay.gov.

CREDIT GATEWAY INFORMATION	
FED Wires	ACH
TREAS NYC	CREDIT GATEWAY ACH RECEIVER
ABA/Routing #: 021030004	ABA/Routing #: 051036706
Account #: 897000012002	Account #: 897000012002

Pay.gov (https://www.Pay.gov)
TRICARE Retail Pharmacy Program
Labeler Code:
Calendar Year:
Quarter:
Program:
Amount Due:

If paying by check or money order, please make payable to U.S.TREASURY/DHA and send to (please reference demand letters for which payment is being submitted):

Defense Health Agency
Attn: Accounting Officer
16401 East Centretech Parkway
Aurora, CO 80011-9066

6.3 LATE PAYMENTS

The Federal Claims Collection Act, beginning at 31 U.S.C. § 3701, requires federal agencies, including DHA, to collect funds owed to the United States arising out of that agency's activities. Further, pursuant to 31 U.S.C. § 3717, government agencies are required to collect interest on all delinquent debts at the interest rate set forth in the demand letter, currently one percent (1%) per year. Interest charges will be waived if this debt is paid in full within seventy (70) days from the date the utilization data were made available. If payment is not made within seventy (70) days from the date the utilization data were made available, interest will accrue from the date of the demand letter. Additionally, federal agencies are required to assess a penalty charge, not to exceed six percent (6%) per year, on any portion of amounts owed that are delinquent for more than ninety (90) days and assess administrative costs resulting from the delinquency.

6.3.1 Interest

Interest is calculated from the **demand letter date**. The interest rate on future debts may change and is listed in the demand letter.

6.3.2 Administrative Fees

Administrative fees are assessed from the **scheduled payment due date** based on an aging schedule.

1 to 30 days	\$5.00
31 to 60 days	\$10.00
61 to 90 days	\$22.00
91 to 120 days	\$37.00
121 to 150 days	\$52.00
151 to 180 days	\$67.00
181 to 210 days	\$82.00
211 to 240 days	\$97.00
241 to 270 days	\$112.00
271 to 300 days	\$127.00
301 to 330 days	\$142.00
331 to 360 days	\$157.00
361 to 390 days	\$172.00
391 to 420 days	\$187.00
421 days and over	\$195.64

6.3.3 Penalty

Penalties begin accruing once the outstanding balance has aged over ninety (90) days from the **scheduled payment due date**. When ninety-one (91) days have been reached, penalties are calculated from the scheduled payment due date. The penalty rate is six percent (6%) and is listed in the demand letter.

6.3.4 Examples

Example 1:

Utilization data is released on January 1, 2015. DHA mails demand letters dated February 10, 2015. The refunds are due March 12, 2015. ABC Pharmaceuticals receives a demand letter for \$10,000 and sends a late payment for \$10,000.00 via CREDIT GATEWAY ACH RECEIVER on April 1, 2015. The payment is 50 days late from the date of the demand letter and 20 days late from the scheduled payment due date; the open balance will therefore accrue \$13.70 in interest and \$5.00 in administrative fees. The administrative fees and interest are paid first, leaving an \$18.70 principal balance, which will continue to accrue additional administrative fees, interest, and penalties until paid in full.

Example 2:

Utilization data is released on January 1, 2015. DHA mails demand letters dated February 10, 2015. The refunds are due March 12, 2015. XYZ Pharmaceuticals receives a demand letter for \$10,000 and sends a late payment for \$10,000.00 via CREDIT GATEWAY ACH RECEIVER on July 1, 2015. The payment is 141 days late from the date of the demand letter and 111 days late from the scheduled payment due date. The open balance will therefore accrue \$38.63 in interest, \$37.00 in administrative fees, and \$182.47 in penalties. The penalty, administrative fees, and interest are paid first, leaving a \$258.10 principal balance, which will continue to accrue additional administrative fees, interest, and penalties until paid in full.

7. RESOLUTION PROCESS

7.1 OVERVIEW

In the case of a Manufacturer disputing the accuracy of DHA's utilization data, the refund obligation as to the amount in dispute will be deferred pending good faith efforts to resolve the dispute in accordance with the procedures laid out below. Disputes must be submitted no later than seventy (70) days following the date of the release of the utilization data; the same date that payment is due. Please refer to the [Information for Pharmaceutical Manufacturer's webpage](#) for Refund Payment Due and Dispute Cut-Off Dates. When the dispute is resolved, any refund owed relating to the amount in dispute will be due with interest from the date of the demand letter, consistent with 32 C.F.R. § 199.11, and will be paid by the Manufacturer or credited by DHA by the due date of the next quarterly payment after resolution.

