SERVE YOU RX PROVIDER MANUAL

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1 INTRODUCTION

More than 30 years ago, a group of Milwaukee-area independent pharmacists joined together to establish the pharmacy benefit manager (PBM) now known as Serve You Rx. The company has expanded significantly since that time and now serves plan sponsors and members across the nation as a full-service pharmacy solutions provider. For every path traveled through the pharmacy benefit experience, we offer products and services that facilitate access to clinically appropriate, cost-effective pharmaceutical care while improving outcomes for all involved.

The Serve You Rx commitment to service extends beyond our members and plan sponsors — it includes our pharmacy partners as well. The purpose of this Provider Manual ("Manual") is to provide you, our network partner ("Provider"), with a handy resource of policies, guidelines, tips, and other useful information to help you deliver accurate and patient-focused pharmaceutical care to the Serve You Rx membership. This Manual is referenced in the Serve You Rx Participating Provider Agreement ("Agreement"), applies to all lines of business, and is updated as necessary at the discretion of Serve You Rx. Please see the Serve You Rx website for the most current version of the Manual.

Serve You Rx appreciates your participation in the network and we hope you find this Provider Manual helpful.

2 INFORMATION AT A GLANCE

USEFUL NUMBERS AND ADDRESSES

Serve You Rx BIN
610548

Serve You Rx PCN
SERVU

Customer Service Telephone
800-759-3203

Fax
866-494-0364

Email – Credentialing and Contracting
providercontracting@serveyourx.com

Email – MAC Price and Other Inquiry
provider_relations@serveyourx.com

Mailing Address
Serve You Rx
10201 W. Innovation Drive, Suite 600
Milwaukee, WI 53226

CUSTOMER SERVICE HOURS OF OPERATION

Monday-Friday: 7:30 a.m. – 9 p.m. CST
Saturday: 8 a.m. – 6 p.m. CST
Sunday: 9 a.m. – 3 p.m. CST

WEBSITE

http://www.serveyourx.com/providers

The following documents are located on the Provider page of the Serve You Rx website.

- Preferred Drug List – Select
- Preferred Drug List – Standard
- Preferred Drug List Recent Changes – Select
- Preferred Drug List Recent Changes – Standard
- Serve You Rx Select Formulary
- Excluded Product List
- Specialty Drug List
- BIN 610548 D.0 Payer Sheet
- Serve You Rx Prior Authorization Information
- and Drug List
- Standard Prior Authorization Form
- Quantity Limit Override Request Form
- Opioid (Quantity Limits) Prior Authorization Form
- Specialty Drug Prior Authorization & Prescription Form
- Compound Prior Authorization Form

Don't see a form listed?

Please call **800-759-3203** for additional forms, including drug-specific Prior Authorization forms.

3 MEMBER ELIGIBILITY AND ID CARDS

Members should present, or be prompted to present, their Serve You Rx Member Identification (ID) Card at the time of service, as all claims for Covered Services must be submitted to Serve You Rx using information found on the ID card. Depending on the Plan Sponsor, the ID card may be a standalone prescription drug benefit card bearing the name Serve You Rx or a combined medical-pharmacy ID card.

If the member does not yet have an ID card, please follow the instructions on any relevant accompanying documents the member may provide or call **800-759-3203** to obtain ID card information and verify eligibility.

Successful claim submissions typically require the following information:

1. **Member ID Number:** The Member ID format may consist of all numeric digits or alphanumeric digits. The National Council for Prescription Drug Programs ("NCPDP") standard for this field allows up to 18 alphanumeric characters.

2. **Group Number:** This field may contain up to 15 alphanumeric characters and is required.

