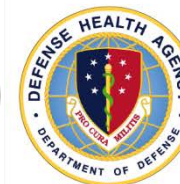


AN OVERVIEW OF THE TRICARE RETAIL REFUND PROGRAM DISPUTE RESOLUTION PROCESS

JUNE 22, 2016



DHA Vision



“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”



“Medically Ready Force...Ready Medical Force”

OPENING COMMENTS



- Welcome to the Webinar
- Enhancing the Partnership



“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”

AGENDA



- Background
- Objectives
- Updates and Changes to the Dispute Resolution Process
- Successfully Navigating the Dispute Process
- Understanding Common Dispute Codes
- Understanding Common Discrepancy Codes
- What to Expect After Dispute Resolution
- Other Program Updates
- Closing Remarks

BACKGROUND



- 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 such section 8126.

BACKGROUND *(cont.)*



- 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 through the TRICARE Retail Refund Program (TRRP)

Objective of this Webinar



- Our goal today is to provide valuable information to Manufacturers to help build a more effective partnership with the TRICARE Retail Refund Team (TRRT) and to communicate the processes by which Manufacturers must work with the TRRT to effectively resolve disputes within the 60 day time period

Updates and Changes to the Dispute Resolution Process

Dispute Resolution – A Team Effort



- With the changes being presented today, the intent of DHA is to improve the process to resolve disputes within 60 days
 - ❑ Optional implementation 1QCY16 refund billing cycle
 - ❑ Mandatory implementation 2QCY16 refund billing cycle

Dispute Resolution – A Team Effort (cont.)



- While the process is being updated, DHA will continue to consider requests to waive a portion of the interest, penalties, and administrative charges in cases where disputes were not resolved in 60 days
- Manufacturer feedback after this webinar will be reviewed prior to finalizing the dispute resolution process updates

Dispute Resolution – A Team Effort (cont.)



- To facilitate the dispute resolution process DHA is presenting 2 new forms
 - Claim-Level Dispute Submission Form
 - Reconciliation & Payment Detail Form

Streamlining the Dispute Process



- **I, M, and Q Dispute Codes** are no longer accepted Dispute Codes
 - Disputes submitted with these codes will be rejected.
- Disputes Codes from alternative sources will not be recognized.
 - i.e. Medicare Dispute Codes

Streamlining the Dispute Process



- All Codes except for **G** Codes are to be submitted with the “Claim-Level Dispute Submission Form”.
- A new dispute template will be made available on health.mil [Operational Documents](#) page
- Dispute cut-off date posted on the TRICARE health.mil dispute cut off dates
 - Disputes are to be submitted no later than 70 days following the release of the quarterly utilization data

Streamlining the Dispute Process



■ Dispute Submission

- Submit disputes via the Claim-Level Dispute Submission Form to UFVARR_Requests@mail.mil and your Contract Resource Management (CRM) Financial Manager (FM)
- The TRICARE Retail Refund Website (TRRWS) will no longer be used to submit disputes.
- Do not submit Pricing discrepancies on the Claim-Level Dispute Submission Form

- As of the 2QCY16 refund billing cycle DHA will no longer process claim level disputes submitted in formats other than using the new form

Standard Discount Program (SDP) Reconciliation & Payment Detail Form (Sent to Manufacturers)



TRICARE Retail Refund Program - Reconciliation and Payment Detail Form

Company Name: Any Company
 Labeler Code: X99999
 Billing Period: 2016 Q1
 Program: SDP
 Invoice Number: X99999.B16Q1-F01.S
 Payment Due Date & Dispute Cut-Off Date: 2016-08-12