- An RQU will be made available on TRRWS for refunds from each quarter that are invoiced to the Manufacturer by DoD.
 - Manufacturers are required by DHA to submit payment details or complete the TRRWS RQU when sending payment to efficiently process the payment. If a Manufacturer cannot access the TRRWS RQU, Manufacturers are expected to submit their RQU/Payment Detail via email to UFVARR_Requests@mail.mil.
 - Manufacturers are required by DHA to submit all disputes by the following the below processes:
 - Submit a spreadsheet of all claims disputed to UFVARR_Requests@mail.mil using the Dispute Template (Appendix V).
 - Alternatively, Manufacturers can submit individual disputes via TRRWS by searching for claim number, pharmacy ID, and NDC/Date.
 - Failure to submit disputes in any of the prescribed methods described in this guide may cause the disputes to be rejected.
- In the event that an NDC discrepancy is discovered by the Manufacturer, the Manufacturer will submit a revised RQU or payment detail to their FM.

7.2 SUBMITTING A PAYMENT DETAIL/ RQU

7.2.1 Via the TRRWS RQU

- The following fields will have been populated with data from the current quarter:
 - NDC
 - Drug Name
 - FCP Package Size
 - Unit of Measure
 - Refund per FCP Unit
 - RX Count
 - Quantity (units invoiced)
 - Requested Refund Amount

- The Manufacturer will complete the following fields:
 - MFG Disputed QTY (if applicable)
 - MFG Disputed \$ Value (if applicable)

- Manufacturers must provide a comment for each NDC that is not paid in full. Failure to do so could result in a delay of processing payments and resolution of discrepancies.

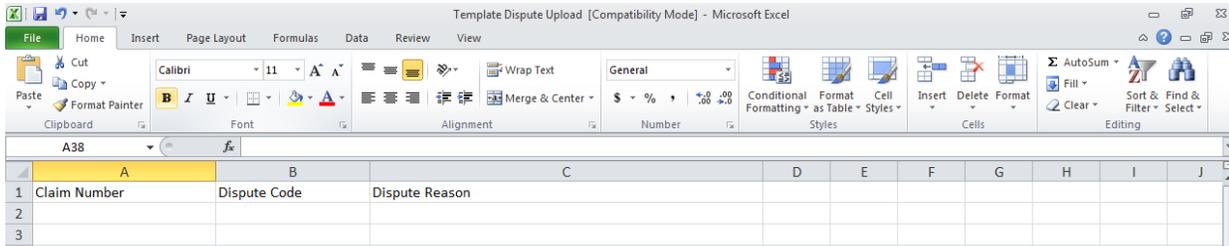
7.2.2 Manual Payment Detail (Non-TRRWS)

- For Manufacturers submitting a payment detail manually (not on TRRWS), the following information should be included:
 - Company Name
 - Labeler Code
 - Program; i.e., SDP (MARR) or ADP (VARR)
 - Billing Quarter
 - Billing Method (Units or Packages)
 - NDC
 - Product Name
 - Dispensed Quarter
 - FCP Package Size
 - FCP Refund Per Package Size
 - Invoiced:
 - RX Count
 - Quantity
 - Paid:
 - RX Count
 - Quantity
 - Requested Refund Amount
 - Payment Amount
 - Difference
 - Comment(s)

- All fields are required by DHA. Failure to provide a complete payment detail could result in a delay of processing payments and resolution of discrepancies.

7.5 DISPUTES TEMPLATE

This *Disputes Template* is to be used by Manufacturers submitting claim level disputes (See Appendix V for blank Dispute Template). Claims must be separated into the calendar year and quarter and submitted in separate files.



	A	B	C	D	E	F	G	H	I	J
1	Claim Number	Dispute Code	Dispute Reason							
2										
3										

- A TRRT member will acknowledge receipt of the data and follow up with the Manufacturer with any questions or outstanding issues.
- The TRRT and the Manufacturer will use their best efforts to resolve the dispute within sixty (60) days of receipt of the payment detail and the disputed claim report.
- DHA requires reporting of all disputes through the appropriate dispute forms **and** the identification of the disputes on the Manufacturer's payment detail.
- DHA can only accept dispute templates with the three (3) fields provided. To limit any delays in processing the dispute claims, do not add, delete, or rearrange any formatting, tabs, or columns to the form.

