

TRICARE RETAIL REFUND PROGRAM

Manufacturer Policy and Procedures Guide

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

VERSION 5.2 LAST
UPDATED:
December 2018

Updates

Major updates to the guide are listed below

July 2015	Policy and Procedures Guide
June 2017	Policy and Procedures Guide updated <ul style="list-style-type: none">• Updated dispute codes• Overview of the Dispute Resolution Process added• Made all appendix documents available on Manufacturer Homepage
December 2018	<ul style="list-style-type: none">• Updated Dispute Resolution Section• Added updated Questionnaire/Appendix A Forms• Updated listed Operational Documents section• Updated Quarterly Utilization Data Process and TRRWS language.

Please note that the most current version of the TRICARE Retail Refund Program (TRRP) Manufacturer Policy and Procedure Guide and documents described within supersedes all previously distributed documents.

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

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

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

PA – DoD Retail Refund Pricing Agreement

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 Analyst

RQU – TRICARE Retail Refund Reconciliation of Quarterly Utilization

SDP – Standard Discount Program

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

TRRP – TRICARE Retail Refund Program

TRRT – TRICARE Retail Refund Team

TPRs – Temporary Price Reductions

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

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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 (PA) 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 PA in place covering the specific pharmaceutical agent, DHA may consider the pharmaceutical agent for non-formulary 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 PA or for which the manufacturer refuses to comply with the statutory requirement. A signed and executed PA does not guarantee which tier a drug will be placed on in the UF.

Manufacturers may offer additional discounts through placement of an Additional Discount Program (UF-ADP) Agreement. 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 UF.

Manufacturers may offer to pay additional refunds for their drugs through submission of an Unsolicited ADP Agreement. The Unsolicited ADP is not contingent upon pharmaceutical agents being placed on the generic (1st tier) or formulary (2nd tier) of the DoD UF. Unsolicited ADP refund offers may be submitted only for pharmaceutical agents that have not been scheduled for review by the DoD Pharmacy & Therapeutics (P&T) Committee. DoD reserves the right to reject unsolicited refund offers.

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

Placement of an Unsolicited ADP will not lead to a change in a drug's formulary status or gain any preference. Additionally, submission of an unsolicited refund offer will not impact utilization management tools already in place (e.g., prior authorization criteria or quantity limit levels).

For additional information, please refer to the TRICARE Retail Refund Unsolicited Additional Discount Program (ADP) Agreement.

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 PA, 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 Financial Manager (FM) or to the address below:

DHA Office of General Counsel
Claims Collection Branch
16401 East Centretch 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.

The TRRP operates independently from other Federal Pricing Programs, such that, agreements with or participation under other programs has no bearing on a pharmaceutical agent's covered status or refund eligibility. Some examples of other Federal Pricing Programs not currently applicable to TRRx purchases, unless specific language to that effect is included in the Standard Discount Program (SDP) or (ADP), are:

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

2. CUSTOMER SERVICE SUPPORT

For the most current contact information and FAQs please visit our [Contact Us and FAQs page](#)

2.1 PROGRAM SUPPORT

General questions about the TRRP, 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 TRICARE RETAIL REFUND WEBSITE (TRRWS) 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: dha.ncr.j-3.mbx.trrws-it-support@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

3. PROCESS OVERVIEW

3.1 DATA FLOW

The prescription is presented at a network pharmacy:

1. The Pharmacy Benefit Manager (PBM) verifies beneficiary eligibility via interface to the Defense Eligibility Enrollment Reporting System (DEERS);
2. PBM conducts coverage determination and formulary edits;
3. The transaction is captured by PBM and PDTS;
4. PBM notifies the retail network pharmacy of dispensing authorization based on eligibility verification and edits;
5. 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 version) reports, based on paid TRICARE Encounter Data (TED) claims:

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

4. OPERATIONAL DETAILS

4.1 CLAIMS COVERAGE

The refund process applies only to prescriptions that have been identified as being 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

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 Manufacturers forty (40) days after the utilization data is released.

Data files will be available via the TRICARE Retail Refund Website (TRRWS) and emailed directly to you by your assigned FM.