3. **Dependent Coverage Code:** Covered dependents may be identified by the following:

Relationship Code:	**Eligibility Clarification Code:**
"1" Cardholder - Eligible Primary Person or Subscriber	"3" Full-Time Student
"2" Spouse of the Cardholder	"4" Disabled Dependent
"3" Dependent Child	"5" Dependent Parent
"4" "Other"	

Important additional notes about member eligibility and ID cards:

The Plan Sponsor determines member eligibility. Serve You Rx updates eligibility on a regular basis. Eligibility may be subject to change over time. Possession of an ID card does not guarantee eligibility for benefits coverage or payment. Prior to furnishing a Covered Prescription Service, Provider must verify that the individual receiving the service is an eligible member. Such verification is typically performed by successfully submitting a claim to Serve You Rx with complete and accurate information.

Provider will not be reimbursed for Covered Services provided to persons whose eligibility to participate in a Serve You Rx program has not been verified or for a person other than the person for whom the prescription was written for by the Prescriber.

Provider should call **800-759-3203** for assistance if "Non-Matched Cardholder ID" rejection is encountered.

4 CLAIM SUBMISSION GUIDELINES

Claims for most Serve You Rx members are to be electronically submitted to Serve You Rx using this BIN/PCN combination:

SERVE YOU RX BIN NUMBER	SERVE YOU RX PROCESSOR CONTROL NUMBER
610548	**SERVU**

Getting a BIN/PCN rejection error? Call 800-759-3203.

DRUG SELECTION

Benefit design, preferred drug list, and extent of coverage vary by Plan Sponsor. The Serve You Rx Claims System sets forth the pricing, eligibility, coverage, and other plan design information. Generic medications should be dispensed whenever possible and as permitted by law. If a generic medication is not available, a preferred brand alternative as outlined on the Serve You Rx Preferred Drug List – Select should be dispensed instead, if appropriate. Download a PDF by visiting our Providers page online.

ACCURACY AND COMPLETENESS OF INFORMATION

Each claim submitted to Serve You Rx must contain complete and accurate information, must be transmitted using the actual date of filling, must be submitted only for the Member for whom the prescription is written for, and must include all required fields per the NCPDP electronic claims standard in effect on the date of service. Further, Provider must comply with NCPDP standards for compounded claims, coordination of benefits, and related pharmacy services, as applicable.

OVER-THE-COUNTER ("OTC") COVERAGE

Coverage of non-prescription or OTC products varies by Plan Sponsor. When a prescription (or order) for an OTC product is presented by a Serve You Rx member, Provider should submit to Serve You Rx to ascertain coverage and either fill the order as a covered benefit or direct the member accordingly.

DOWNTIME

The Serve You Rx Claims System is generally available for claims processing 24 hours per day, 365 days per year. Serve You Rx makes best efforts to minimize planned adjudication downtime and to remedy as quickly as possible issues causing unexpected downtime. In the rare event of downtime, Provider should strive to minimize disruption to the member while still providing service whenever possible.

DISPENSE/CLAIM SUBMISSION TIMING

Claims are to be submitted timely to Serve You Rx at the time of dispensing. However, unusual circumstances may require a claim to be submitted (or resubmitted) after being dispensed. Transmission of claims using the current date for a past service date is a violation of program policy and could result in an audit judgement. Provider must submit claims for reimbursement no later than 30 days from the date Covered Prescription Services are rendered to the member.

REVERSALS

Provider is required to complete claim reversals within the same payment cycle as the claim submission or up to 10 days after the claim was adjudicated for prescriptions that have not been picked up by the member. Failure to reverse appropriate claims may result in an audit recovery. If unable to reverse a claim online, please call **800-759-3203**.

PARTIAL FILLING

If the member receives a partial amount of a covered prescription, Provider must modify the claim via the Serve You Rx Claims System within 10 days to accurately represent the quantity of medication dispensed and billed.

MEMBER COST SHARE

Provider is to collect from the member the applicable copayment/coinsurance or other direct payment as communicated via the Serve You Rx Claims System. Provider will not charge or collect from the Member an amount for a Covered Prescription Service in excess of the applicable copayment/ coinsurance or other direct payment communicated by Serve You Rx. Provider acknowledges that the copayment/coinsurance or deductible is an integral part of the plan design, and Provider will not waive or discount the applicable copayment/coinsurance, deductible, or other direct payment.

