EXPRESS SCRIPTS®

Any Tennessee Network Provider with an annual prescription volume that, if the pharmacy were a TennCare-participating ambulatory pharmacy, would qualify the pharmacy for the enhanced amount of professional dispensing fee for a low-volume pharmacy, is required to submit the below attestation. Please complete and return to NetworkCompliance@express-scripts.com. Failure to return this attestation by January, 31, 2023, will be considered confirmation that the Network Provider does not meet the requirements for a modified dispensing fee pursuant to Tenn. Code Ann. § 56-7-3206(f).

Express Scripts reserves the right to verify this attestation and request any necessary documentation in support of this attestation. In the event any verification results in this attestation being incorrect, Express Scripts will consider Network Provider in breach of its Provider Agreement with Express Scripts. Express Scripts shall have the right to recoup 100% of the dispensing fees improperly paid (which will become immediately due and owing to Express Scripts), and Express Scripts may reverse impacted claim(s) and/or offset the amount owing against any amount owed to Network Provider. In its sole discretion, Express Scripts may take further action up to and including termination of Network Provider for noncompliance.

TN HB 2661 Provider Attestation

On behalf of_____ <Network Provider Name> I confirm that I expect _____<Network Provider Name> to be entitled to the modified dispensing fee described in Tenn. Code Ann. § 56-7-3206(f) because I expect that _____<Network Provider Name> will dispense fewer than 65,000 prescriptions in 2023.

I confirm that the total prescription volume submitted to all PBMs in 2021 from NCPDP _____<NCPDP> was _____<Annual Rx Volume #>. I have enclosed a screenshot of the year-end summary of my claims volume from my records management system evidencing this total volume.

I confirm that if at any point I become aware that I do not meet the requirements for the modified dispensing fee described in Tenn. Code Ann. § 56-7-3206(f), I will immediately inform Express Scripts via an email to NetworkCompliance@express-scripts.com. In this event, Express Scripts shall have the right to recoup 100% of the modified dispensing fees paid to me in 2023 (which will become immediately due and owing to Express Scripts), and Express Scripts may reverse impacted claim(s) and/or offset the amount owing against any amount owed to me.

_____

Printed name of individual authorized to sign on behalf of Network Provider

_____

Signature

_____

Date

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