



2024 Indian Health Service Partnership Conference

Briefing Topic

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(slides by Michael Hunt)
Prior Authorizations
8/13-15/24



Prior Authorizations in Pharmacy Point of Sale





Prerequisites

Users must have access to:

- Point of Sale functions within RPMS
- Access to Electronic Health Record (EHR)





Retail Pharmacy vs. Indian Health Service

Retail: Prior Authorization is initiated by the pharmacy and completion is the responsibility of the doctor's office, with the **patient being the driving force** to urge the completion of the Prior Authorization. If not approved, the patient is responsible for paying the full amount or having the prescription changed.

Indian Health Service: Prior Authorization completion is usually the responsibility of the pharmacy. **The driving force is the pharmacy to increase third-party collections.** Patient is usually not impacted as they will receive their medication at no cost.



Learning Objectives

1. Defining terms related to Prior Authorization
2. Identifying which rejected claims need Prior Authorization
3. Initiating and completing a Prior Authorization





Learning Objectives #1

Defining terms related to Prior Authorization





Terms Related to Prior Authorization

- Prior Authorization (PA)
- Third-Party Payer
- Formulary and Non-Formulary medications
- Formulary Tiers
- Diagnosis Code



Prior Authorization (PA) (1)

The approval by an insurer or other third-party payer of a health care service before the service is rendered. This approval is required in order for the insurer to pay the provider for the service.

Reference:

<https://medical-dictionary.thefreedictionary.com/prior+authorization>



Prior Authorization (PA) (2)

The approval by an insurer or other third-party payer of a **health care service** before the service is rendered. This approval is required for the insurer to pay the provider for the service.

- Health care services needing prior authorization could include:
 - Medical procedures
 - Unique lab work
 - **Prescription medications**



Prior Authorization (PA) (3)

The approval by an insurer or other third-party payer of a health care service **before** the service is rendered. This approval is required for the insurer to pay the provider for the service.

*Obtaining the PA **before** the medication is ordered is not always an option.





Third-Party Payer

An entity (other than the patient or the health care provider) that reimburses and manages health care expenses.

Third-party payers include:

- Insurance companies or PBM's (Pharmacy Benefits Managers)
- Governmentally funded agencies
- Workman's Compensation

Reference:

<https://medical-dictionary.thefreedictionary.com/third-party+payer>



Third-Party Payer (2)

Third-party payers include:

- Insurance companies or PBM's (Pharmacy Benefits Managers)
 - Caremark, Express Scripts, Prime Therapeutics, Optum Rx, etc.
- Governmentally funded agencies
 - Medicaid, Medicare
- Workman's Compensation
 - Prescription card processed electronically through pharmacy point of sale
 - Paper Claim billed through the business office



Formulary and Non-Formulary Medications (1)

Formulary: A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Reference:

<https://www.healthcare.gov/glossary/formulary/>



Formulary and Non-Formulary Medications (2)

Non-Formulary Medication: Not approved for use. The term is applied to a drug whose prescription is not usually reimbursed by a health insurer because it is absent from its formulary.

Reference:

<https://medical-dictionary.thefreedictionary.com/nonformulary>



Reasons a Medication Might be Non-formulary

- Expensive brand name medication that does/does not have a generic equivalent
- Expensive generic medications that have cheaper alternatives within their drug class
- Medications that are not approved for use by the FDA (Food and Drug Administration)
- FDA approved medications that are being used for a non-approved use
- Repackaged medications: do not offer rebates to third party payers



Formulary Tiers

A formulary generally lists many drugs and ranks them in groups described as tiers. Tier 1 drugs generally do not require pre-authorization and often will cost you little, if any, co-pay. Higher tiers may require approval from your insurance and may cost you a high co-pay.

Reference:

<https://www.verywellhealth.com/drug-formulary-tiers-pricing-health-insurance-plans-2615042>



Formulary Items: Tier 1 or Tier I

Tier 1 drugs are usually limited to generic drugs, which are the lowest cost drugs. Sometimes lower price branded drugs will fall into this tier as well. Tier I drugs are generally automatically approved by your insurance and cost you the lowest co-pays that your plan offers.

Reference:

<https://www.verywellhealth.com/drug-formulary-tiers-pricing-health-insurance-plans-2615042>



Formulary Items: Tier 2 or Tier II

Tier II is usually comprised of brand-name drugs or more expensive generics. Your payer will have a list of branded drugs it prefers, which are typically on the lower end cost-wise. Tier II drugs may require a pre-authorization from your insurance company.

Reference:

<https://www.verywellhealth.com/drug-formulary-tiers-pricing-health-insurance-plans-2615042>



Formulary Items: Tier 3 or Tier III

The more expensive brand-name drugs cost more and are considered non-preferred. Tier III drugs usually require a pre-authorization, with your doctor explaining to your health insurer why you need to take this drug instead of a cheaper option. These drugs will cost you a higher co-pay than the lower tiers.

Reference:

<https://www.verywellhealth.com/drug-formulary-tiers-pricing-health-insurance-plans-2615042>



Formulary Items: Tier 4 or Tier IV

Tier 4 or Tier IV, also called specialty drugs: These are usually newly approved pharmaceutical drugs that your payer wants to discourage because of their expense. These drugs almost always require a pre-authorization, and evidence from your doctor that you do not have any less expensive option. Each insurer has their own policy regarding your rate when it comes to tier 4.

Reference:

<https://www.verywellhealth.com/drug-formulary-tiers-pricing-health-insurance-plans-2615042>



Example: Insurer Formulary Tiers (incomplete)

TIER 1	TIER 2	TIER 3	SPECIAL PA*
<ul style="list-style-type: none"> • zolpidem tartrate (Ambien®) • flurazepam (Dalmane®) • triazolam (Halcion®) • eszopiclone (Lunesta®) • estazolam (ProSom®) • temazepam (Restoril®) 15mg & 30mg • ramelteon (Rozerem®) BRAND Preferred • zaleplon (Sonata®) 	<ul style="list-style-type: none"> • zolpidem tartrate (Ambien CR®) 	<ul style="list-style-type: none"> • suvorexant (Belsomra®) 	<ul style="list-style-type: none"> • zolpidem SL tabs (Edluar®) • tasimelteon (Hetlioz®)+ • zolpidem SL tabs (Intermezzo®) • temazepam (Restoril®) 7.5mg & 22.5mg • doxepin (Silenor®) • Zolpidem Oral Spray (Zolpimist®)





Example: Tier Requirements for Prior Authorization

Insomnia Medications

Tier 1 products are available without prior authorization for members age 19 or older. Prior authorization is required for all products for members under age 19.