REAL-TIME CLAIM REVIEW

Following an online claim submission by Provider, the Serve You Rx Claim System will return a response indicating the outcome of processing. As a part of this process, the Serve You Rx Claim System performs real-time eligibility verification, copay/coinsurance calculation, and Concurrent Drug Utilization Review (CDUR) to screen for potential problems or precautions with the intended therapy. If the claim passes this review, a “Paid” response will be returned. A “Reject” response will be returned when a claim fails one or more reviews (these reviews are also known as “edits”). Provider must review “Reject” responses and make every attempt to resolve the issue, including contacting Customer Service for assistance if necessary. In no event is Serve You Rx CDUR a substitute for the professional practice obligations of the dispensing pharmacist in their effort to confirm the appropriateness of drug therapy.

QUANTITY DISPENSED/QUANTITY LIMITS

Provider must submit claims for the quantity actually dispensed to the member. Provider must dispense the quantity prescribed or ordered by the prescriber, and/or as allowed by law, or benefit design. Claims may be subject to quantity limits. To initiate a medical necessity-related quantity limit override exception request, please download the appropriate Opioids Prior Authorization form by visiting our Providers page online.

For prescriptions that are packaged in a size that is not a whole number, decimals should be used without rounding up or down. For example, if an inhaler is available as 1.2 grams, the corresponding quantity entry would be “1.2” in the “Quantity Dispensed” field.

Drugs in “unbreakable” packages are to be dispensed only in the original container or package as directed. All other packages are considered “breakable” and must be dispensed in the quantity prescribed.

DAY SUPPLY

“Day Supply” is an essential field for the purposes of conducting Drug Utilization Review (DUR) to determine the proper refill interval, not to mention a requirement for Serve You Rx claim submissions. Day Supply is calculated using the metric quantity prescribed in the context of the directions for use set forth by the prescriber.

Prescriptions with vague instructions (e.g., “Use as Directed”) must be clarified and documented by contacting the prescriber.

NATIONAL DRUG CODE (NDC)

Provider must submit the complete NDC number of the package size dispensed. Provider is encouraged to use a product that results in the lowest ingredient cost, including the lowest dosage form and/or the lowest cost package/size container available. Claims for repackaged and/or relabeled NDCs are not covered and will be rejected during processing.

REFILLS

Provider must follow state and federal laws related to refills for non-controlled and controlled substances. Refills may only be submitted when requested by the member and authorized by the prescriber. Authorization from the member must be obtained and documented in order to enroll a prescription in an automated or automatic refill program.

USE OF A PRODUCT SELECTION CODE (PSC)

Claims for selected brand drugs may require input of a Product Selection Code (“PSC”). Prescriptions denoted by the prescriber with “Dispense as Written” (“DAW”) or “Brand Medically Necessary,” or, as requested by the member (where allowed by law) despite the availability of a lower-cost, substitutable generic equivalent, must be noted on the prescription and submitted accordingly with a ‘1’ or ‘2’ populated in the PSC field, respectively.

UTILIZATION MANAGEMENT PROGRAMS

The Serve You Rx Claims System returns to Provider the information necessary to administer Serve You Rx utilization and benefit management programs including, but not limited to, concurrent drug utilization review, Prior Authorization (PA), step therapy, quantity limits, and preferred drug list management.

Provider agrees to cooperate with and participate in the utilization management and quality assurance procedures established, approved, and administered by Serve You Rx, as modified from time to time.

Claims for prescriptions requiring PA undergo a review prior to claim payment and dispensing. If the PA criteria for coverage are met, the claim is approved and paid, allowing Provider to continue the dispensing process. If PA criteria for coverage are not met, the claim is denied and Provider, member, and prescriber receive an explanation outlining the denial.

If a rejection message of "*75- Prior Authorization Required*" is received, please call **800-759-3203** to initiate the PA process. Criteria for drug coverage and the duration of approval vary by drug and plan benefit design. Information about the formulary and prior authorization criteria can be found on the Providers page of our website.

