

Date:

## **Notice of State's Receipt of Alleged Error in Quarterly Invoice from Manufacturer**

This is to acknowledge receipt of written notice, from \_\_\_\_\_ [manufacturer], of alleged errors in utilization information provided in Iowa's quarterly drug rebate invoice for the period of \_\_\_\_\_ - \_\_\_\_\_ [dates].

If the State and the manufacturer are not able to resolve the alleged errors in the quarterly invoice pursuant to the Best Practices promulgated by the Centers for Medicare & Medicaid Services, the State will issue a Notice of Decision Regarding Disputed Drug Rebates. Pursuant to the National Drug Rebate Agreement and the Iowa Medicaid Supplemental Drug Rebate Agreement, the manufacturer may appeal the Notice of Decision Regarding Disputed Drug Rebates through the state hearing mechanism available under the Medicaid Program. Pursuant to state administrative rules (441 Iowa Admin. Code sections 7.5(4) and 7.8(1)), any appeal must be made in writing within 30 days of the Notice of Decision Regarding Disputed Drug Rebates.

Failure by the manufacturer to pay any additional rebates required pursuant to the Notice of Decision Regarding Disputed Drug Rebates or to appeal the Notice of Decision Regarding Disputed Drug Rebates through the State hearing process within 30 days of the notice shall be considered by the State to be a breach of the drug rebate agreements. In the event of such a breach, the State may notify the Federal Centers for Medicare & Medicaid Services and the Iowa Pharmaceutical and Therapeutics Committee of the breach and may take action to recover rebates based on the Notice of Decision Regarding Disputed Drug Rebates.

If you need any assistance or have further questions, please contact the Iowa Medicaid Dispute Resolution Team at [iarebate@changehealthcare.com](mailto:iarebate@changehealthcare.com) or you may call 1-207-622-7153.