Direct Member Reimbursement Form
Frequently Asked Questions (FAQ)

What is a Direct Member Reimbursement?

A Direct Member Reimbursement (DMR) is when you ask us to pay you back for prescription drugs you paid for out-of-pocket.

When can I submit a request for reimbursement?

If you pay out-of-pocket for a prescription that is covered by your plan, you can submit a request for reimbursement if one of the following has occurred:

- You didn't use your prescription drug ID card
- You used an out-of-network pharmacy for one of the following reasons:
    - You needed drugs while traveling outside the plan's service area but couldn't go to a network pharmacy
    - You were unable to get drugs in a timely manner from either a network pharmacy located within a reasonable distance or a network mail service pharmacy
    - You received the drugs from an out-of-network pharmacy located within a care facility (emergency department, provider based clinic, outpatient surgery or other outpatient facility)
    - You were evacuated or displaced from your home due to a state or federally declared disaster or health emergency
    - You were unable to fill a compound prescription at a network pharmacy
- Your primary coverage is with another insurance carrier and you are requesting reimbursement for their cost share
- You were waiting for a drug approval
- You retroactively enrolled in the plan
- The pharmacy billed the wrong plan
- You received a covered vaccine and/or vaccine administration in an outpatient setting

When can I use an out-of-network pharmacy to fill a prescription?

Out-of-network coverage is only available for the limited circumstances listed above. If you go to an out-of-network pharmacy, they won't be able to submit the claim directly to us. You'll have to pay the full cost of your prescription and submit a DMR request. If out-of-network conditions are met, these claims are subject to your plan's out-of-network benefit minus any

copay. You may be responsible for charges over the plan's allowable amount. We recommend using a network pharmacy whenever possible to get the most out of your prescription benefit.

What should not be sent as a request for reimbursement?

Do not submit cost-sharing reimbursement requests for the following:

- Claims that were already paid by the plan
- Plan copays or costs applied to your deductible at the pharmacy
- If you've been advised the claim processed in the coverage gap

If you have questions about the appropriate cost-sharing under your plan, please call the Customer Service number on the back of your member ID card.

What if I have active coverage and paid out-of-pocket for a fill date that is less than 2 weeks old?

You can contact the pharmacy and ask them to submit a claim to the plan and reimburse you the cash price paid minus the approved amount and plan copay. This option would eliminate the need to submit a claim form to your plan and wait for reimbursement. We recommend this option, if possible, to ensure timely reimbursement and to limit your responsibility to plan cost-sharing.

What do I need to submit for reimbursement?

Complete the DMR form according to the type of request. Include the original pharmacy receipt for each drug (not the register receipt). If you don't have pharmacy receipts, you can ask your pharmacy to provide them to you. **Make sure the pharmacy receipt contains the following information:**

- Date the prescription was filled
- Prescription number (Rx#)
- Name and strength of drug
- Compound ingredient information (for compound claims only)
- Prescribing physician's name or ID number
- National Drug Code (NDC) number
- Pharmacy name and address
- Quantity and days' supply
- Amount paid

If you are requesting reimbursement for the cost share after another insurance has made payment, you should include their explanation of benefits (EOB) along with the pharmacy receipt when submitting the DMR form.

What happens if my request is missing information?

We will send you a letter within 14 days of receipt of your claim, advising you what we need to continue processing your claim. If we don't get the requested information from you, your claim will be denied.

How much can I expect to be paid back?

DMR claims are subject to your plan's in-network or out-of-network allowable (plan specific benefit) minus applicable copays. This also applies to DMR claims received where another primary insurance has paid part of the claim. If you are in the deductible stage or coverage gap stage you may not receive reimbursement, but these amounts will be calculated and applied to your out-of-pocket costs.

How long after I fill a prescription can I submit a DMR request?

You have 36 months from the original fill date to receive reimbursement per current Centers for Medicare & Medicaid Services (CMS) guidelines.

When can I expect my reimbursement?

We will mail you a letter letting you know if your claim is approved or denied within 14 days from the date we receive your claim. If reimbursement is due, we'll send you a check in a separate mailing within the same timeframe. Please allow additional time for mail to arrive.

How can I check the status of my claim?

Please call the Customer Service number on the back of your ID card.

What if I don't agree with the decision?

You may submit an appeal. The letter we send you will have more information about the appeal process and next steps