NATIONAL PROVIDER IDENTIFIER (NPI)

Use of the National Provider Identifier (NPI) is required to identify both the Provider and the prescriber on claims submitted to Serve You Rx. The NPI replaces legacy identifiers (i.e., NABP number, DEA) on electronically transmitted claims.

The Provider must submit its NPI in the "Service Provider ID" field with the qualifier "01" in the appropriate field. Prescriber NPI is also required for each claim submitted. Prescriber NPI must be submitted along with the qualifier "01" in the appropriate field.

If a valid prescriber NPI is not used, the reject code "invalid prescriber ID" will be returned. Claims where a pharmacy NPI is substituted for a prescriber NPI will not be accepted.

COMPOUNDED PRESCRIPTIONS

A compounded prescription consists of two or more ingredients, one of which must be a Federal Legend Drug that is weighed, measured, prepared, or mixed according to the prescription order. Provider is responsible for compounding approved ingredients of acceptable strength, quality, and purity with appropriate packaging and labeling, in accordance with good compounding practices. Compounds must be submitted online using the NCPDP D.0 multi-ingredient compound segment.

Compounded prescriptions are covered only if the active ingredients are covered on the plan. In general, ingredients used in a compounded prescription follow the preferred drug list and coverage criteria as if each drug component was dispensed individually. Coverage of compounded prescriptions varies by plan, and compounded prescriptions may be subject to PA. To access the compound claim PA form, please visit the Providers page of our website.

Note: A compounded prescription ingredient that is not approved by the FDA is considered a non-covered product and is not eligible for coverage (or reimbursement).

EARLY REFILL ALLOWANCE FOR VACATION, LOST MEDICATION, OR NATURAL DISASTER

Early refill allowances for travel and/or replacement of lost, stolen, or forgotten medication varies by plan benefit design.

Subject to the direction of the Plan Sponsor and/or other authority, Serve You Rx allows early refills in case of natural disaster.

Please call **800-759-3203** to confirm member benefit information and request an override.

VACCINES

Plan Sponsors may cover vaccine administration at the pharmacy. A Provider enrolled in the Serve You Rx Vaccine Administration Network attests that registered pharmacists, or other qualified healthcare professionals, are certified and trained to administer the covered vaccines.

When Provider dispenses and administers a vaccine, Provider must transmit both the drug product and administration on the same claim submission, submitting the total cost of the vaccine drug product and the administration fee as the pharmacy's Usual & Customary (U&C) price. The Provider must not inflate the pharmacy's U&C to be above what the Provider charges for the same service to a customer paying cash.

COORDINATION OF BENEFITS (COB)

Benefit Plans are subject to COB rules:

1. **COB –** Coordination of benefits is administered according to the Member's Benefit and processed electronically according to the current NCPDP standard for COB processing. Specific fields must be populated in the COB segment of the Claim as specified in the payer sheet.
2. Please be sure to refer to the online transaction response, when applicable, to facilitate COB processing.

5 COVID-19 CLAIM SUBMISSION GUIDELINES

PHARMACIES MUST SUBMIT:

- Ingredient Cost Submitted (4Ø9-D9) should be submitted with $0.01, as the system will not allow field to be blank
- Gross Amount Due (430-DU) value should be submitted to include the Incentive Amount Submitted for the vaccine administration fee and zero cost of the vaccine
- Usual And Customary Charge (426-DQ) value should be submitted to include the Incentive Amount Submitted for the vaccine administration fee and zero cost of the vaccine
- Basis of Cost Determination (423-DN) value “15” (free product or no associated cost)
- Single dose COVID-19 vaccines
    - DUR/PPS Professional Service Code (440-E5) value of MA
    - Submission Clarification Code (420-DK) value of 2
- Double dose COVID-19 vaccines
    - DUR/PPS Professional Service Code (440-E5) value of MA
    - Submission Clarification Code (420-DK) value of 2 for the initial dose
    - Submission Clarification Code (420-DK) value of 6 for the second dose
- Additional Dose COVID-19 vaccines given to fully vaccinated targeted population
    - DUR/PPS Professional Service Code (440-E5) value of MA
    - Submission Clarification Code (420-DK) value of 7
- Booster Dose COVID-19 vaccines given to population with waning immunity
    - DUR/PPS Professional Service Code (440-E5) value of MA
    - Submission Clarification Code (420-DK) value of 10
- COVID-19 Oral Antiviral
    - DUR/PPS Professional Service Code value of AS
      (When the pharmacy performs an assessment of the patient, prescribes and dispenses the product.)
    - DUR/PPS Professional Service Code value of PE
      (When the pharmacy dispenses the product while fulfilling the unique dispensing requirements of the product upon receiving the prescription.)