Form sent to the
Manufacturer

Pricing & Utilization Data Used by TRICARE																	
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
CN File Name	CN Line Number	Product ID	Product Name	Pricing Period	Formulary	Unit Pricing or Package Pricing	UoM	Package Size	Package Refund	Weighted Average WAC per Unit	WAC Discount	Refund per Package or per Unit	# Claims	Total Quantity Dispensed	# Packages or # Units Invoiced	Refund Amount Invoiced	
X99999-16Q1-F01-006-C16Q1.cn	00000000001	99999123401	Product_A	20160101-20160331	006	U	EA	100.000	\$9,183.27			\$91.83270	849	8,490.000		\$779,659.62	
X99999-16Q1-F01-006-P15Q4.cn	00000000001	99999123401	Product_A	20151001-20151231	006	U	EA	100.000	\$8,435.46			\$84.35460	83	790.000	790.000	\$66,640.13	
X99999-16Q1-F01-006-P15Q3.cn	00000000001	99999123401	Product_A	20150701-20150930	006	P	EA	100.000	\$8,435.46			\$8,435.46000	16	120.000	1.000	\$8,435.46	
X99999-16Q1-F01-006-P15Q2.cn	00000000001	99999123401	Product_A	20150401-20150630	006	P	EA	100.000	\$8,435.46			\$8,435.46000	3	20.000	0.000	\$0.00	
X99999-16Q1-F01-006-P15Q1.cn	00000000001	99999123401	Product_A	20150101-20150331	006	P	EA	100.000	\$8,435.46			\$8,435.46000	1	-10.000	0.000	\$0.00	
X99999-16Q1-F01-006-P16Q1.cn	00000000002	99999567801	Product_B	20160101-20160331	006	U	ML	6.000	\$958.63			\$159.77167	321	321.000	321.000	\$51,286.71	
X99999-16Q1-F01-006-P15Q4.cn	00000000002	99999567801	Product_B	20151001-20151231	006	U	ML	6.000	\$1,023.41			\$170.56833	14	10.000	10.000	\$1,705.68	
X99999-16Q1-F01-006-P15Q3.cn	00000000002	99999567801	Product_B	20150701-20150930	006	P	ML	6.000	\$1,023.41			\$1,023.41000	1	-1.000	0.000	\$0.00	
X99999-16Q1-F01-006-C16Q1.cn	00000000003	99999432101	Product_C	20160311-20160331	006	U	ML	3.000	\$251.96			\$83.98667	67	33.500	33.500	\$2,813.55	
TOTALS														1.355	9,773.500	9,645.500	\$910,541.15

Pricing & Utilization Data Used by Company													AD	AE	AF
R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	
Pricing Period	Formulary	Unit Pricing or Package Pricing	UoM	Package Size	Package Refund	Weighted Average WAC per Unit	WAC Discount	Refund per Package or per Unit	Total Quantity	# Packages or # Units	Refund Amount Calculated	Total Quantity Disputed	Refund Amount Withheld	Refund Amount Paid	
20160101-20160331	006	U	EA	100.000	\$9,183.27			\$91.83270	8,490.000	8,490.000	\$779,659.62	0.000	\$0.00	\$779,659.62	
20151001-20151231	006	U	EA	100.000	\$8,435.46			\$84.35460	790.000	790.000	\$66,640.13	0.000	\$0.00	\$66,640.13	
20150701-20150930	006	P	EA	100.000	\$8,435.46			\$8,435.46000	120.000	1.000	\$8,435.46	0.000	\$0.00	\$8,435.46	
20150401-20150630	006	P	EA	100.000	\$8,435.46			\$8,435.46000	20.000	0.000	\$0.00	0.000	\$0.00	\$0.00	
20150101-20150331	006	P	EA	100.000	\$8,435.46			\$8,435.46000	-10.000	0.000	\$0.00	0.000	\$0.00	\$0.00	
20160101-20160331	006	U	ML	6.000	\$958.63			\$159.77167	321.000	321.000	\$51,286.71	0.000	\$0.00	\$51,286.71	
20151001-20151231	006	U	ML	6.000	\$1,023.41			\$170.56833	10.000	10.000	\$1,705.68	0.000	\$0.00	\$1,705.68	
20150701-20150930	006	P	ML	6.000	\$1,023.41			\$1,023.41000	-1.000	0.000	\$0.00	0.000	\$0.00	\$0.00	
20160311-20160331	006	U	ML	3.000	\$251.96			\$83.98667	33.500	33.500	\$2,813.55	0.000	\$0.00	\$2,813.55	
									9,773.500	9,645.500	\$910,541.15	0.000	\$0.00	\$910,541.15	

"Medically Ready Force...Ready Medical Force"

SDP Reconciliation & Payment Detail Form (Received from Manufacturers)



Form returned by the Manufacturer

TRICARE Retail Refund Program - Reconciliation and Payment Detail Form

Company Name: Any Company
 Labeler Code: X99999
 Billing Period: 2016 Q1
 Program: SDP
 Invoice Number: X99999.B16Q1-F01.S
 Payment Due Date & Dispute Cut-Off Date: 2016-08-12

