



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

Christina Mullins, MA  
Acting Cabinet Secretary

Christy D. Donohue, CMC  
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 [smacdisputes@optum.com](mailto:smacdisputes@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 Amount paid).

Thank you,

West Virginia SMAC Helpdesk

1-855-389-9504 Phone

[smacdisputes@optum.com](mailto:smacdisputes@optum.com) Email