IMPORTANT NOTE FOR PHARMACIES:

If the DUR/PPS Professional Service Code and Submission Clarification codes are not utilized when submitting the claim, the claim response will not have the appropriate Administration Service amount. If this is the case, the claim should be reprocessed using the appropriate codes listed above.

6 PROVIDER REIMBURSEMENT

Provider is reimbursed for Covered Prescription Services provided to eligible members as outlined in the Agreement. The reimbursement due to the Provider is less the applicable copay, coinsurance, and any deductible amount.

Reimbursement for submitted claims is in accordance with the member's plan, subject to fund availability from the Plan Sponsor and/or consistent with state and federal requirements.

We are committed to fair pharmacy reimbursement. Questions pertaining to reimbursement, including MAC price inquiries and appeals, should be directed to **provider_relations@serveyourx.com**, or by calling 800-759-3203. Serve You Rx will respond to MAC price inquiries within 3 business days or sooner as required by law.

Data elements required for a MAC price inquiry include:

1. Authorization Number
2. Pharmacy's Rx Number
3. Member ID
4. Pharmacy NPI
5. Fill Date
6. Submission Date
7. NDC
8. Day Supply
9. Quantity
10. Ingredient Cost
11. Dispensing Fee
12. Acquisition Cost

All of the above information must be provided as well as a copy of the pharmacy's wholesaler invoice that lists the acquisition cost of the product in question. Please see your Provider Agreement for source(s) used to determine MAC pricing. Alternatively, you may request this information using the e-mail address above.

REMITTANCE

Unless otherwise arranged, a payment record of paid claims is mailed to Provider. Electronic 835 remittance files are available upon request.

7 PROVIDER ENROLLMENT

Prior to becoming a Provider, a pharmacy applicant must complete the credentialing process. Credentialing and re-credentialing ensures Provider abides by the criteria set forth by Serve You Rx, accreditation, government, and otherwise.

The required credentialing documentation includes, but is not limited to:

1. Provider Credentialing Requirements and Information, Schedule A
2. Copy of Professional and General Liability insurance
3. State Pharmacy License Numbers
4. DEA License Numbers

To begin the process, complete the application found on the Serve You Rx website by clicking on the Providers page. Return the completed form to **providercontracting@serveyourx.com** or fax it to **1-833-836-8153**.

Upon verification of the credentials and qualifications of the pharmacy, an Agreement is provided by Serve You Rx to pharmacy for execution.

Provider's participation in a Serve You Rx Network is voluntary. Participation in one network does not guarantee or mandate participation in another network. A Provider who administers Covered Services to a Serve You Rx member affirms participation in a network and agreement with terms and conditions set forth in this Manual and the Agreement.

8 RECORDKEEPING AND AUDITS

RECORDKEEPING

Provider must maintain records related to the provision of Covered Services to Eligible Members that are accurate, complete, up-to-date, and otherwise in conformance with generally accepted standards and good pharmacy practice. Such records include, but are not limited to: original prescriptions; patient profiles; prescriber information; refill information; signature and/or electronic tracking logs; wholesaler, manufacturer, and distributor invoices; and any other records and reports relating to Provider's performance. Provider must maintain such records in a readily retrievable location for the greater period of: (i) seven years after the date of service; (ii) until the resolution of any audit, litigation, or other action involving such records and reports that is initiated prior to the end of such seven-year period; or (iii) such period as required by law. Upon Serve You Rx's written request, Provider shall provide Serve You Rx with copies of any such Covered Service records or reports within 10 Business Days of receipt of such written request.