Pricing & Utilization Data Used by TRICARE																
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
CN File Name	CN Line Number	Product ID	Product Name	Pricing Period	Formulary	Unit Pricing or Package Pricing	UoM	Package Size	Package Refund	Weighted Average WAC per Unit	WAC Discount	Refund per Package or per Unit	# Claims	Total Quantity Dispensed	# Packages or # Units Invoiced	Refund Amount Invoiced
X99999-16Q1-F01-006-C16Q1.cn	00000000001	99999123401	Product_A	20160101-20160331	006	U	EA	100.000	\$9,183.27			\$91.83270	849	8,490.000	8,490.000	\$779,659.62
X99999-16Q1-F01-006-P15Q4.cn	00000000001	99999123401	Product_A	20151001-20151231	006	U	EA	100.000	\$8,435.46			\$84.35460	83	790.000	790.000	\$66,640.13
X99999-16Q1-F01-006-P15Q3.cn	00000000001	99999123401	Product_A	20150701-20150930	006	P	EA	100.000	\$8,435.46			\$8,435.46000	16	120.000	1.000	\$8,435.46
X99999-16Q1-F01-006-P15Q2.cn	00000000001	99999123401	Product_A	20150401-20150630	006	P	EA	100.000	\$8,435.46			\$8,435.46000	3	20.000	0.000	\$0.00
X99999-16Q1-F01-006-P15Q1.cn	00000000001	99999123401	Product_A	20150101-20150331	006	P	EA	100.000	\$8,435.46			\$8,435.46000	1	-10.000	0.000	\$0.00
X99999-16Q1-F01-006-C16Q1.cn	00000000002	99999567801	Product_B	20160101-20160331	006	U	ML	6.000	\$958.63			\$159.77167	321	321.000	321.000	\$51,286.71
X99999-16Q1-F01-006-P15Q4.cn	00000000002	99999567801	Product_B	20151001-20151231	006	U	ML	6.000	\$1,023.41			\$170.56833	14	10.000	10.000	\$1,705.68
X99999-16Q1-F01-006-P15Q3.cn	00000000002	99999567801	Product_B	20150701-20150930	006	P	ML	6.000	\$1,023.41			\$1,023.41000	1	-1.000	0.000	\$0.00
X99999-16Q1-F01-006-C16Q1.cn	00000000003	99999432101	Product_C	20160311-20160331	006	U	ML	3.000	\$251.96			\$83.98667	67	33.500	33.500	\$2,813.55
TOTALS													1,355	9,773.500	9,645.500	\$910,541.15

Pricing & Utilization Data Used by Company																
R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF		
Pricing Period	Formulary	Unit Pricing or Package Pricing	UoM	Package Size	Package Refund	Weighted Average WAC per Unit	WAC Discount	Refund per Package or per Unit	Total Quantity	# Packages or # Units	Refund Amount Calculated	Total Quantity Disputed	Refund Amount Withheld	Refund Amount Paid		
20160101-20160331	006	U	EA	100.000	\$9,000.00			\$90.00000	8,430.000	8,430.000	\$758,700.00	60.000	\$20,500.00	\$759,159.62		
20151001-20151231	006	U	EA	100.000	\$8,435.46			\$84.35460	790.000	790.000	\$66,640.13	0.000	\$0.00	\$66,640.13		
20150701-20150930	006	P	EA	100.000	\$8,435.46			\$8,435.46000	120.000	1.000	\$8,435.46	0.000	\$0.00	\$8,435.46		
20150401-20150630	006	P	EA	100.000	\$8,435.46			\$8,435.46000	20.000	0.000	\$0.00	0.000	\$0.00	\$0.00		
20150101-20150331	006	P	EA	100.000	\$8,435.46			\$8,435.46000	-10.000	0.000	\$0.00	0.000	\$0.00	\$0.00		
20160101-20160331	006	U	ML	6.000	\$958.63			\$159.77167	321.000	321.000	\$51,286.71	0.000	\$0.00	\$51,286.71		
20151001-20151231	006	U	ML	6.000	\$1,023.41			\$170.56833	10.000	10.000	\$1,705.68	0.000	\$0.00	\$1,705.68		
20150701-20150930	006	P	ML	6.000	\$1,023.41			\$1,023.41000	-1.000	0.000	\$0.00	0.000	\$0.00	\$0.00		
20160311-20160331	006	U	ML	3.000	\$251.96			\$83.98667	33.500	33.500	\$2,813.55	0.000	\$0.00	\$2,813.55		
									9,713.500	9,585.500	\$889,581.53	60.000	\$20,500.00	\$890,041.15		

“Medically Ready Force...Ready Medical Force”

Additional Discount Program (ADP) Reconciliation & Payment Detail Form (Sent to Manufacturers)



TRICARE Retail Refund Program - Reconciliation and Payment Detail Form

Company Name: Any Company
 Labeler Code: X99999
 Billing Period: 2016 Q1
 Program: ADP
 Invoice Number: X99999.B16Q1-F01.A
 Payment Due Date & Dispute Cut-Off Date: 2016-08-12