An updated Manufacturer Questionnaire format, used to track POC contact information, will replace the format previously submitted for questionnaires. Only labeler contacts on the current questionnaire for a labeler should be allowed to retrieve or discuss refund data for that labeler.

4.3 FORMAT

With the new utilization data process, individual .CN and .CP files will still be available for download. In addition to this, manufacturers now have the option to download all files (.CN and .CP) in various formats located in a single encrypted zip file. Instructions for downloading and decrypting all data are provided in the TRICARE Retail Refund Program Download and Decryption Guide located on the Defense Health Agency [Pharmaceutical Manufacturers Homepage](#) under Operational Documents. The instructions can also be found on [TRRWS](#) under the 'Download Files' option of the Utilization Menu. The various formats available are listed below (In example for 18Q2):

- X99999-18Q2-F01_DoD_by_DHA.zip.wzd

- X99999-18Q2-F01_NCPDP_by_DHA.zip.wzd
- X99999-18Q2-F01_XUD_by_DHA.zip

The two (2) utilization data file types (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 Utilization Files based on Federal Ceiling Price (FCP-ADP)

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

- **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.

CN files retrieved from the TRICARE Retail Refund Website (TRRWS) include the following (by column number):

1. Record Type
2. Line Number
3. Data Level
4. Product Code Qualifier
5. Product Code
6. Product Description
7. Total Metric Decimal Quantity
8. Unit of Measure
9. Total Number of Prescriptions
10. Reimbursement
11. Record Purpose Indicator
12. Rebate Per Unit Amount
13. Requested Rebate Amount

- **Claim Level 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 or identification (ID) numbers are provided in the detail files. The data provided is consistent with HIPAA-recognized use for treatment, payment, and operations.

CP files retrieved from the TRICARE Retail Refund Website (TRRWS) 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 Number²
22. Original Claim Number
23. Other Coverage Code (OCC)

² As of 2015-05-01 the claim number consists of 18 bytes of numbers (i.e., 1-9) and must be handled as a text or character field when processed, not as a numeric field

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. Reversals may also occur when a claim needs to be adjusted due to an audit or change in the claim initiated by the pharmacy. 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. PDS provides an extensive audit trail for an entire transaction (i.e., eligibility, cost, and point of service). The pharmacies are responsible 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.

4.6 OPERATIONAL DOCUMENTS

The forms provided in the appendixes in this Guide are intended as examples. The listed Operational Documents are available for download on the DHA [Information for Pharmaceutical Manufacturers Homepage](#).

- DoD Retail Refund Pricing Agreement –
 - A DoD Retail Refund Pricing Agreement (PA) 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).
- Manufacturer Policy and Procedure Guide –
 - The current copy of the TRICARE Retail Refund Manufacturer Policy and Procedure Guide. All previous

copies prior to v5.2 are now obsolete.

- National Defense Authorization Act for Fiscal Year 2008, Section 703 –
 - Inclusion of TRICARE Retail Pharmacy Program in federal procurement of pharmaceuticals.
- Manufacturer Questionnaire –
 - Questionnaires completed by the Manufacturer will include the Manufacturer’s primary and secondary points of contact (i.e., third party) and any changes or updates that have occurred to the contact information. Third-party consultants cannot be the Primary POC.
 - Questionnaires are used to maintain up-to-date Manufacturer contact information, determine POC access on TRRWS, send out Manufacturer notices, and for sending out quarterly billing invoices. The DHA advises all manufacturers to maintain up to date contact information.
- TRICARE Dispute Resubmission form –
 - Disputes that have been rejected can be resubmitted by completing this form and providing it along with additional supporting evidence within 30 days of communication of the final decision.
- TRICARE Appendix A Change Request form –
 - Any product that has been transferred requires the submission of a new form. Products that have been transferred between manufacturers must have a signature from each Manufacturer prior to updating billing.
- Encryption Wizard Info –
 - TRRWS–specific instructions for the download and decryption of utilization files.
- Unsolicited Additional Discount Program Agreement –
 - Document for Manufacturers to submit an Unsolicited ADP refund offer.
 - Submission of an Unsolicited ADP refund offer will not result in formulary status change or preference for the product. Additionally, submission of an Unsolicited refund offer will not impact utilization management tools already in place. (e.g., prior authorization criteria or quantity limit levels).
- 340b Verification Form –
 - Supporting documentation required by the manufacturer when disputing with a K code. Manufacturers must have the dispensing pharmacy complete the form.