CONFIDENTIALITY OF RECORDS

Provider and Serve You Rx each agree to comply with all applicable state and federal laws regarding the confidentiality of members' Covered Service Records. Serve You Rx and Provider shall keep confidential all information it receives.

All member information related to Covered Services and other records identifying the member shall be treated by Provider as confidential and proprietary. The Provider agrees never to use member information for competitive purposes, nor to provide such information to others for Provider's pecuniary gain. Further, this information shall not be given to any third party, except to the extent that disclosure may be required pursuant to law or may be permitted by the Plan Sponsor or Serve You Rx in writing.

All materials relating to pricing; contracts, including their schedules and amendments; programs; services; business practices; and procedures of Serve You Rx are proprietary and confidential. Provider must maintain the confidential nature of such materials and return them to Serve You Rx upon termination of the Agreement. All information contained in the online Claims processing system, or that was obtained by or through the administration and processing of Claims, is the property of Serve You Rx.

The Provider must promptly notify Serve You Rx if it becomes aware of any use of confidential information or data that is not authorized by Serve You Rx.

The Provider acknowledges that any unauthorized disclosure or use of information or data obtained from or provided by Serve You Rx would cause Serve You Rx immediate and irreparable harm. In the event Provider should fail to abide by these provisions, Serve You Rx is entitled to seek and obtain injunctive relief, monetary remedies, or other such damages as available by law against the Provider.

AUDITS

Serve You Rx and its agents have the right to audit compliance with the Agreement, through remote or onsite inspection, during the term of the Agreement and for seven years after its expiration or any longer period as required by applicable law. The Provider must provide auditors with or access to examine and/or copy any and all documents and records that Serve You Rx deems necessary to determine whether the Provider is compliant with the Agreement. The Provider must promptly comply with all requests for documentation and records.

In addition, to the extent not prohibited by applicable law, if Serve You Rx determines, through a sampling of audited claims, that the Provider has engaged in fraud or abuse or has made common errors in the submission of claims, Serve You Rx has the right to extrapolate for purposes of determining the amount due and owing to Serve You Rx for noncompliant claims, which amount shall become immediately due and owing to Serve You Rx. If the Provider disagrees with the findings in a final audit report as delivered by Serve You Rx's agent, the Provider may request a reconsideration of the final audit report. To request reconsideration, the Provider must submit a completed Final Audit Appeal Form, clearly explaining why findings should be reversed, along with original hardcopy prescriptions/physician order sheets and any other supporting documentation to Serve You Rx within 30 calendar days, or such time as required by law, from the date of the final audit report. If no appeal is submitted by the Provider, the audit is considered closed after 30 calendar days from the final audit report date. Serve You Rx's decision on a final audit appeal is final and will be communicated to the Provider within 60 calendar days of receipt or in accordance with applicable laws.

If the Provider is deemed noncompliant, certain penalties may apply, including, but not limited to, fees, interest, penalties, damages, or other charges imposed upon Serve You Rx by governmental entities, regulatory agencies, and/or plan sponsors. If discrepancies are found, overpayments from discrepant claims and/or any other charges resulting from non-compliance become immediately due and owing by the Provider to Serve You Rx. Serve You Rx has the right to deduct any such amounts from any amounts payable to the Provider. Furthermore, Serve You Rx may require the Provider to take certain corrective action(s), in which case, Serve You Rx will notify the Provider and the Provider shall then notify Serve You Rx when such corrective action(s) have been completed.

9 State Addenda

MARYLAND

This Maryland Addendum applies in accordance with State of Maryland laws and regulations and for pharmacies that dispense covered prescription medications from a location within the State of Maryland. In the event of a direct conflict between this Addendum and the Agreement, the applicable provisions of this Addendum shall control if required.