7.6 DISPUTE CODES

The following dispute codes will be used by the Manufacturer when submitting claim level disputes to the TRRWS/TRRT:

CODE	NAME
A	Duplicate Claim
B	Invalid/Miscoded NDC
C	NDC Transferred to Another Labeler Code OR Company
D	Discontinued/Terminated NDC (Shelf life expired more than one (1) year from dispense date.)
E	Invalid Pharmacy Identification Number/NCPDP PROVIDER ID
F	Missing/Invalid Prescription (RX) Number
G	Decimal Discrepancy or Rounding Problem
H	Package Size Discrepancy
I	Units Invoiced Exceed Unit Sales
J	Product Not Eligible for a Refund
K	PHS/340b Entity not Extracted from Utilization Data
L	Utilization/Quantity Inconsistent with Number of Prescriptions
M	Utilization/Quantity Inconsistent with Historical Trends or Current Program Information (Code no longer valid)
N	Utilization/Quantity Inconsistent with Lowest Dispensable Package Size
O	Utilization/Quantity Exceeds Normal/Usual and Customary
P	Other
Q	Closed Out/Dispute Resolved (Code no longer valid)
R	COB/OHI

**DHA requires that Manufacturers provide all supporting documentation at the time of dispute. If your dispute has been rejected requiring further documentation, please contact your POC for further clarification on the next steps.*

7.6.1 Dispute Code Descriptions

A Code: The Manufacturer contends that the claims had been adjudicated more than once with the same date of service, NDC, and prescription number.

The Manufacturer needs to dispute all claim numbers that have been duplicated and/or provide documentation that a refund for the same claim had previously been paid to TRICARE.

B Code: The Manufacturer contends that the claim has been adjudicated with an invalid or miscoded NDC.

Example: 99999-999-99 for an unknown drug name.

C Code: The Manufacturer contends that the NDC has been transferred to another labeler code or company.

The Manufacturer that is billed needs to dispute all claims that should be billed to another labeler code or company. Both Manufacturers will be required by DHA to complete an Appendix A change form agreeing to the date of transfer.

D Code: The Manufacturer contends that the NDC(s) has/have been discontinued/terminated.

The Manufacturer needs to dispute all claims that should not have been billed after the discontinued/terminated date plus three hundred and sixty-five (365) days and provide documentation of termination date.

Example: Notice to pharmacies or patients with discontinued/termination date.

E Code: The Manufacturer contends the pharmacy's NCPDP or NPI is invalid, unknown, or terminated.

F Code: The Manufacturer contends that the claim has been adjudicated with a missing or invalid prescription number.

G Code: The Manufacturer contends the units submitted for payment are incorrect due to rounding or incorrect placement of decimal.

This is a reconciliation issue; please contact your TRRT POC regarding this dispute code before submitting a dispute. This dispute code is not intended for pay price dispute calculations.

H Code: The Manufacturer contends that the incorrect package size was used to calculate the refund amount due.

The Manufacturer needs to provide documentation of the correct package size to be used per industry standard.

I Code: The Manufacturer contends more units of a NDC were invoiced than were sold to a wholesaler or pharmacy.

The Manufacturer needs to provide supporting documentation by email to UFVARR_Requests@mail.mil for further review.

J Code: The Manufacturer contends that the product is not eligible for a refund.

The Manufacturer needs to dispute the claims in question and provide documentation by email to UFVARR_Requests@mail.mil regarding why the product is not eligible for a refund.

K Code: The Manufacturer contends that the claim was filled using a PHS or 340b discounted product.

The Manufacturer will need to provide a completed copy of Appendix VI as a supporting documentation that 340b product was dispensed. Claims submitted by the pharmacy with a submission clarification code of "20" for a 340b product dispensed will not be eligible for a refund.

L Code: The Manufacturer contends that the utilization/quantity is inconsistent or exceeds number of prescriptions or day supply based on the information submitted by the pharmacy.

The refund is based on the quarterly utilization data and quantity submitted by the pharmacy.

M Code: This code is no longer a valid dispute.

N Code: The Manufacturer contends that the utilization/quantity is inconsistent with the lowest dispensable package size available as submitted by the pharmacy.

The Manufacturer needs to dispute the claims in question and provide documentation and/or justification by email to UFVARR_Requests@mail.mil.