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 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 minimum 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 2014 reported annual non-FAMP and the 2015 FCP will be used in refund calculations based on TRRx transactions that are billed during the calendar quarters of 2015. If a reversal for 1Q15 is reported in 3Q15 utilization, DHA will use the non-FAMP and FCP prices from 1Q15 for the reversed utilization only.

5.3 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 available). 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 PA, FSS, or any other federal contract. DHA will use the date that utilization first appears as reported in PDTS.

Provided that a Manufacturer has signed a PA V5.1 or later, all covered drugs belonging to the manufacturer will be covered by the Agreement. For a manufacturer with a PA version in place prior to these, they must add drugs via completion of the Appendix A Change Request form or sign the PA Amendment.

Please note, to transfer a drug between Manufacturers, both parties (the previous manufacturer and new manufacturer) are required to complete an Appendix A Change Request form (See Appendix III) in its entirety and submit it to UFVARR_Requests@mail.mil. The form must contain the signatures of both parties. Once the TRICARE Retail Refund Team (TRRT) receives, reviews, and approves the form, billing can be updated. Please note that if the form is submitted with transfer dates in a previous quarter, the transfer will be reflected in the upcoming billing quarter.

5.4 REFUND CALCULATIONS FOR STANDARD DISCOUNT PROGRAM

Calculation of the refund for each applicable NDC is the difference between the average non-FAMP 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.

Manufacturers may elect one of the following methods of calculation in their PA to be applied to all covered drugs invoiced under the SDP:

- SDP per-unit calculation: 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 calculation: 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 PA. 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 FCP package size and then multiply by units dispensed.

137 tablets were dispensed in 1Q16 for a product.

The package size was 30.

SDP 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 1Q16.

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 provide it to UFVARR_Requests@mail.mil. Please see Section 7 for more information.

5.5 ADDITIONAL DISCOUNT PROGRAM

Each quarter, the P&T Committee reviews certain drug classes for formulary placement. If their drug is to be reviewed in an upcoming meeting, Manufacturers may offer additional discounts to improve the chance that their pharmaceutical agents will be included on the generics Tier 1 or the formulary Tier 2 of the DoD UF through placement of an UF-ADP Agreement. The UF-ADP is contingent on the successful placement of the agent on Tier 1 or Tier 2. Unless terminated prior per manufacturer or DoD, all UF-ADP Agreements executed will remain in effect until the effective date established when the drug class is next reviewed by the P&T Committee.

The refund quotes will be based on FCP, as outlined the ADP Agreement Appendix, unless otherwise stated. WAC is used for products that do not have a FCP, such as diabetic supplies (i.e., test strips), and may also be applied to covered drugs.

For additional information regarding UF-ADP Agreements and P&T Committee Meetings, visit:

<https://health.mil/PandT>

5.5.1 FCP-ADP 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.

If the percentage offered by the Manufacturer 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.

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 $((\text{non-FAMP} - \text{FCP}) + (\text{non-FAMP} \times \text{Additional \% of non-FAMP}))^*$.

5.5.2 WAC-ADP 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).

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.

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:	$1,575 \text{ tablets} \times \$.3475 = \$547.31$

5.6 PROPRIETARY INFORMATION & SECURITY

The Covered Drug List received from the VA and maintained by TRRP can only be accessed by the Manufacturer responsible for the labeler and the authorized TRRP members authorized by a data use agreement. This includes any discussion regarding non-FAMP and FCP values.

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, 2017. DHA mails demand letters dated February 10, 2017. The refunds are due March 12, 2017. 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, 2017. 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, 2017. DHA mails demand letters dated February 10, 2017. The refunds are due March 12, 2017. 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, 2017. 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 refund 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.

