

## EOBs on Paid Claims for October 2024

Date of Report: 06NOV2024

EOB	EOB Description	% of Paid Claims
9000	PRICING ADJUSTMENT - THE SUBMITTED CHARGE EXCEEDS THE ALLOWED CHARGE. CLAIM PAID AT THE PROGRAM ALLOWED AMOUNT.	19%
9908	PHARMACY PRICING APPLIED.	19%
9821	PROFESSIONAL DISPENSING FEE APPLIED	19%
9960	NDC WAS REIMBURSED AT THE NADAC RATE.	18%
9001	PRICING ADJUSTMENT - REIMBURSEMENT REDUCED BY THE MEMBER'S COPAYMENT AMOUNT.	7%
1533	THE CLAIM DID NOT INCLUDE THE PAYER ID. TXIX WAS ASSIGNED AS THE PAYER FOR THIS CLAIM.	4%
0310	THE SPECIAL PACKAGING INDICATOR/UNIT DOSE INDICATOR IS INVALID	3%
7018	THREE MONTH SUPPLY OPPORTUNITY	1%
7015	LATE REFILL PROSPECTIVE DUR ALERT	1%
7001	CLAIM GENERATED AN INFORMATIONAL PRODUR ALERT	1%
1760	PRIMARY CARE PROVIDER VALUE SUBMITTED IS NOT VALID FOR SHARED SAVINGS.	1%
9810	REPACKAGING ALLOWANCE APPLIED.	1%
9907	PRICING ADJUSTMENT - PRIOR TPL PAYMENT APPLIED.	1%
3037	NO COPAYMENT IS REQUIRED FOR THIS DRUG. IT HAS BEEN IDENTIFIED AS PREVENTIVE IN NATURE.	1%
1759	PRIMARY CARE PROVIDER VALUE SUBMITTED IS NOT VALID.	1%
9951	NDC WAS REIMBURSED AT BRAND WAC RATE.	1%