Form sent to the
Manufacturer

Pricing & Utilization Data Used by TRICARE																
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
CN File Name	CN Line Number	Product ID	Product Name	Pricing Period	Formulary	Unit Pricing or Package Pricing	UoM	Package Size	Package Refund	Weighted Average WAC per Unit	WAC Discount	Refund per Package or per Unit	# Claims	Total Quantity Dispensed	# Packages or # Units Invoiced	Refund Amount Invoiced
X99999-16Q1-F01-010-C16Q1.cn	00000000001	99999432101	Product_C	20160101-20160310	010	P	ML	3.000	\$401.24			\$401.24000	421	235.500	78.000	\$31,296.72
X99999-16Q1-F01-010-P15Q4.cn	00000000001	99999432101	Product_C	20151001-20151231	010	P	ML	3.000	\$345.06			\$345.06000	11	9.500	1.000	\$345.06
X99999-16Q1-F01-010-P15Q3.cn	00000000002	99999432101	Product_C	20150807-20150930	010	P	ML	3.000	\$345.06			\$345.06000	3	1.000	0.000	\$0.00
X99999-16Q1-F01-010-P15Q3.cn	00000000001	99999432101	Product_C	20150701-20150806	010	P	ML	3.000	\$275.83			\$275.83000	1	-0.500	0.000	\$0.00
X99999-16Q1-F01-009-C16Q1.cn	00000000001	99999876501	Product_D	20160101-20160331	009	U	GM	9.000		\$2.36874	21.57%	\$0.51094	672	6,048.000	6,048.000	\$3,090.15
X99999-16Q1-F01-009-P15Q4.cn	00000000001	99999876501	Product_D	20151001-20151231	009	U	GM	9.000		\$2.22222	21.57%	\$0.47933	2	0.000	0.000	\$0.00
													1.110	6,287.500	6,127.000	\$34,731.93

TOTALS

Pricing & Utilization Data Used by Company																
R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF		
Pricing Period	Formulary	Unit Pricing or Package Pricing	UoM	Package Size	Package Refund	Weighted Average WAC per Unit	WAC Discount	Refund per Package or per Unit	Total Quantity	# Packages or # Units	Refund Amount Calculated	Total Quantity Disputed	Refund Amount Withheld	Refund Amount Paid		
20160101-20160310	010	P	ML	3.000	\$401.24			\$401.24000	235.500	78.000	\$31,296.72	0.000	\$0.00	\$31,296.72		
20151001-20151231	010	P	ML	3.000	\$345.06			\$345.06000	3.500	1.000	\$345.06	0.000	\$0.00	\$345.06		
20150807-20150930	010	P	ML	3.000	\$345.06			\$345.06000	1.000	0.000	\$0.00	0.000	\$0.00	\$0.00		
20150701-20150806	010	P	ML	3.000	\$275.83			\$275.83000	-0.500	0.000	\$0.00	0.000	\$0.00	\$0.00		
20160101-20160331	009	U	GM	9.000		\$2.36874	21.57%	\$0.51094	6,048.000	6,048.000	\$3,090.15	0.000	\$0.00	\$3,090.15		
20151001-20151231	009	U	GM	9.000		\$2.22222	21.57%	\$0.47933	0.000	0.000	\$0.00	0.000	\$0.00	\$0.00		
										6,287.500	6,127.000	\$34,731.93	0.000	\$0.00	\$34,731.93	

"Medically Ready Force...Ready Medical Force"

ADP Reconciliation & Payment Detail Form (Received from Manufacturers)



TRICARE Retail Refund Program - Reconciliation and Payment Detail Form

Company Name: Any Company
 Labeler Code: X99999
 Billing Period: 2016 Q1
 Program: ADP
 Invoice Number: X99999.B16Q1-F01.A
 Payment Due Date & Dispute Cut-Off Date: 2016-08-12

Form returned by the Manufacturer

Pricing & Utilization Data Used by TRICARE																
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
CN File Name	CN Line Number	Product ID	Product Name	Pricing Period	Formulary	Unit Pricing or Package Pricing	UoM	Package Size	Package Refund	Weighted Average WAC per Unit	WAC Discount	Refund per Package or per Unit	# Claims	Total Quantity Dispensed	# Packages or # Units Invoiced	Refund Amount Invoiced
X99999-16Q1-F01-010-C16Q1.cn	00000000001	99999432101	Product_C	20160101-20160310	010	P	ML	3.000	\$401.24			\$401.24000	421	235.500	78.000	\$31,296.72
X99999-16Q1-F01-010-P15Q4.cn	00000000001	99999432101	Product_C	20151001-20151231	010	P	ML	3.000	\$345.06			\$345.06000	11	3.500	1.000	\$345.06
X99999-16Q1-F01-010-P15Q3.cn	00000000002	99999432101	Product_C	20150807-20150930	010	P	ML	3.000	\$345.06			\$345.06000	3	1.000	0.000	\$0.00
X99999-16Q1-F01-010-P15Q3.cn	00000000001	99999432101	Product_C	20150701-20150806	010	P	ML	3.000	\$275.83			\$275.83000	1	-0.500	0.000	\$0.00
X99999-16Q1-F01-009-C16Q1.cn	00000000001	99999876501	Product_D	20160101-20160331	009	U	GM	9.000		\$2.36874	21.57%	\$0.51094	672	6,048.000	6,048.000	\$3,090.15
X99999-16Q1-F01-009-P15Q4.cn	00000000001	99999876501	Product_D	20151001-20151231	009	U	GM	9.000		\$2.22222	21.57%	\$0.47933	2	0.000	0.000	\$0.00
TOTALS													1,110	6,287.500	6,127.000	\$34,731.93