Tier 2 approval Criteria:

- Minimum of 30 day trial with at least two Tier 1 products and clinical documentation of attempts to correct any primary cause for insomnia.
- FDA approved diagnosis.
- Approvals granted for 6 months.
- No current anxiolytic benzodiazepine therapy greater than TID

Tier 3 approval Criteria:

- An FDA approved diagnosis; **AND**
- A minimum of a 30-day trial with at least two Tier-1 medications and clinical documentation of attempts to correct any primary cause for insomnia; **AND**
- A minimum of a 30-day trial with at least two Tier-2 medications; **AND**
- If only one Tier-2 medication is available, a minimum of a 30-day trial with one Tier-2 medication will be required; **AND**
- No concurrent anxiolytic benzodiazepine therapy greater than three times daily dosing; **AND**
- Approvals will be granted for the duration of six months.



Diagnosis Code (1)

- Diagnostic coding is the translation of written descriptions of diseases, illnesses and injuries into codes from a particular classification.
- ICD-10 (International Classification of Diseases, Tenth Revision)
 - A medical classification list by the World Health Organization (WHO)

Reference:

<https://en.wikipedia.org/wiki/ICD-10#:~:text=ICD-10%20is%20the%2010th%20revision%20of%20the%20International,abnormal%20findings%2C%20complaints%2C%20social%20circumstances%2C%20and%20external%20causes>



Diagnosis Code (2)

- ICD-10 codes
 - Listed under Problem Management tab within HER when needed to fill out a prior authorization to indicate for which medical condition the medication is being used.

The screenshot displays the HER system interface for a patient named Daisy (ID 111111, DOB 18-Feb-1961, Female). The 'Problem Mngt' tab is selected, showing an 'Integrated Problem List'. A red arrow points to the 'Problem Mngt' tab in the navigation bar.

Status	Onset Dat	Priority	Provider Narrative	Cr	Freq	PHx	PIP	IP	POV	ICD
Chronic			Gout		1					M10.9
+ Chronic			Essential hypertension		0					I10.



Diagnosis Code Example

IDC-10 for Essential Hypertension is I10.

Problem Management

Integrated Problem List

Status	Onset Dat	Priority	Provider Narrative	Cr	Freq	PHx	PIP	IP	POV	ICD
Chronic			Gout		1					M10.9
+ Chronic			Essential hypertension		0					I10.



Objective 1 Knowledge Check #1

Which medication is **more** likely to require a prior authorization?

- A. Ibuprofen (Tier 1)
- B. Methotrexate (Tier 1)
- C. Humira (Tier 4)
- D. Sulfasalazine (Tier 1)



Objective 1 Knowledge Check #2

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits is called:

- A. Menu
- B. Formulary
- C. Wish List
- D. Inventory



Learning Objective #2

Identifying which rejected claims need Prior Authorization





Initial Rejection Types that Might Require a Prior Authorization

- 22:M/I Dispense As Written(DAW)/Product Selection
- 569:Provide Beneficiary with CMS Notice of Appeal
- 608:Step Therapy, Alt Drug Therapy Required
- 70:Product/Service Not Covered
- 75:Prior Authorization Required
- 76:Plan Limitations Exceeded
- AG:Days Supply Limitation For Product/Service
- MR:Product Not On Formulary
- R6:Product/Service Not Appropriate For This Location



POS Tutorial: Reject List Tab

569:Provide Beneficiary with CMS Notice of Appea	Could be many different reasons. Must look at the receipt to determine cause. 1. billing Medicare part B product to Medicare part D plan (i.e. test strips,lancets, nebulizer solution); must bill Medicare part B. 2. quantity may exceed daily limit (i.e. billing bupropion XL 150mg as 2 daily, but limit is 30 per 30 days, must change order to bill for just #30) 3. Could be product that requires a Prior Authorization (even though it does not say 'PA required', many times a PA can be obtained).
60:Product/Service Not Covered For Patient Age	Patient exceeds maximum or minimum age accepted by insurance. (i.e. aspirin 81mg may not pay for certain ages, tretinoin cream may not pay for over age 18-25, adult inhaler (Amanex) may not pay for pediatric use. PA is possible, but unlikely.
608:Step Therapy, Alt Drug Therapy Required	1. Medication may require prior authorization to show patient has tried preferred medications.
619:Prescriber Type 1 NPI Required	NPI may not be added in Provider's record. If you have the keys, go to ^NPI in RPMS, and select Add/Edit NPI values for Providers. Enter that provider's name and hit enter. If entered, the NPI will appear. If not it will allow you to enter it. Once entered, resubmit claim as NEW.
62:Patient/Card Holder ID Name Mismatch	Patient name submitted does not match Third Party file. (i.e. Oklahoma Medicaid requires exact match for patient name. Can verify name that Medicaid has on file at the OHCA website.(see SEARCH FOR ELIGIBILITY tab at the bottom of this document) If it is different than patient chart you can enter the MEDICAID NAME on #3 when editing the medicaid plan on page 4.
645:Reject Code description not entered,See NCPD	Reject because of the use of a repackaged medication. Similar to 21:M/I Product/Service ID. Usually receive this from BC/BS, PRIME THERAPEUTICS, and some Medicare part D plans. Consider ordering non-repackaged med, if cost allows.
65:Patient Is Not Covered	Patient coverage may be terminated, or DOB/person code/ID number may be entered incorrectly. Verify eligibility. See SEARCH FOR ELIGIBILITY tab.
68:Filled After Coverage Expired	Coverage may be terminated. Verify eligibility through Emdeon Cardfinder, Availity, or OHCS website. See SEARCH FOR ELIGIBILITY tab.
69:Filled After Coverage Terminated	Coverage may be terminated. Verify eligibility through Emdeon Cardfinder, Availity, or OHCS website. See SEARCH FOR ELIGIBILITY tab.
70:Product/Service Not Covered	Could be many reasons. 1. Product may require Prior Auth or formulary exception request through Cover My Meds. 2. Oklahoma Medicaid patient may have Family Planning benefits only. 3. product may be excluded from plan (True Metrix test strips not covered on OK medicaid). 4. Route of administration may not be covered (Depo Provera injections on Prime Therapeutics). 5. OTC medication not covered.
71:Prescriber Is Not Covered	Doctor is not an eligible provider. Patient's plan may require them to use a PCP designated by the insurance. Call insurance to verify.
73:Refills Are Not Covered	May vary with insurer. At our site, we have a Medco/Express Script plan that allows only 2 refills at retail. Patient must then use the mail order pharmacy, or call to "opt out" of the mail order option and get a PA on file to continue filling at retail level.
75:Prior Authorization Required	Fill out appropriate Prior Authorization form. (Medicaid or Cover My Meds)
76:Plan Limitations Exceeded	Could be many reasons. Must check claim receipt. 1. Oklahoma Medicaid: may have already used their limit 6 fills for the month. If receiving OMB rate, make sure that you have a \$391 payment for each date of service during the month. 2. Too may pills per day (simvastatin 20mg dosed at 2 daily;insurance only covers 1 daily. Have order changed to higher strength, if possible.) 3. receipt will say "Max 2 fills then action required". Patient must call number provided to opt out of mail order service. 4. Claim may be submitted for greater than the allowable day supply (i.e. Max day supply allowed is 30). 5. Actual day supply on insulin may exceed 30 day limit by insurance. On these, we enter the prescription order as the ACTUAL DAY SUPPLY for the quantity being dispensed. 6. Patient may have already received their TRANSITION FILL, and a prior authorization may need to be filled