7.2 SUBMITTING PAYMENT DETAIL/ RQUs AND DISPUTES

A. Overview of the Dispute Resolution Process:

1. DHA releases the Utilization Detail (UD) data files on the File Delivery Date. If applicable, DHA will notify Company by email of additional processing instructions for the UD data files.
2. DHA emails Company POCs an Excel workbook, containing the Recon form(s) (one for Standard Discount Program or SDP, and/or one for Additional Discount Program or ADP) and a Dispute form template, by no later than five business days after the file delivery date. DHA will provide the password for the Excel workbook in a separate email. The Recon form(s) show the pricing data and the summary utilization data, as well as the computational formulas, used by DHA for the refund calculations.
3. DHA emails Company POCs two Excel workbooks by five business day after the file delivery date. The first workbook uses a sample set of the DHA Expanded Utilization Detail (XUD) data to illustrate how all invoice data on a Recon form can be traced back to the XUD data, and the second workbook contains the actual XUD data.
4. DHA mails the initial demand letter(s) (one for ADP and/or one for SDP) to Company (Invoice Date = File Delivery Date + 40). If applicable, DHA may email updated Recon form(s) to Company POCs. Total amount due on a demand letter should match Total Refund Amount Invoiced on the corresponding Recon Form.
5. Company processes the utilization data files and reviews the pricing data and summary utilization data shown on the Recon form(s). **If Company believes there are errors in the DHA data, it must report pricing data errors ("pricing disputes") on the Recon form(s) and it must report utilization data errors ("utilization disputes" against individual claims) using the Dispute form. Company must provide supporting documentation for all disputes. DHA cannot process or accept disputes not properly submitted by Company.**
6. Company must report on the Recon form(s) the amounts it is paying ("Refund Amount Paid") and the amounts it is not paying ("Refund Amount Withheld") for each and every line item. Total Refund Amount Paid must match the sum of actual payment amount and, if applicable, the amount of credit carried over from another billing period.

7. Company, at its sole discretion, may elect to have zero amounts withheld and pay the full Total Refund Amount Invoiced, so as to avoid any possible interest, penalty, and administrative charges.
8. Company must return the Recon form(s), the Dispute form, supporting documentation for all disputes, and payment to DHA (Payment Due Date = Dispute Cut-off Date = Invoice Date + 30). **DHA cannot process or accept disputes that are submitted by Company past the deadline or that are submitted without sufficient supporting documentation.**
9. If applicable, DHA emails Company POCs a Dispute Receipt Report (in Excel) in five to ten business days after receiving a correctly submitted Dispute form.
10. As required by law, DHA mails the second demand letter(s) to Company (Payment Due Date + 30) if Company has not paid the refund amounts in full as of that date.
11. It is DHA's intent to resolve all disputes correctly submitted by Company and received by DHA (Dispute Cut-off Date + 60). Accepted utilization disputes result in changes to the quantities used in the refund calculations, and accepted pricing disputes result in changes to the pricing data. The refund amounts will be re-calculated to account for the accepted disputes, if any. Payments made by Company in excess of the re-calculated amounts will be a credit that can be applied to another billing period.
12. If applicable, DHA emails Company POCs a Dispute Status Report (in Excel) (Dispute Cut-off Date + 60 + 10 business days). That report contains information about how claim-level disputes submitted by Company have been resolved by DHA (Dispute Cut-off Date + 60 + 5 business days) and what refund amount adjustments, if any, are being applied.
13. Company pays, submits Request for Resubmission with additional information for reconsideration of rejected disputes, and/or requests waiver/compromise by the appropriate deadline outlined in the TRICARE Retail Refund Program, Manufacturer Policy and Procedures Guide.

B. Information about the Recon Form:

1. Worksheets "Recon Form SDP" and/or "Recon Form ADP" are populated with the actual utilization data.
2. Please refer to worksheet "Recon Form ReadMe" for information and instructions. (DHA is working on a more detailed guide to the Recon form and will post it on the Pharmaceutical Manufacturers website.)
3. The pricing data and the summary utilization data (Total Quantity Dispensed) used by DHA in the refund calculations are in columns E thru L and in column O, respectively. (Total # Claims, in column N, is not used in the calculations and is shown for informational purposes only.) The computational formulas actually used by DHA in the refund calculations are in columns M, P, and Q.
4. If Company believes there are errors in the DHA pricing data ("pricing disputes"), it must report the errors in the Recon form(s). For most errors, Company can simply enter what it believes are the correct values in columns R thru Y (e.g., if a product is not eligible for refund, Company should change Package Refund, if Formulary 006 or 010, or WAC Discount, if Formulary 009, to zero). For the more complicated errors (e.g., if an NDC billed under Formulary 010 for an entire quarter should have been billed under Formulary 010 for the first 25 days of that quarter and under Formulary 006 for the remainder of that

quarter), Company will need to provide detailed explanation in the comment area. Company must provide sufficient supporting documentation for all disputes.