Pricing & Utilization Data Used by Company														
R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF
Pricing Period	Formulary	Unit Pricing or Package Pricing	UoM	Package Size	Package Refund	Weighted Average WAC per Unit	WAC Discount	Refund per Package or per Unit	Total Quantity	# Packages or # Units	Refund Amount Calculated	Total Quantity Disputed	Refund Amount Withheld	Refund Amount Paid
20160101-20160310	010	P	ML	3.000	\$401.24			\$401.24000	210.500	70.000	\$28,086.80	25.000	\$0.00	\$31,296.72
20151001-20151231	010	P	ML	3.000	\$345.06			\$345.06000	3.500	1.000	\$345.06	0.000	\$0.00	\$345.06
20150807-20150930	010	P	ML	3.000	\$345.06			\$345.06000	1.000	0.000	\$0.00	0.000	\$0.00	\$0.00
20150701-20150806	010	P	ML	3.000	\$275.83			\$275.83000	-0.500	0.000	\$0.00	0.000	\$0.00	\$0.00
20160101-20160331	009	U	GM	9.000		\$2.36874	21.57%	\$0.51094	6,039.000	6,039.000	\$3,085.55	9.000	\$0.00	\$3,090.15
20151001-20151231	009	U	GM	9.000		\$2.22222	21.57%	\$0.47933	0.000	0.000	\$0.00	0.000	\$0.00	\$0.00
TOTALS									6,253.500	6,110.000	\$31,517.41	34.000	\$0.00	\$34,731.93

ADP/SDP Reconciliation & Payment Detail Form (Column Description & Notes)



Column(s)	Description & Notes
A	Name of CN file associated with this particular invoice line item.
B	Line Number of CN record associated with this particular invoice line item.
C	Product ID = NDC.
D	Product Name = Brand Name.
E	Pricing Period = Begin Date and End Date of pricing coverage period.
F	Formulary = 006 (Standard Discount Program), 009 (Additional Discount Program based on WAC pricing), or 010 (Additional Discount Program based on other pricing).
G	Unit Pricing ("U") or Package Pricing ("P"), as per selection by Company in Retail Refund Pricing Agreement. (Formulary 006 is exclusively Unit Pricing, and Formulary 010 is exclusively Package Pricing.)
H	Unit of Measure = Type of Billing Unit (EA, ML, or GM), as per NCPDP standards.
I	Package Size = # of Billing Units per Package, as per NCPDP standards. Three decimal places.
J	Package Refund = - If Formulary 009: not populated; - If Formulary 006: Amount of Over-Payment per Package = Non-FAMP - FCP, as per FCP data provided by Department of Veterans Affairs; or - If Formulary 010: Amount of Over-Payment per Package + Additional Discount per Package = (Non-FAMP - FCP) + additional discount, rounded to 2 decimal places, as per FCP Note: Non-FAMP & FCP amounts are sensitive information accessible to authorized personnel only.
K	Not populated if Formulary 006 or 010. Weighted Average WAC per Unit based on FDB price data. Rounded to 5 decimal places.
L	Not populated if Formulary 006 or 010. WAC Discount as per applicable UF-VARR. Rounded to 4 decimal places (i.e., x.xxxx or xxx.xx%).
M	Refund per Package or per Unit = - If Package Pricing ("P" in column G): Package Refund (in column J); or - If Unit Pricing ("U" in column G): Unit Refund = Package Refund (in column J) divided by Package Size (in column I) and then rounded to 5 decimal places.
N	# Claims = # of CP records associated with this particular invoice line item. This number is not used in refund calculations and is included here for informational purposes.
O	Total Quantity Dispensed = Sum of Quantity Dispensed on CP records associated with this particular invoice line item. Three decimal places.
P	# Packages or # Units Invoiced = - If Package Pricing ("P" in column G): # of Whole Packages = Total Quantity Dispensed (in column O) divided by Package Size (in column I) and then rounded down to 0 decimal places; or - If Unit Pricing ("U" in column G): # of Billing Units = Total Quantity Dispensed (in column O).
Q	Refund Amount Invoiced = Refund per Package or per Unit (in column M) multiplied by # Packages or # Units Invoiced (in column P) and then rounded to 2 decimal places.
R-AC	Company can submit pricing disputes, if it believes there are errors in pricing data used by TRICARE, and/or submit disputes against individual claims, if it believes there are errors in utilization data used by TRICARE. To submit disputes, Company must: - For pricing data errors in columns E-L: - Enter corrections in columns R, S, T, U, V, W, X, and/or Y; and - Submit this Reconciliation and Payment Detail Form, along with supporting documentation, to TRICARE by applicable deadline. - For utilization data errors (incorrect Total Quantity Dispensed in column O due to: duplicate claims, other ineligible claims, claims having incorrect quantities and/or incorrect units of measure, etc.): - Submit disputes against individual claims, using Claim-Level Dispute Submission Form (available on tab "Dispute Sub Form"), to TRICARE by applicable deadline; - Submit supporting documentation to TRICARE by applicable deadline; - Enter correct value of Total Quantity in column AA; and - Submit this Reconciliation and Payment Detail Form to TRICARE by applicable deadline. Pending dispute resolution outcome, TRICARE may make adjustments to invoiced amounts. For informational purposes only, Refund Amount is re-calculated in column AC using pricing & utilization data provided by Company.
AD	Total Quantity Disputed = Total Quantity Dispensed (in column O) - Total Quantity (in column AA) = Total quantity over-invoiced by TRICARE, as Company believes.
AE	Refund Amount Withheld = Amount withheld by Company from Refund Amount Invoiced (in column Q). NOTE: Company may submit disputes and yet elect to pay full invoiced amount. Pending dispute resolution outcome, TRICARE may make adjustments to invoiced amounts and apply resultant overpayments to outstanding balances.
AF	Refund Amount Paid = Amount actually paid = Refund Amount Invoiced (in column Q) - Refund Amount Withheld (in column AE).