O Code: Manufacturer contends that the utilization/quantity is inconsistent or exceeds, based on the information submitted by the pharmacy.

The Manufacturer needs to dispute the claims in question and provide documentation and/or justification by email to UFVARR_Requests@mail.mil.

P Code: The Manufacturer contends that the claim is not eligible for a refund for reasons not identified in the dispute codes available.

The Manufacturer needs to dispute the claims in question and provide documentation and/or justification by email to UFVARR_Requests@mail.mil.

Q Code: This code is no longer a valid dispute.

R Code: The Manufacturer contends that the claim is a coordination of benefits or the TRICARE member has other health insurance. DHA requires supporting documentation that a secondary insurance paid and that the claim was reversed by the pharmacy and resubmitted with an OCC of 2. Otherwise TRICARE is the primary payer on all claims that were not submitted to a secondary insurance at the point of service. TRICARE is the primary payer on Medicaid claims.

Note: All disputes must be reviewed and verified before a final decision to accept or reject the dispute is made.

7.7 DISPUTE RESOLUTION

The dispute resolution process starts 70 days after the quarterly invoice period. (This date is set to allow enough time for the manufacturers to send their quarterly payment and DHA to allocate all payments received.)

1. DHA will run a report to identify all outstanding disputes submitted by the manufacturer.
2. The RA will research the invalid, terminated, or refund ineligible disputes.
3. The RA will reach out to the manufacturer for disputes that need further clarification.
(If the manufacturer does not respond after 3 failed attempts the dispute will be rejected.)

During the dispute resolution process, the Refund Analyst will utilize multiple resources to solve the dispute including, but not limited to information provided by:

- FDB
- VA
- FDA

*Manufacturers are encouraged to maintain updated information with these organizations to avoid potential disputes.

7.7.1 Examples

Example 1:

Utilization data are released on January 1, 2015. DHA mails demand letters dated February 10, 2015. The refunds are due March 12, 2015. ABC Pharmaceuticals receives a demand letter for \$10,000. ABC Pharmaceuticals sends a payment for \$10,000.00 via CREDIT GATEWAY ACH RECEIVER and provides documentation disputing \$1,500.00 in claims to the TRRT on March 12, 2015. Disputes are resolved on July 10, 2015. ABC Pharmaceuticals receives its dispute resolution summary report from its FM, indicating \$500 of disputes was accepted and \$1,000 was rejected. Since ABC Pharmaceuticals paid in full, the Manufacturer can arrange with the FM to apply the \$500 credit for accepted disputes to a future quarter.

Example 2:

Utilization data are released on January 1, 2015. DHA mails demand letters dated February 10, 2015. The refunds are due March 12, 2015. XYZ Pharmaceuticals receives a demand letter for \$10,000. XYZ Pharmaceuticals sends a payment for \$8,500.00 via CREDIT GATEWAY ACH RECEIVER and provides documentation disputing \$1,500.00 in claims to the TRRT on March 12, 2015. Disputes are resolved on July 10, 2015. XYZ Pharmaceuticals receives its dispute resolution summary report from its FM, indicating \$500 of disputes was accepted and \$1,000 was rejected. XYZ Pharmaceuticals requests a payoff statement from its FM with a payoff date of August 1, 2015. The payoff statement will include \$4.71 in interest, \$52.00 in administrative fees, and \$23.34 in penalties for a total payoff of \$1180.05.

7.8 RESOLVED DISPUTES:

Your FM will provide dispute status summary and detail reports via email. Adjustments to principal for accepted disputes will have been made by your FM prior to receiving the dispute status email. Based on prior payment(s) received, if an overpayment exists, DHA at this time will not issue a refund of any overage balances. DHA will be applying additional monies received over and above the original calculations to NDCs that still have outstanding balances. The additional amount of the overpayment will be held until further communication is received from the Manufacturer. Please contact your FM to coordinate the application of these funds to any outstanding balances in subsequent quarters. Your FM will also be able to provide a statement of account with accrued interest, administrative fees, and penalties upon request.

DHA makes every effort to resolve all disputes within sixty (60) days. DHA is developing a process for reconsideration of unresolved disputes. While that process is being established, DHA will consider requests from manufacturers to waive a portion of interest, penalties, and administrative charges in cases where disputes were not resolved within sixty (60) days.