22:M/I Dispense As Written(DAW)/Product Selection

- Will initially need to be overridden with the proper DAW code.
(Usually DAW of 5 in field 408)
- Claim may then reject stating:
 - 70:Product/Service Not Covered
 - 75:Prior Authorization Required

Common medications:

Proair HFA Inhaler, Toprol XL, K-Tab, Synthroid, Rocaltrol



569:Provide Beneficiary with CMS Notice of Appeal

Must look at the receipt to determine cause. (From Reject List tab of POS Tutorial)

1. Billing Medicare part B product to Medicare part D plan (i.e., test strips, lancets, nebulizer solution); must bill Medicare part B.
2. Quantity may exceed daily limit (i.e. billing bupropion XL 150mg as 2 daily, but limit is 30 per 30 days; Dr must change order to bill for just #30 or get quantity limit override)
3. **Could be product that requires a Prior Authorization. (Even though it does not say “PA required”, many times a PA can be obtained.)**

Common medications:

Dulera Inhaler, Levemir insulin, Asmanex inhaler, Wixela inhaler



608:Step Therapy, Alt Drug Therapy Required

- Medication is not on plan's preferred list
- May require prior authorization to show patient has tried preferred medications.

Common medications:

Rasuvo Injection





70:Product/Service Not Covered

Must look at receipt to identify how to fix it

1. **Product may require Prior Auth or formulary exception request through Cover My Meds.**
2. Oklahoma Medicaid patient may have Family Planning benefits only.
3. Product may be excluded from plan (True Metrix test strips not covered on OK Medicaid).
4. Route of administration may not be covered (Depo Provera injections on Prime Therapeutics).
5. OTC medication not covered.

Common Medications:

Levemir, Novolog, alogliptin, Wixela



75:Prior Authorization Required

Needs Prior Authorization initiated.

Common medications:

Diclofenac gel, Jardiance, Humira, Enbrel, Chronic Pain Medications





76:Plan Limitations Exceeded

1. Oklahoma Medicaid: may have already used their limit 6 fills for the month. If receiving OMB rate, make sure that you have a \$479 payment for each date of service during the month.
2. Too many pills per day (simvastatin 20mg dosed at 2 daily; insurance only covers 1 daily. Have order changed to higher strength, if possible.)
3. Receipt will say "Max 2 fills then action required". Patient must call number provided to opt out of mail order service.
4. Claim may be submitted for greater than the allowable day supply (i.e., Max day supply allowed is 30).
5. **Patient may have already received their TRANSITION FILL, and a prior authorization may need to be filled out.**

Common medications:

Ondansetron, pantoprazole, omeprazole, diazepam, quetiapine, Jardiance



AG:Days Supply Limitation For Product/Service

- View claim receipt to see the limitation for the product. (i.e., MAX OF 90 PER 30 DAYS).
- **Can try to get a PA or QUANTITY LIMIT OVERRIDE through Covermymeds or by calling insurance.** Otherwise, prescription may need to be changed by the provider to the maximum allowable amount to get paid.

Common medications:

Bupropion XL (when ordered for greater than 1 per day)





MR:Product Not On Formulary

Product is not covered, without approval. Try to get a PA FORMULARY EXCEPTION or TIERING EXCEPTION through Cover my meds.

Common medications:

Proair HFA, alogliptin





R6:Product/Service Not Appropriate For This Location

Receipt may say SPECIALTY DRUG: PRODUCT/SERVICE NOT APPROPRIATE FOR THIS LOCATION. This is when the insurance wants the patient to use their specialty pharmacy (usually high cost meds). Can possibly get override to fill locally by calling insurance (maybe at least a 1-time override until Specialty pharmacy order can be processed).