TRICARE Claim Level Dispute Submission Form (Sent to Manufacturers)



TRICARE Retail Refund Program - Claim-Level Dispute Submission Form (for submitting disputes against individual claims)

Company Name: Any Company
 Labeler Code: X99999
 Billing Period: 2016 Q1

Form sent to the
Manufacturer

A	B	C	D	E	F	G	H	I	J	K	L	M	N
REQUIRED Information			Optional Information										
Claim Number	Dispute Reason Code	Dispute Comment	Correct Quantity	CP File Name	CP Line No	Product ID	Product Name	Dispense Date	Pharmacy ID	RX No	Fill No	Days Supply	Quantity Dispensed

Column(s)	Description & Notes
A	Claim Number on CP record. Up to 18 digits. NOTE: Must treat Claim Number as text or risk losing precision!
B	Dispute Reason Code - For duplicate claims and/or other ineligible claims: - "A" for duplicate claims - "K" for 340B claims ... - For claims having incorrect quantities: - "O" for quantity issues ... Company must submit separate disputes if, for example, it believes a claim is 340B and has incorrect quantity.
C	Dispute Comment: Explanatory narrative by Company. NOTE: Do NOT insert line feed characters (by pressing Alt+Enter keys)!
D	Correct Quantity: What quantity Company believes should be used instead. Optional information provided by Company to potentially help DHA resolve the dispute.
E-N	Optional information provided by Company to potentially help both Company and DHA manage disputes. CP File Name: Name of CP file containing this particular CP record. Disputes against claims from multiple CP files can be submitted on the same form if the CP file names are provided by Company. Other items: Can be found on CP record.

TRICARE Claim Level Dispute Submission Form (Received from Manufacturers)



TRICARE Retail Refund Program - Claim-Level Dispute Submission Form (for submitting disputes against individual claims)

Company Name: Any Company
 Labeler Code: X99999
 Billing Period: 2016 Q1

Form returned by the
Manufacturer

REQUIRED Information			Optional Information										
Claim Number	Dispute Reason Code	Dispute Comment	Correct Quantity	CP File Name	CP Line No	Product ID	Product Name	Dispense Date	Pharmacy ID	RX No	Fill No	Days Supply	Quantity Dispensed
11111111111111111111	A	This claim is a duplicate of claim # 22222222222222222222.		X99999-16Q1-F01-006-C16Q1.cp	00000000123	99999123401	Product_A	20160120	1234567	123456789012	01	30	10
22222222222222222222	A	This claim is a duplicate of claim # 11111111111111111111.		X99999-16Q1-F01-006-C16Q1.cp	00000000135	99999123401	Product_A	20160120	1234567	123456789012	01	30	10
33333333333333333333	K	340B.		X99999-16Q1-F01-009-C16Q1.cp	00000000438	99999876501	Product_D	20160324	9999999	987654321012	00	28	9
44444444444444444444	O	Incorrect quantity. Correct dispensing unit is 0.5 ML per syringe.	0.5	X99999-16Q1-F01-010-C16Q1.cp	00000000092	99999432101	Product_C	20160218	7654321	210123456789	00	7	1
...