After a Manufacturer has been notified that their dispute has been rejected DHA will allow these disputes to be resubmitted with updated supporting documentation and a completed Appendix VII form no more than thirty (30) days later.

8. APPENDIX I _ AMENDMENT OF DoD RETAIL REFUND PRICING AGREEMENT BETWEEN DEFENSE HEALTH AGENCY (DHA) AND THE MANUFACTURER

The purpose of this Amendment is to clarify and streamline processes and to eliminate unnecessary burdens on both DHA and the Manufacturer related to updating and maintaining the information in the current Appendix A. This amendment eliminates the need for the Manufacturer to update Appendix A with its new covered drugs and new NDCs for existing covered drugs. Additionally, as DoD will calculate the amount owed by the Manufacturer to DoD based on the non-FAMP and FCP reported to the Department of Veterans Affairs (VA)*, there is no need for the Manufacturer to report those amounts, or updates thereto, to DoD.

Appendix A of the Retail Refund Pricing Agreement dated _____ is replaced with the following:

“Each covered drug of the Manufacturer under 38 U.S.C. 8126, as defined in 32 CFR 199.21(q) (2) (iii), is covered by this Agreement.”

*DoD calculations will be based upon the units reported on the TRICARE Retail Utilization reports. This calculation by DoD does not relieve the Manufacturer of its obligation to report sales to VA by package.

All other terms and conditions of the Retail Refund Pricing Agreement remain unchanged.

Approved this _____ day of _____, 20 __: Approved this _____ day of _____, 20 __:

Manufacturer Representative

Printed Signatory Name

Signatory Title

Manufacturer Name and Labeler Code

Nita Sood, Pharm.D., MPH
CAPT, USPHS
Chief of Staff
Pharmacy Operations Division

9. APPENDIX II _ MANUFACTURER QUESTIONNAIRE

Please complete the TRICARE Retail Pharmacy Refund Manufacturer Questionnaire and email to UFVARR_Requests@mail.mil.

IMPORTANT: Updated questionnaires will replace previous questionnaires. Points of Contact (POCs) removed will be denied access to data on the TRICARE Retail Refund Website (TRRWS). All fields are required. Primary Contact cannot be a third-party consultant. If more than one labeler code, please complete a separate questionnaire for each.

Labeler Code (as assigned by FDA):

Labeler Name / Parent Company/ Associations:

Tax ID (TIN):

Official Mailing Address:

Primary Contact for Program:

(Third-party consultants not permitted)

Primary Telephone Number:

Primary Email Address:

**This person is responsible for:

- Sending and receiving data
- Processing invoice utilization data

Alternate Contact for Program:

Check box if POC is a third-party consultant

Alternate Telephone Number:

Alternate Email Address:

**This person is responsible for:

- Sending and receiving data
- Processing invoice utilization data

Finance Manager for Program:

Check box if POC is a third-party consultant

Finance Telephone Number:

Finance Email Address:

**This person is responsible for:

- Sending and receiving data

- Processing invoice utilization data

FILE OPTIONS FOR PHARMACY IDENTIFICATION

Please check one of the following options:

- Send NCPDP
- Send NCPDP and Chain Code (nnnnnnnnnn-ccccccc)

DELIVERY INFORMATION

Please check one only:

PICK-UP: Yes OR No

If you select YES, Emdeon will provide you with an address, user name, and password at a later date.

DELIVERY: Yes OR No

Host Name or IP Address:

User Name:

Password:

Special Directory Information (if needed):

Email address for Confirmation of delivery of files:

ADDITIONAL INFORMATION

Will you provide a PGP public key? Yes OR No

If YES, please attach key to your response.

If NO, we will assign you a password for PGA encryption data.

If faxing the questionnaire, please email the key to the Emdeon email address:

DoD_Drug_Mfr_Refund@emdeon.com.

For questions regarding the TRICARE Retail Refund Website (TRRWS), please contact the TRICARE Retail Refund Team (TRRT) at UFVARR_Requests@mail.mil.

10. APPENDIX III_ TRICARE RETAIL REFUND APPENDIX A CHANGE REQUEST FORM

**TRICARE RETAIL REFUND
APPENDIX A CHANGE REQUEST**

Complete the following information to add / delete / transfer or make changes to your current Appendix A.