Common meds:

Rasuvo, Enbrel, Humira

**Special procedure for Caremark claims to fill specialty meds at IHS (next slide)*



Override to fill Specialty Meds at IHS: **CAREMARK ONLY**

Override available by including the following information in a Word document and sending via secure data transfer to SpecialtyIHSrequests@cvshealth.com

Information To include in Word document:

- RxClaim Number
- Rx Number (for RPMS sites, be sure you are using the billable POS Rx number)
- Date of Service
- Member ID
- Date of Birth
- NCPDP number of Dispensing Pharmacy





Identifying Claims for PA: Recap

So far, we have:

- Looked at different rejection types that may need a PA
- Identified common medications that need a PA

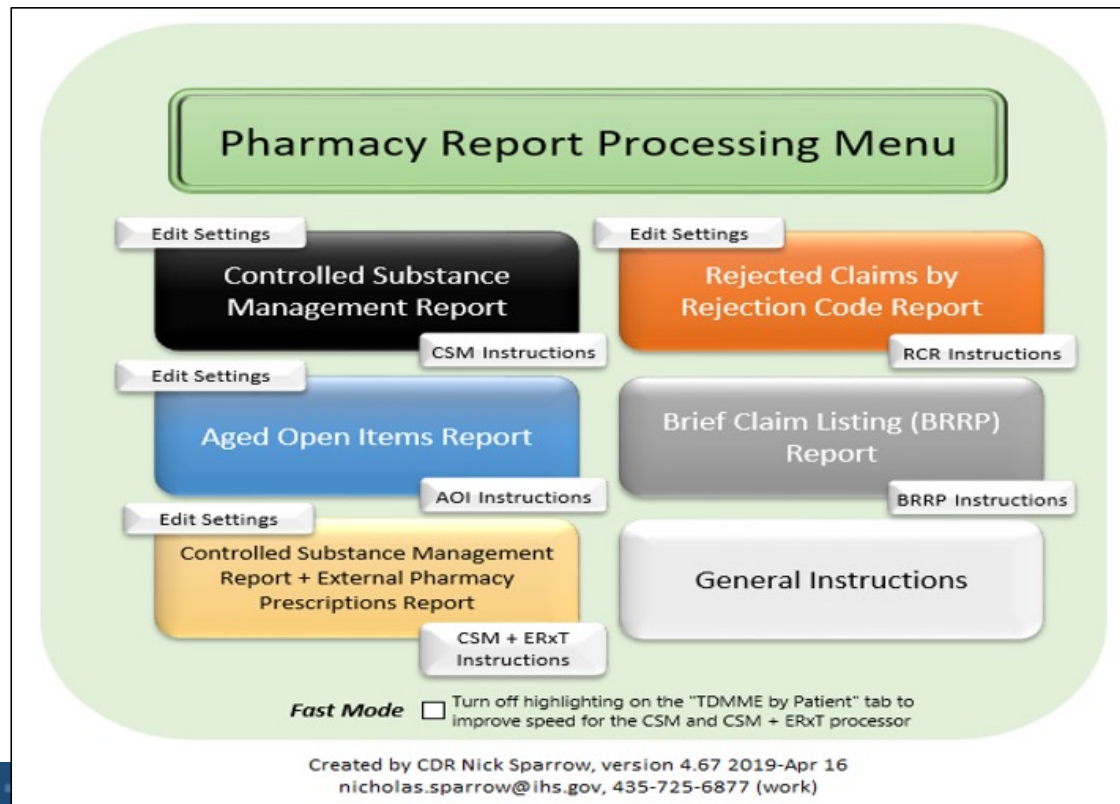
Now, how do we get our list of claims?

- Rejected claims report (RCR) imported into RPMS Report and Information Processor (RRIP)





RRIP (RPMS Report and Information Processor)





