



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

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Commissioner

Prescriptions Reimbursed Below Cost Research Request Form

This form is to be completed by the pharmacy and emailed along with a copy of the invoice and claim information directly to Change HealthCare/Optum at smacdismutes@optum.com. They will research the “underpaid” claim and correspond back to the pharmacy all findings upon completion of research.

NPI #: _____

Pharmacy Name: _____

Contact Name: _____

Pharmacy Phone #: _____

Pharmacy Fax #: _____

Drug Name: _____

NDC #: _____

Please include:

- Copy of recent Invoice for the claim in question. (All invoice information must be seen)
- Copy of the Claim initiating the inquiry for reimbursement review. (Claim must show RX#, NDC#, DOS and Amt paid).

Thank you,

West Virginia SMAC Helpdesk

1-855-389-9504 Phone

smacdismutes@optum.com Email