Column(s)	Description & Notes
A	Claim Number on CP record. Up to 18 digits. NOTE: Must treat Claim Number as text or risk losing precision!
B	Dispute Reason Code - For duplicate claims and/or other ineligible claims: - "A" for duplicate claims - "K" for 340B claims ... - For claims having incorrect quantities: - "O" for quantity issues ... Company must submit separate disputes if, for example, it believes a claim is 340B and has incorrect quantity.
C	Dispute Comment: Explanatory narrative by Company. NOTE: Do NOT insert line feed characters (by pressing Alt+Enter keys)!
D	Correct Quantity: What quantity Company believes should be used instead. Optional information provided by Company to potentially help DHA resolve the dispute.
E-N	Optional information provided by Company to potentially help both Company and DHA manage disputes. CP File Name: Name of CP file containing this particular CP record. Disputes against claims from multiple CP files can be submitted on the same form if the CP file names are provided by Company. Other items: Can be found on CP record.

Successfully Navigating the Dispute Process

Pay Level Discrepancies vs. Claim Level Disputes



- Pay level discrepancies are based on **pricing calculation**
 - Generally submitted with G Dispute Codes
 - Submitted on the Reconciliation and Payment Detail Form

- Claim Level Disputes are based on utilization of pharmaceutical agents dispensed by TRICARE Retail Network pharmacies to TRICARE beneficiaries
 - All other Dispute Codes
 - Dispute reasons should include specific information regarding discrepancy in the claim data

Price Calculation



- Variance in pricing between calculations is a common discrepancy
- Manufacturers select their billing method on their DoD Retail Refund Pricing Agreement
 - Unit
 - Package
- Manufacturers may request to update their billing method by contacting UFVARR_Requests@mail.mil

Unit Refund Calculation



- Divide refund per FCP package size by the FCP package size, and then multiply by units dispensed

Example:

137 tablets were dispensed in 1Q14 for a product.

The package size was 30.

Standard Minimum Refund: \$100.00

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

FCP Package Size Refund Calculation



- Divide quantity by FCP package size, round **down** to the next full package number, then multiply the result by the standard minimum refund

Example:

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

Dispute Submission



- Disputes should be submitted via the new Claim-Level Dispute Submission Form to UFVARR_Requests@mail.mil and your CRM FM by the Manufacturer point of contact (POC)
- Pricing discrepancies should be submitted via the new Reconciliation and Payment Detail Form to UFVARR_Requests@mail.mil and your CRM FM by the Manufacturer POC

Changes to Claim Number



- Each claim is assigned an Authorization Number, which is known as Claim Number on the quarterly utilization data files
- Starting 2015-05-01, the claim number consists of up to 18 bytes of numbers (i.e., 0-9)
 - Authorization Number used to take the form of a 14-byte alphanumeric value with a leading "U."
- Authorization Number/Claim Number needs to be handled with caution as a text or character field (and not as a numeric field)

Understanding Common Dispute Codes

Duplicate Claim (Code A)



- Claim numbers that have been duplicated and/or provide documentation that a refund for the same claim has previously been paid to TRICARE
- Other Health Insurance (OHI) disputes must be submitted with Dispute Code R

NDC Transferred to Another Labeler Code or Company (Code C)



- Claims that should be billed to another labeler code or company
- TRICARE Retail Refund Appendix A Change Request form ([Available Here](#)) is required from both Manufacturers to determine fiscal liability date

Invalid Pharmacy Identification Number/NCPDP Provider ID (Code E)



- Pharmacy's NCPDP or NPI is invalid, unknown, or terminated
- Changes can occur when a pharmacy undergoes a change in ownership
 - In this case the NCPDP or NPI number is not invalid
- This Code is commonly incorrectly used in the identification of 340b pharmacies
 - Use Dispute Code K for 340b utilization

PHS/340b Entity not Extracted from Utilization Data (Code K)



- Claims filled using a PHS or 340b discounted product
- Claims submitted by the pharmacy with a Submission Clarification Code of “20” are not eligible for a refund
- Please provide a completed copy of the 340b Verification Form from the TRICARE Retail Refund Program Manufacturer Process and Procedures Guide (P&P Guide) as supporting documentation with dispute

Other (Code P)



- Claim is not eligible for a refund due to reasons not identified in the Dispute Codes available
- Provide any and all supporting documentation that will aid in the resolution of these disputes
- Please provide sufficient dispute comments when submitting these disputes
- Manufacturers may be contacted by the TRRT to verify information regarding these disputes

COB/OHI (Code R)



- Claim is submitted with a Coordination of Benefits where TRICARE is not the primary payer
- Supporting documentation that another insurance paid is required
- TRICARE is the primary payer on claims that were not submitted to a secondary insurance at the point of service

Utilization Code Disputes



- Utilization code disputes generally fall within L, N, and O Dispute Codes
- Refunds are based solely on utilization of pharmaceutical agents dispensed in the TRICARE Retail Network
- Manufacturers need to dispute the claims in question and provide documentation and/or justification by email to UFVARR_Requests@mail.mil