RCR Report Loaded into RRIP

Fill Date	Division	Rejection	Name	Rx#/Fill#	Insurer	Amount Billed	Cardholder ID	Group	NDC	Drug Name	Status	Comments	Employee
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831861/0P	BC/BS RX FEP B:610239	\$40.00	9999999999	65006500	00009041701	TESTOSTERONE CYPIONATE 200MG/ML INU (IN OI	Fixed	PAID	
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831852/0P	BC/BS RX FEP B:610239	\$110.32	9999999999	65006500	59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL_ORAL (Fixed	PAID	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783853/4P	CAREMARK BIN:004336 PC	\$68.47	9999999999	RX1412	00074706819	LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB	Fixed	PAID	
04/08/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2763498/1P	BC/BS OK RX (1215)BIN:	\$110.32	9999999999		59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL_ORAL (Fixed	PAID	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819569/1P	BC/BS OK RX (1215)BIN:	\$68.46	9999999999	0002	00074518219	LEVOTHYROX (SYNTHRO)	Fixed	PAID	
04/07/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2791664/4P	OPTUMRX 610279-9999	\$118.11	9999999999	UHEALTH	66993005702	HYDROXYCHLOROQUINE 200 MG TAB	In Process	PA SENT 4/8/20	
04/15/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2821598/1P	OPTUM RX 610011:1RX	\$297.33	9999999999	HC8HCA	00085134107	MOMETASONE 220 MCG/S	In Process	PA	
04/07/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2791613/4P	OPTUMRX 610279-9999	\$55.05	9999999999	UHEALTH	0904671746	CETIRIZINE 10 MG TAB	Unfixable	OTC UNBILLABLE	
04/02/20	EL RENO	21:M/I Product/Service ID	DEMO PATIENT	2831855/0P	BC/BS RX FEP B:610239	\$10.96	9999999999	65006500	42291026601	ERGOALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2819388/0P	CAREMARK BIN:004336 PC	\$11.08	9999999999	RX1412	54738055912	ASPIRIN 81 MG EC TAB	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783855/4P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1412	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB	Unfixable	PLAN EXCLUSION	
04/07/20	CLINTON	21:M/I Product/Service ID	DEMO PATIENT	2783858/4P	CAREMARK BIN:004336 PC	\$13.00	9999999999	RX1412	60429076910	TOPIRAMATE 25MG TAB	Unfixable	REPACK	
04/01/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2796110/0P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999		54738055912	ASPIRIN 81 MG EC TAB (E)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2763502/3P	BC/BS OK RX (1215)BIN:	\$11.56	9999999999		00904546052	CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E)	Unfixable	OTC UNBILLABLE	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2808515/1P	BC/BS OK RX (1215)BIN:	\$239.71	9999999999		00378932332	FLUTICASON-SALMETEROL 500 MCG-50 MCG (WIX	Unfixable	PA DENIED	
04/03/20	EL RENO	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2763508/5P	BC/BS OK RX (1215)BIN:	\$18.21	9999999999		42291083310	TRAZODONE HCL 50MG TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	77:Discontinued Product/Service ID Number	DEMO PATIENT	2811302/1P	OKLAHOMA MEDICAID	\$19.38	9999999999		42291062390	MONTELUKAST 5 MG CHEW TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2832249/0P	OKLAHOMA MEDICAID	\$330.53	9999999999		54092038701	AMPHETAMINE-DEXTRAMPHETAMINE 20 MG ER CA	Fixed	PAID	
04/15/20	EL RENO	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2802894/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2834707/0P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered.See NCPD	DEMO PATIENT	2834710/0P	BC/BS OK RX (1215)BIN:	\$13.00	9999999999	OB1602	5234003790	MONTELUKAST 10 MG T)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered.See NCPD	DEMO PATIENT	2834709/0P	BC/BS OK RX (1215)BIN:	\$10.86	9999999999	OB1602	13107019599	LOSARTAN 25 MG TAB)	Unfixable	REPACK	
04/13/20	WATONGA	21:M/I Product/Service ID	DEMO PATIENT	2800291/1P	BC/BS OK RX (1215)BIN:	\$160.15	9999999999	0000	30904531360	MULTIVIT W/MINERALS)	Unfixable	REPACK	
04/09/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2786413/1P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999	0002	54738055912	ASPIRIN 81 MG EC TA	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819571/1P	BC/BS OK RX (1215)BIN:	\$11.50	9999999999	0002	70347005003	(METOPROLOL SUCCINAT)	Unfixable	PLAN EXCLUSION	
04/06/20	EL RENO	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2819567/1P	BC/BS OK RX (1215)BIN:	\$25.15	9999999999	0002	51407008105	ATORVASTATIN 80 MG)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2834477/1P	BC/BS OK RX (1215)BIN:	\$14.79	9999999999	0002	51407025010	PANTOPRAZOLE 40MG T)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2824515/1P	BC/BS OK RX (1215)BIN:	\$54.28	9999999999	0002	71610001770	SUCRALFATE 1GM TAB)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2825933/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	0002	51407014301	ERGOALCIFEROL 50,0)	Unfixable	REPACK	
04/06/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2829712/0P	BC/BS OK RX (1215)BIN:	\$64.00	9999999999	0002	10135049210	SALSALATE 500MG TAB)	Unfixable	REPACK	
04/02/20	EL RENO	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2791335/4P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999		42291026601	ERGOALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817696/2P	CAREMARK BIN:004336 PC	\$11.50	9999999999	RX1147	70347005003	METOPROLOL SUCCINATE 50 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817695/2P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1147	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/13/20	CLINTON	69-Filled After Coverage Terminated	DEMO PATIENT	2815306/0P	CAREMARK BIN:004336 PC	\$13.85	9999999999	RX1147	65862018730	ONDANSETRON HCL 4MGB	Unfixable	COVERAGE TERMINATED	
04/13/20	CLINTON	69-Filled After Coverage Terminated	DEMO PATIENT	2731209/0P	CAREMARK BIN:004336 PC	\$12.23	9999999999	RX1147	10006073038	MAGNESIUM OXIDE 400B	Unfixable	OTC UNBILLABLE	
04/14/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2821595/1P	OPTUM RX 610011:1RX	\$55.05	9999999999	HC8HCA	59762054102	GLIPIZIDE 5 MG SA TB	Unfixable	MUST USE MAIL ORDER	
04/14/20	CLINTON	645:Reject Code description not entered.See NCPD	DEMO PATIENT	2821599/1P	OPTUM RX 610011:1RX	\$12.49	9999999999	HC8HCA	43353001330	TAMSULOSIN HCL 0.AMP	Unfixable	REPACK	
04/15/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	7766653/1P	OPTUM RX 610011:1RX	\$14.87	9999999999	HC8HCA	57382002499	SIBUASTATIN 40MG TAB	Unfixable	MUST USE MAIL ORDER	





Learning Objective #2: Knowledge Check #1

True or false.

Reject code 75: Prior Authorization Required is the only reject code that needs attention when initiating prior authorizations





Learning Objective #2: Knowledge Check #2

Which tab on the POS Tutorial can you find an explanation of different rejection types to see which ones might benefit from a PA?

- A. Daily Tasks
- B. Fixing a Rejected Claim
- C. PA log
- D. Reject list





Learning Objective #3

Initiating and completing a Prior Authorization





Options for Initiating a Prior Authorization

- Contact individual third-party directly by phone. The number is usually included in the RPMS rejection receipt.
- Go to each third-party insurance's website
 - Caremark (ePA)
 - United Healthcare
 - Express Scripts/Medco
 - OHCA – Oklahoma Medicaid
- **Covermy meds–PREFERRED**



Covermymeds

- Free website for Prior Authorization completion for most third-party plans.
- Search for forms by entering BIN, PCN, and GROUP numbers.
- Website stores patient, prescriber, and pharmacy information once it is entered.
- Greatly speeds the PA process through online completion. May receive immediate response in some cases.
- Stores outcomes of PA's to show trends of which meds are normally approved/denied.



POS Tutorial: PRIOR AUTHORIZATIONS Tab

covermymeds

Free service to complete Prior Authorizations (PA), Formulary tiering exceptions, quantity limit overrides, etc.

Simply go to the home page and click **CREATE A FREE ACCOUNT**. At our site, we have listed ourselves as the **PROVIDER'S OFFICE** so that we can complete the PA's, with the provider's approval, to streamline the process. This way you will see all correspondence and can better manage your prior authorizations. Covermymeds site will save provider, pharmacy, and patient entries to speed entry of future prior authorizations. It also will save completed PA's, with outcomes, to help you track your success/failures.

Covermymeds home page: <https://www.covermymeds.com/main/>

Cover My Meds tutorial video available at: video.covermymeds.com/?video=complete_a_pa

ACCOUNT LOG IN: Username Password Log In TROUBLE LOGGING IN?

QUESTIONS: 1-866-452-5017 CREATE A FREE ACCOUNT RECEIVED A PA REQUEST? ENTER KEY

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Integrated ePA functionality for EHRs

CoverMyMeds seamlessly integrates with EHR systems to provide hospitals and providers with ePA functionality at the point of prescribing.