Without limiting the generality of the foregoing, and notwithstanding anything in the Agreement to the contrary, Serve You Rx and Provider agree as follows:

1. Serve You Rx will establish and update maximum allowable cost (MAC) pricing for prescribed drugs using wholesaler drug acquisition cost data and data made available by Medi-Span and First Databank.

2. In the event of any dispute regarding MAC reimbursement, the following will apply:
   a) An appeal may be filed by Provider no later than 21 days after the date of the initial adjudicated claim, by following the appeal process made available at serveyourx.com.
   b) Serve You Rx will make available at this website:
      i. a telephone number at which Provider may directly contact the department responsible for processing appeals for Serve You Rx to speak to an individual or leave a message for an individual who is responsible for processing appeals;
      ii. an email address of the department responsible for processing appeals to which an individual who is responsible for processing appeals has access; and
      iii. a notice indicating that the individual responsible for processing appeals shall return a call or an email made by Provider to the individual within 3 business days or less of receiving the call or email.
   c) Within 21 days after the date the appeal is filed, Serve You Rx will investigate and resolve the appeal and report to Provider on Serve You Rx's determination on the appeal;
   d) When an appeal is denied by Serve You Rx, Serve You Rx will provide
      i. a reason for any appeal denial;
      ii. the NDC published in a directory by the federal Food and Drug Administration of the prescribed drug (or a drug that may be lawfully substituted) and the name of the wholesale distributor from which the drug was available on the date the claim was adjudicated at a price at or below the MAC determined by Serve You Rx; and
      iii. the mathematical calculation used to determine the MAC.
   e) When an appeal is upheld by Serve You Rx, Serve You Rx will for the appealing Provider:
      i. adjust the MAC for the drug as of the date of the original claim for payment; and
      ii. allow the Provider the option to reverse and rebill the claim and any similar claims, or to receive reimbursement for the claim and any subsequent and similar claims under similarly applicable contracts with Serve You Rx without reversing and rebilling for:

a. the original claim, in the first remittance to Provider after the date the appeal was determined; and
b. subsequent and similar claims under similarly applicable contracts, in the second remittance to Provider after the date the appeal was determined.

3. In the event of any dispute regarding cost pricing and reimbursement other than MAC reimbursement, the following will apply:

a) An appeal may be filed by Provider no later than: 21 days after the date a direct or indirect remuneration fee is charged, 180 days after reimbursement of a submitted claim, or another date as determined by the State of Maryland Insurance Commissioner; by following the appeal process made available at serveyourx.com.

b) Serve You Rx will make available at its website:
   i. a telephone number at which Provider may directly contact the department responsible for processing appeals for Serve You Rx to speak to an individual or leave a message for an individual who is responsible for processing appeals;
   ii. an email address of the department responsible for processing appeals to which an individual who is responsible for processing appeals has access; and
   iii. a notice indicating that the individual responsible for processing appeals shall return a call or an email made by Provider to the individual within 3 business days or less of receiving the call or email.

c) When an appeal is denied by Serve You Rx, Serve You Rx will provide:
   i. a reason for any appeal denial; and
   ii. the mathematical calculation used to determine the amount of reimbursement.

d) When an appeal is upheld by Serve You Rx, Serve You Rx will for the appealing Provider:
   i. make adjustments as necessary to comply with the compensation program as stated in the Agreement as of the date the appeal was determined; and
   ii. provide notice to Provider or the Provider's contracted agent that an appeal has been upheld.

e) Serve You Rx will:
   i. provide written notice of its decision no later than 90 days after receipt of the appeal or review; and
   ii. pay any money due within 30 days after the internal review is complete.

4. Serve You Rx will not directly or indirectly charge Provider, or hold Provider responsible for, a fee or performance-based reimbursement related to the adjudication of a claim or an incentive program.

5. Except for an overpayment, if a claim has been approved by Serve You Rx through adjudication, Serve You Rx may not retroactively deny or modify reimbursement to Provider for the approved claim, unless (1) the claim was fraudulent; (2) Provider had been reimbursed for the claim previously; or (3) the services reimbursed were not rendered by Provider.