5. If Company believes there are errors in the DHA utilization data (“utilization disputes”) resulting in an incorrect Total Quantity Dispensed in column O, it must report the errors using the Dispute form and enter Total Quantity Disputed in column AD. Company must provide supporting documentation for all disputes.

C. Information about the Dispute Form:

1. Worksheet “Dispute Sub Form” is a template for Company to use to submit utilization disputes.
2. Please refer to worksheet “Dispute Sub Form ReadMe” for instructions. The Dispute form is to be used only for submitting utilization disputes against individual claims. That is, Company should use the Dispute form when and only when it believes that DHA has billed refunds on individual claims that should have been excluded (duplicates, TRICARE-as-secondary-payer, 340B dispensing, VA dispensing, IHS dispensing, etc.) and/or that have incorrect quantities and/or incorrect units of measure. Such errors cause an incorrect Total Quantity in column O on the Recon form.
3. Company will NOT need to submit a Dispute form unless Company believes that there are specific errors with certain individual claims. Example: Company believes that DHA used an incorrect Package Size for an invoice line item with 547 claims. Scenario 1: Company finds no issues with those 547 claims. Required Action 1: Company must enter the correct Package Size in column V on the Recon form; and Company should NOT report any of the 547 claims on the Dispute form. Scenario 2: Company believes that, among those 547 claims, 2 were 340B dispensing and 5 had incorrect quantities. Required Action 2: Company must enter the correct Package Size in column V on the Recon form; Company must enter Total Quantity Disputed in column AD on the Recon form; and Company must submit those 7 utilization disputes on the Dispute form.
4. If Company believes there are multiple errors with the same claim, it should submit separate utilization disputes. For example, if Company believes a certain claim was a 340B dispensing and it had an incorrect quantity, then it should submit two separate disputes against that claim.

7.3 DISPUTE CODES

If Company believes there are errors in the DHA data, it must report pricing data errors (“pricing disputes”) on the Recon form(s) and it must report utilization data errors (“utilization disputes” against individual claims) using the Dispute form. Company must provide supporting documentation for all disputes. DHA cannot process or accept disputes not properly submitted by Company.

Pricing Disputes		Utilization Disputes	
CODE	NAME	CODE	NAME
C	NDC Transferred to Another Labeler Code OR Company	A	Duplicate Claim
D	Discontinued/Terminated NDC (Shelf life expired more than one (1) year from dispense date.)	E	Invalid Pharmacy Identification Number/NCPDP PROVIDER ID
G	Decimal Discrepancy or Rounding Problem	J	Product Not Eligible for a Refund
H	Package Size Discrepancy	K	PHS/340b Entity not Extracted from Utilization Data
		N	Utilization/Quantity Inconsistent with Lowest Dispensable Package Size
		O	Utilization/Quantity Exceeds Normal/Usual and Customary
		P	Other
		R	COB/OHI

**DHA requires that Manufacturers provide all supporting documentation at the time of dispute.*

7.3.1 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.

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.

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.

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.

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.

R Code: The Manufacturer contends that the claim is a coordination of benefits or the TRICARE member has OHI.

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.

7.4 DISPUTE RESOLUTION

The dispute resolution process starts 70 days after the quarterly invoice period; also referred to as the refund payment due date. This date is set to allow enough time for the Manufacturers to send their quarterly payment and DHA to allocate all payments received.

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

1. DHA will run a report to identify active disputes submitted by the Manufacturer.
2. The RA will research the invalid, terminated, or refund ineligible disputes.

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, and FDA**. Manufacturers are encouraged to maintain updated information with these organizations to avoid potential disputes of the utilization data.

7.4.1 Refund Payment Schedule Examples

Example 1:

Utilization data is released on January 1, 2017. DHA mails demand letters dated February 10, 2017. The refunds are due March 12, 2017. 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, 2017. Disputes are resolved on July 10, 2017. 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 is released on January 1, 2017. DHA mails demand letters dated February 10, 2017. The refunds are due March 12, 2017. 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, 2017. Disputes are resolved on July 10, 2017. 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, 2017. 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.