Learn about our EHR Solution

EHRs > Plans & PBMs > Pharmacy Systems > Providers & Pharmacists >

Setup Daily Tasks Reject List Fixing a Rejected Claim CODES Eligibility Search SETUP OF INS



Covermymeds – Getting Started

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Solutions Insights About Support Careers | Log In Enter Key **CREATE AN ACCOUNT**



**Helping People get the
Medicine They Need to
Live Healthier Lives**



Click to Chat with CoverMyMeds ^

<https://www.covermymeds.com/main/>



Create Your Account Form

Create Your Account

Full Name

Your Email

Username

Password

Your Fax Number

Your Office Type

I have read and agree to the [Terms of Service](#)

I have read and agree to the [Communication Policy](#)



Creating Your Covermymeds Account

Set up account with you listed as a **PRESCRIBER** instead of Pharmacist/Technician

- Benefit: PA responses will come directly to you to speed the process
- Meet with your providers to verify that they approve of your completing the PA on their behalf, and document their approval.



Accessing Information to Complete PA Request

Most information can be obtained from:

- Claim Receipt: DOB, ID number, Fill date, quantity, day supply
- Patient's Electronic Health Record (EHR).
 - Medication list: shows fill dates, quantities, day supply, directions and history of using preferred meds
 - Problem list: shows diagnosis and ICD-10 codes
 - Chart notes: view note from date medication was started or when previous failed medication was discontinued



Prior Authorization Example (1)

Fill Date	Division	Rejection	Name	Rx#/Fill#	Insurer	Amount Billed	Cardholder ID	Group	NDC	Drug Name	Status	Comments	Employee
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831861/0P	BC/BS RX FEP B:610239	\$40.00	9999999999	65006500	00009041701	TESTOSTERONE CYPIONATE 200MG/ML INU (IN OI	Fixed	PAID	
04/02/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2831852/0P	BC/BS RX FEP B:610239	\$110.32	9999999999	65006500	59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (Fixed	PAID	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783853/4P	CAREMARK BIN:004336 PC	\$68.47	9999999999	RX1412	00074706819	LEVOTHYROXINE (SYNTHROID) 0.125 MG TAB	Fixed	PAID	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2763498/1P	BC/BS OK RX (1215)BIN:	\$110.32	9999999999		59310057922	ALBUTEROL HFA 90 MCG/ACTUATION INHL,ORAL (Fixed	PAID	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819569/1P	BC/BS OK RX (1215)BIN:	\$68.46	9999999999	0002	00074518219	LEVOTHYROX (SYNTHRO)	Fixed	PAID	
04/07/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2791664/4P	OPTUMRX 610279-9999	\$118.11	9999999999	UHEALTH	66993005702	HYDROXYCHLOROQUINE 200 MG TAB	In Process	PA SENT 4/8/20	
04/15/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2821598/1P	OPTUM RX 610011:1RX	\$297.33	9999999999	HCBHCA	00085134107	MOMETASONE 220 MCG/S	In Process	PA	
04/07/20	CLINTON	70:Product/Service Not Covered	DEMO PATIENT	2791613/4P	OPTUMRX 610279-9999	\$55.05	9999999999	UHEALTH	00904671746	CETIRIZINE 10 MG TAB	Unfixable	OTC UNBILLABLE	
04/02/20	EL RENO	21:M/I Product/Service ID	DEMO PATIENT	2831855/0P	BC/BS RX FEP B:610239	\$10.96	9999999999	65006500	42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2819388/0P	CAREMARK BIN:004336 PC	\$11.08	9999999999	RX1412	54738055912	ASPIRIN 81 MG EC TAB	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/07/20	CLINTON	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2783855/4P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1412	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB	Unfixable	PLAN EXCLUSION	
04/07/20	CLINTON	21:M/I Product/Service ID	DEMO PATIENT	2783858/4P	CAREMARK BIN:004336 PC	\$13.00	9999999999	RX1412	60429076910	TOPIRAMATE 25MG TAB	Unfixable	REPACK	
04/01/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2796110/0P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999		54738055912	ASPIRIN 81 MG EC TAB (E)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2763502/3P	BC/BS OK RX (1215)BIN:	\$11.56	9999999999		00904546052	CALCIUM-VITAMIN D 500 MG-200 UNIT TAB (E)	Unfixable	OTC UNBILLABLE	
04/03/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2808515/1P	BC/BS OK RX (1215)BIN:	\$239.71	9999999999		00378932232	FLUTICASON-SALMETEROL 500 MCG-50 MCG (WIX	Unfixable	PA DENIED	
04/03/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2763508/5P	BC/BS OK RX (1215)BIN:	\$18.21	9999999999		42291083310	TRAZODONE HCL 50MG TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	77:Discontinued Product/Service ID Number	DEMO PATIENT	2813302/1P	OKLAHOMA MEDICAID	\$19.38	9999999999		42291062390	MONTELUKAST 5 MG CHEW TAB (E)	Unfixable	REPACK	
04/03/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2832249/0P	OKLAHOMA MEDICAID	\$330.53	9999999999		54092038701	AMPHETAMINE-DEXTROAMPHETAMINE 20 MG ER CA	Fixed	PAID	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2802894/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2834707/0P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	OB1602	42291026601	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834710/0P	BC/BS OK RX (1215)BIN:	\$13.00	9999999999	OB1602	52343003790	MONTELUKAST 10 MG T)	Unfixable	REPACK	
04/15/20	EL RENO	943:Reject Code description not entered,See NCPD	DEMO PATIENT	2834709/0P	BC/BS OK RX (1215)BIN:	\$10.86	9999999999	OB1602	13107019599	LOSARTAN 25 MG TAB }	Unfixable	REPACK	
04/13/20	WATONGA	21:M/I Product/Service ID	DEMO PATIENT	2800291/1P	BC/BS OK RX (1215)BIN:	\$160.15	9999999999	0000	30904531360	MULTIVIT W/MINERALS)	Unfixable	REPACK	
04/09/20	EL RENO	7X:Days Supply Exceeds Plan Limitation	DEMO PATIENT	2786413/1P	BC/BS OK RX (1215)BIN:	\$11.32	9999999999	0002	54738055912	ASPIRIN 81 MG EC TA)	Unfixable	MAX DAY SUPPLY EXCEEDED	
04/06/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2819571/1P	BC/BS OK RX (1215)BIN:	\$11.50	9999999999	0002	70347005003	METOPROLOL SUCCINAT)	Unfixable	PLAN EXCLUSION	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2819567/1P	BC/BS OK RX (1215)BIN:	\$25.15	9999999999	0002	51407008105	ATORVASTATIN 80 MG)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824477/1P	BC/BS OK RX (1215)BIN:	\$14.79	9999999999	0002	51407025010	PANTOPRAZOLE 40MG T)	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2824515/1P	BC/BS OK RX (1215)BIN:	\$54.28	9999999999	0002	71610001770	SUCRALFATE 1GM TAB }	Unfixable	REPACK	
04/06/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2825933/1P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999	0002	51407014301	ERGOCALCIFEROL 50,0)	Unfixable	REPACK	
04/06/20	EL RENO	70:Product/Service Not Covered	DEMO PATIENT	2829712/0P	BC/BS OK RX (1215)BIN:	\$64.00	9999999999	0002	10135049210	SALSALATE 500MG TAB)	Unfixable	REPACK	
04/02/20	EL RENO	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2791335/4P	BC/BS OK RX (1215)BIN:	\$11.92	9999999999		42291026601	ERGOCALCIFEROL 50,000 UNIT CAP (E)	Unfixable	REPACK	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817696/2P	CAREMARK BIN:004336 PC	\$11.50	9999999999	RX1147	70347005003	METOPROLOL SUCCINATE 50 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/01/20	EL RENO	22:M/I Dispense As Written(DAW)/Product Selectio	DEMO PATIENT	2817695/2P	CAREMARK BIN:004336 PC	\$39.56	9999999999	RX1147	70347002503	METOPROLOL SUCCINATE 25 MG ER TAB (E)	Unfixable	PLAN EXCLUSION	
04/13/20	CLINTON	69:Filed After Coverage Terminated	DEMO PATIENT	2815306/0P	CAREMARK BIN:004336 PC	\$13.85	9999999999	RX1147	65862018730	ONDANSETRON HCL 4MGB	Unfixable	COVERAGE TERMINATED	
04/13/20	CLINTON	69:Filed After Coverage Terminated	DEMO PATIENT	2731209/8P	CAREMARK BIN:004336 PC	\$12.23	9999999999	RX1147	10006073038	MAGNESIUM OXIDE 400B	Unfixable	OTC UNBILLABLE	
04/14/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2821595/1P	OPTUM RX 610011:1RX	\$55.05	9999999999	HCBHCA	59762054102	GLUPIZIDE 5 MG SA TB	Unfixable	MUST USE MAIL ORDER	
04/14/20	CLINTON	645:Reject Code description not entered,See NCPD	DEMO PATIENT	2821599/1P	OPTUM RX 610011:1RX	\$12.49	9999999999	HCBHCA	43353001330	TAMSULOSIN HCL 0.4MP	Unfixable	REPACK	
04/15/20	CLINTON	76:Plan Limitations Exceeded	DEMO PATIENT	2736963/1P	OPTUM RX 610011:1RX	\$14.87	9999999999	HCBHCA	52343003699	SIMVASTATIN 40MG TAB	Unfixable	MUST USE MAIL ORDER	