Please Complete:

Current Manufacturer: (Required)	
Labeler Code: (Required)	
Date:	

To transfer a drug, please complete the following:

New Manufacturer:	
Labeler Code:	
Date of Transfer:	

To Add, Delete, Edit, or Transfer a Drug, please complete the following (when deleting a Drug please add a comment at the bottom to explain the reason for the deletion):

All NDC-11s of each drug listed will be added to this manufacturer's DoD Retail Refunds Pricing Agreement.

Drug Name	Generic Name	Add / Delete / Edit / Transfer

COMMENTS:

Note: Drugs listed here are covered drugs under 32 CFR 199.21(q)(2)(iii) which states, "For purposes of this paragraph (q)(2), a covered drug is a drug that is a covered drug under 38 U.S.C. 8126."

Digital Signature:

Email Completed form to: UFVARR_Requests@tma.osd.mil

TRRWS APPENDIX A CHANGE REQUEST REVISED 3/13/2013

11. APPENDIX IV_ PAYMENT DETAIL TEMPLATE

Company Name	
Labeler Code	
SDP/ADP	
Billing Quarter	
Units/Package	

NDC	Product Name	Dispensed Quarter	FCP Package Size	FCP Refund per Package Size	<i>Invoiced</i>		<i>Paid</i>		Requested Refund Amount	Payment Amount	Difference	Comment
					RX Count	Quantity	RX Count	Quantity				
				Totals								

Comments:

***All items are required on submitted payment detail; anything not presented must be explained in comments.

12. APPENDIX V_DISPUTE TEMPLATE

Claim Number	Dispute Code	Dispute Reason

13. APPENDIX VI_340b DISPUTE TEMPLATE

Manufacturer TRICARE Retail Refund 340b Verification Form

1. To be Completed by the Manufacturer:

Manufacturer Name:	Labeler:	Billing Quarter:
Phone:	Fax:	

2. To be Completed by the Covered Entity:

Covered Entity Name:	NPI:
Address:	Phone: Fax:

This form is to be completed by an authorized representative at the Covered Entity that can verify that the prescription was dispensed/billed using a 340b product.

3. To be Completed by the Manufacturer and the Covered Entity:

	A. Prescription Number	B. Date of Service	C. 340b Product Dispensed?	
			Yes	No
	<i>Example: 999999</i>	<i>05/01/15</i>	✓	
1				
2				
3				
4				
5				
6				
7				
8				

4. To be Completed by the Covered Entity:

Signature:

Date:

Print Name:

Title:

Instructions for Completing the TRICARE Retail Refund Program 340b Verification Form

Please complete this form as instructed below.

Instructions for the Manufacturer:

Please complete the form in its entirety. Missing or invalid information will delay the processing of your dispute.

Section 1: To be Completed by the Manufacturer

Section 2: To be Completed by the Covered Entity

Section 3: To be Completed by the Manufacturer and Covered Entity

Manufacturer:

- A. Prescription number (RX #)
- B. Date of service based on the utilization data provided to the manufacturer.

Covered Entity:

- C. Will verify that the prescription was or was not billed/dispensed using a 340b product and will check yes or no.

Section 4: To be Completed by the Covered Entity

The authorized representative will sign, print name, date, and provide title; i.e.; Pharmacist.

Completed Forms:

Manufacturers: Please email all completed forms to the Defense Health Agency (DHA) at UFVARR_Requests@mail.mil.

14.APPENDIX VII_DISPUTE RESUBMISSION PROCESS GUIDE

Instructions

If a Manufacturer disagrees with the Defense Health Agency's determination, the Manufacturer may request a resubmission of their disputes.

Disputes should only be resubmitted after considering the following:

- If the manufacturer believes the DHA has made an incorrect decision based on supporting documentation not available at the time the dispute was originally submitted.
- If the manufacturer believes the information/data used by the DHA is incorrect.

Include all the following in the formal written request to the Defense Health Agency:

1. Manufacturer name, labeler code, address.
2. Manufacturer main point of contact email and phone number.
3. A statement that the manufacturer is requesting a resubmission.
4. The year and quarter this applies to.
5. Spreadsheet of disputes being resubmitted. The spreadsheet will include:
 - a) Claim number
 - b) Dispute Code
 - c) Dispute Reason
6. Supporting documentation that supports the manufacturer's position on why the dispute is being resubmitted.
7. Manufacturer representative signature certifying that the supporting documentation and accompanying documents are true, correct, and complete.

The request for resubmission must be submitted within **30 days** from the date the Manufacturer was notified of the dispute outcome.

Request for resubmission must be submitted by email to UFVARR_Requests@mail.mil