Understanding Common Discrepancy Codes

Decimal Discrepancy or Rounding Problem (Code G)



- Units submitted for payment are incorrect due to rounding or incorrect placement of decimal.
- It is best **not** to submit G Codes on a claim level as the claims themselves are not being contested, but rather the variables involved in calculating the amount due for those claims

G Code Dispute Process (*cont.*)



- Include G Code discrepancies with the Reconciliation and Payment Detail Form and submit to your CRM FM and to UFVARR_Requests@mail.mil so that they can be directly handled by the reconciliation team
- Verified errors will be corrected in the reconciliation process and a manual adjustment will be made to adjust the debt up or down
- Adjustments to the debt will not be made without supporting documentation from the VA

Package Size Discrepancy (Code H)



- H Code Discrepancies (Package Size Discrepancy) should always be identified on a claim level
- If DHA's package size is confirmed to be incorrect, the discrepancy will be accepted and a manual correction in the calculation will be performed. An adjustment will be made to adjust the debt up or down

Product Not Eligible for a Refund (Code J)



- Claim for a product that is not eligible for a refund.
- Dispute the claims by providing supporting documentation via email to UFVARR_Requests@mail.mil and your CRM FM as to why the product is not eligible for a refund
- Please note that any NDC on the VA Covered Drug List for the billing quarter in question is eligible for a refund

What to Expect After Dispute Resolution

Communication of Dispute Resolution



- Your CRM FM will email Dispute Approval Summary reports to the Finance POC identified on the TRICARE Retail Pharmacy Refunds Questionnaire
- Adjustments to principal for accepted disputes will be made by your CRM FM concurrently with Manufacturer receiving the dispute resolution status email
- Your CRM FM will also be able to provide a statement of account with accrued interest, administrative fees, and penalties upon request

WAIVER/COMPROMISE REQUEST



- 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)
- Manufacturers may request a compromise of refund debt, and/or waiver of associated interest, penalties, and administrative charges
- Requests must include justification(s) of why the relief is appropriate under 199.11 and other applicable authorities

WAIVER/COMPROMISE REQUEST Resolution



- If the waiver or compromise request is denied, interest, penalties, and fees will accrue as stated in the demand letter
- If waiver of interest, penalties, and/or admin charges (fees) is approved, DHA will accept the principal due plus any accrued fees not waived as payment in full
- If a compromise proposal is accepted, interest, penalties, and administrative charges will be addressed in the resulting compromise agreement

Requests for Resubmission



- After Manufacturers have been notified that their disputes has been rejected DHA will allow these disputes to be resubmitted with **updated** supporting documentation within 30 days of notification of the dispute outcome
- Resubmission Form available 1QCY16
 - Available on our [Operational Documents](#) page

Applying Credits



- Based on prior payments received, if an overpayment exists, DHA at this time will not issue a refund of any overage balances
- DHA will apply overpayments to other existing debt on a first in, first out basis
- When existing debt is paid in full, CRM FMs will contact the Manufacturer to coordinate application of remaining overpayments to future debt

Other Program Updates

Coming Updates



- The following will be updated and posted to the [TRICARE Manufacturer Homepage](#) in the near future:
 - Updated P&P Guide
 - Will review feedback from Manufacturers after webinar
- Updates to TRRWS
 - TRRWS will continue to be used for Manufacturer quarterly utilization data file pickup and payment detail verification

TRRP Communication



■ DHA Is Committed To Improving Communication

A dedicated TRICARE Retail Refund Team Member and a Contract Resource Management Financial Manager Contact has been assigned to your labeler

Don't know who your contacts are? Please contact UFVARR_Requests@mail.mil

■ For more information about the program and to access important documents please visit the [TRICARE Manufacturer's Homepage](#)

TRICARE RETAIL REFUND PROGRAM INFORMATION



- Program information: <http://www.tricare.mil/tma/pharmacy/pharmmgf/>
- Email Inquiries: UFVARR_Requests@mail.mil (note the underscore)
- Call 703-681-8494 for the following:
 - Refunds
 - Disputed Claims
 - Explanation of Data
 - File Format, Delivery, Download and Decrypting
 - Communication
 - TRRWS, Password/PIN, and System Availability
- Call 303-676-3637 for the following:
 - Invoices /Demand Letters
 - Payments
 - Billing (\$) related questions

CLOSING REMARKS



- Continue to Build the Partnership
- TRRP Information and Resources available [here](#)
- Please Provide Feedback
 - dha.ncr.health-opns.mbx.fcpwebinar@mail.mil
- Optional implementation of new procedures: 1st Quarter Calendar Year 2016 Refund Billing Cycle
- Updated P&P Guide

TRICARE RETAIL REFUND PROGRAM INFORMATION



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