Prior Authorization Example (2)

Login on Covermymeds home page

A screenshot of the CoverMyMeds website's login page. The page has a white background with a blue patterned footer. At the top left is the 'covermymeds' logo. At the top right is a navigation menu with links for 'About', 'Solutions', 'News & Insights', 'Support', and 'Careers'. The main content area is divided into two sections. On the left, there is a 'Welcome back!' message followed by instructions to log in to create new, manage existing, and access pharmacy-initiated prior authorization requests. Below this is a link to the support page. On the right, there is a 'Log in' form with fields for 'Username' (containing a redacted name) and 'Password' (represented by dots). A red 'LOG IN' button is positioned below the fields, and a link for 'FORGOT YOUR USERNAME OR PASSWORD?' is located below the button.



Prior Authorization Example (3)

Options:

1. New Request to start a new PA
2. Current, list:
 - Requests started/needing more info
3. Sent to Plan, lists:
 - PAs sent to plan
 - Search
 - Search by patient first name, last name, and medication name

The screenshot shows the CoverMyMeds website interface. On the left is a navigation sidebar with buttons for 'New Request', 'Enter Key', and links for 'View Recent Activity' and 'Request EHR Integration'. The main content area features a notification: 'Action Required: Your Preferences are only [progress bar] % complete. Optimize your CoverMyMeds account by [telling us a bit more information about yourself.](#)' Below this is a summary table with three columns: 'Current' (447 requests), 'Sent to Plan' (644 requests), and 'Search'.

Current	Sent to Plan	Search
447 requests	644 requests	



Prior Authorization Example (4)

- Enter Medication
 - By name and strength
 - By NDC number: Enter NDC from your RRIP report to select the correct medication. (PREFERRED)

Find Your Medication

Name of Medication

00085134107|

Asmanex (30 Metered Doses) 220MCG/INH aerosol powder



Prior Authorization Example (5)

Patient Details Window

- Optional
- Can skip and fill in patient info once correct form is identified

Patient Details ?

Entering the patient's demographic information will help narrow down the most accurate form. We'll copy this info into the PA to save you time.

▼ Patient address book Clear

First Name

Last Name

PATIENT GENDER

Male Female Unspecified

Date of Birth

Patient Zip Code

Patient State
Oklahoma ▼

SKIP

CONTINUE



Prior Authorization Example (6)

- To Select Insurer form enter from RRIP:

1. Enter

- BIN
- PCN
- GROUP

2. Click Form

Patient Insurance

Enter the patient's state & information from their drug insurance ID card

▼ Search using insurance plan or PBM name



Patient Insurance State
Oklahoma

Plan or PBM Name
610011 IRX HC8HCA

PHARMACY BENEFIT
OptumRx Commercial Prior Authorization Request Form

General Prior Authorization form used for members who belong to an OptumRx pharmacy plan. NOTE: The member will usually have a separate OptumRx pharmacy plan ID card and a separate health plan ID card.