7.5 RESOLVED DISPUTES:

DHA makes every effort to resolve all disputes within sixty (60) days. 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. 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.

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 Dispute Resubmission form, located under Operational Documents on the [Information for Pharmaceutical Manufacturers Page](#) no more than thirty (30) after communication of the final decision.

8. APPENDIX I _ MANUFACTURER QUESTIONNAIRE

TRICARE RETAIL PHARMACY REFUNDS QUESTIONNAIRE

Instructions

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

- Complete a separate Questionnaire for each labeler code.
- All fields are required.
- The Primary Contact cannot be a third-party consultant.

IMPORTANT: Updated Questionnaires will replace previously-submitted Questionnaires. Only Labeler Contacts on the current Questionnaire for a labeler will be allowed to retrieve or discuss refund data for that labeler.

Labeler Identification

Labeler Code (as assigned by FDA):

Labeler Name / Parent Company/ Associations:

Tax Identification Number (TIN):

Official Mailing Address:

Labeler Contact Information

Contacts are responsible for sending and receiving data and processing invoice utilization data. These are the only individuals with whom DHA can discuss refunds for this labeler.

Contact	Name	Consultant	Telephone Number	Email Address
Primary		No		
Alternate 1		Yes <input type="checkbox"/>		
Alternate 2		Yes <input type="checkbox"/>		

TRICARE RETAIL PHARMACY REFUNDS QUESTIONNAIRE

Retrieval Method

A TRICARE Retail Refund Website (TRRWS) account is needed for retrieval of condensed and expanded utilization detail (XUD) data. If you do not have a TRRWS account, you can create one at <https://trrws.tricare.mil/Public/Login.aspx>. If you need any further assistance, please contact dha.trrws-itsupport@mail.mil

Additional Information

Additional information is available at: <https://health.mil/trrp>

APPENDIX II _ TRICARE RETAIL REFUND PROGRAM APPENDIX A CHANGE REQUEST FORM

TRICARE RETAIL REFUND PROGRAM APPENDIX A CHANGE REQUEST

Complete **ALL** of the following information to transfer products on your current Appendix A. All NDC-11s of each drug listed will be added to the new manufacturer's DoD Retail Refunds Pricing Agreement, unless stated otherwise (please indicate in comment box.)

Current Manufacturer: (Previous if Transfer)		New Manufacturer:	
Labeler Code:		Labeler Code:	
Date of Transfer:		Date of Liability:	

Drug Name	Generic Name	Transfer
		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."

Current Manufacturer Signature:

New Manufacturer Signature:

Completed form must include signatures from both parties.

Email completed form to: UFVARR_Requests@mail.mil

APPENDIX A CHANGE REQUEST FORM REVISED 11/06/2018

APPENDIX III _ 340b DISPUTE VERIFICATION FORM

Manufacturer TRICARE Retail Refund Program 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:

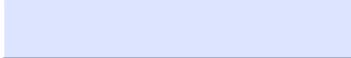
Covered Entity Name:	NPI:
Address:	Phone:
	Fax:

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.

APPENDIX IV _DISPUTE RESUBMISSION FORM

TRICARE DISPUTE RESUBMISSION FORM

If a Manufacturer disagrees with the Defense Health Agency's (DHA) decision regarding resolved disputes, the Manufacturer may request to resubmit their disputes. The request for resubmission must be submitted within **30 days** from the date the Manufacturer was notified of the dispute outcome. All requests must include new documentation pertaining to the disputes in question.

INSTRUCTIONS

Requests for resubmission must include this completed form and be submitted by email with all supporting documentation to UFVARR_Requests@mail.mil.

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.

Manufacturer Name:	Label:	Billing Quarter:
Description of Reason for Resubmission: Please provide thorough description of why the Manufacturer is requesting a resubmission.		

Provide Excel spreadsheet of disputes to be resubmitted with the following headings:

Claim Number	Dispute Code	Dispute Reason
--------------	--------------	----------------

Name (Manufacturer POC)

POC Email Address

POC Phone Number

Signature

Date