[MORE INFORMATION](#) [START REQUEST](#)





Prior Authorization Example (7)

Enter the patient information:

Untitled Request Key: AEE7UDP7 Need help? Call us at (866) 452-5017

Status <input type="button" value="New (Not sent to plan)"/>	Drug Asmanex (30 Metered Doses) 220MCG/INH aerosol powder	
	Form OptumRx Electronic Prior Authorization Form (2017 NCPDP)	

▼ Prescriber Instructions

This is an OptumRx Electronic Prior Authorization form (ePA).
Complete the fields below, then click the "Send to Plan" button to submit.

▼ Patient

Name	Prefix <input type="text"/> First <input type="text"/> Middle <input type="text"/> Last & Suffix <input type="text"/>	
	<i>Cannot be blank</i>	
Address	Street <input type="text"/>	



Prior Authorization Example (8)

Enter Medication Info:

- Name will Prepopulate
- Enter Dosage Form
- Enter Quantity
- Enter Day Supply

▼ Drug Requested	
Medication Name	<input type="text" value="Asmanex (30 Metered Doses) 220MCG/INH aerosol powder"/>
Confirm Dosage Form	<input type="text" value="Each"/>
Quantity	<small>(Enter numeric value with up to 2 decimal places and a preceding zero before the decimal when applicable. For example, .5 must be entered as 0.5)</small> <input type="text" value="1"/>
Days Supply	<small>Number of DAYS up to three digits</small> <input type="text" value="30"/>



Prior Authorization Example (9)

- Enter Provider Info
 - Once a provider is entered, you can pull up their info by clicking the Provider Address Book.

▼ Provider		Provider address book	Clear
NPI	<input type="text"/> <i>Cannot be blank</i>	Required	
Name	First <input type="text"/>	Last <input type="text"/> <i>Cannot be blank</i>	Required
	Address		Required
Street <input type="text"/>			
Street 2 (Optional) <input type="text"/>			
City <input type="text"/>	State <input type="text"/>	Zip (5-digit) <input type="text"/>	
Phone	<input type="text"/>	Required	
Fax	<input type="text"/>	Required	



Prior Authorization Example (10)

- Send to Plan
- Will receive a reply where you can enter additional info (if you set up account as prescriber)
 - Diagnosis
 - Medication history
 - Other information supporting request
 - “Magic Paragraph”

▼ Prescriber Next Steps

Click the "Send to Plan" button to submit this information to OptumRx. (If it is disabled, be sure all required fields have been completed.) This electronic submission does not require a signature.
OptumRx will respond automatically with your next steps.

[Send to Plan](#)



Prior Authorization Example (11)

Completing additional info request

- Directions: meds tab
- Timeframe
- Diagnosis: Problem Mngt tab
- Dose: meds tab

?	Please provide the directions for use: <input type="text" value="1 PUFF DAILY"/>
?	Does the prescriber attest that applying the standard timeframe for review of this coverage determination will not seriously jeopardize the enrollee's life, health, or ability to regain maximum function? <input checked="" type="radio"/> Yes - apply standard timeframe for review of this coverage determination <input type="radio"/> No - the patient's life/health/or ability to regain maximum function is in jeopardy
?	What is the requested quantity? <input checked="" type="radio"/> Less than or equal to 0.040000 per day <input type="radio"/> Greater than 0.040000 per day
?	What is the diagnosis for the medication being requested? <input checked="" type="radio"/> Asthma <input type="radio"/> Other
?	The following alternatives are the preferred alternative: Arnuity Ellipta or Flovent Diskus or Flovent HFA. Would you like to switch to the provided preferred alternatives? <input type="radio"/> Yes <input checked="" type="radio"/> No



Prior Authorization Example (12)

Directions for use:

- Medications tab in EHR

Please provide the directions for use:
1 PUFF DAILY

Notifications Review Triage Wellness Patient Goals Problem Mngt Superbill Well Child **Medications** Labs Orders Notes RPWS Pt Referrals Consults Suicide Form Reports EHR GI

File View Action

Active Only Chronic Only 180 days Print... Print New Items Process... New... Check Outpatient Medications

Action	Chronic	Outpatient Medications	Status	Process	Issued	Last Filled	Expires
	✓	MOMETASONE 220 MCG/PUFF ORAL INHL PwDR-30 [E] Qty: 1 for 30 days Sig: INHALE 1 PUFF BY MOUTH EVERY DAY FOR BREATHING	Active		24-Apr-2020	17-Jul-2020	16-Aug-2020

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Prior Authorization Example (13)

Diagnosis and Diagnosis Code

Problem Mngt > Chronic > diagnosis and ICD-10 code

What is the diagnosis for the medication being requested?

Asthma
 Other

Triage Wellness Patient Goals **Problem Mngt** Superbill Well Child Medications Labs Orders Notes RPMS Pt Referrals

Integrated Problem List

Integrated Problem List Expand All

Core Problems **Chronic** Episodic Social / Environmental Routine / Admin Inactive

Status	Onset Date	Priority	Provider Narrative	Comments	Freq	PHx	PIP	IP	POV	ICD-10
Chronic	11/21/1997	3	Asthma		1					J45.909
Chronic	09/29/2008	1	Scoliosis deformity of spine		1					M41.9
Chronic	09/29/2008	2	Hyperlipidemia		1					E78.5
Chronic	09/29/2008	2	Hypertensive disorder		10					I10.
Chronic	03/17/2011	1	Degeneration of lumbosacral intervertebral disc laminectomy and infection in spine remotely		29					M51.37



Prior Authorization Example (14)

- Diagnosis Code
- Visible in Rx Order
- ^PPP (Patient Prescription Processing)
- Only visible if entered on the original Rx order

```

Rx #: ██████████
(1) *Orderable Item: MOMETASONE 220MCG 30 INHL,ORAL
(2)   CMOP Drug: MOMETASONE 220 MCG/PUFF ORAL INHL PWDR-30 (E)
      Verb: INHALE
(3)   *Dosage: 1 PUFF
      *Route: ORAL INHALATION
      *Schedule: QDAY
(4)Pat Instructions: FOR BREATHING
      SIG: INHALE 1 PUFF BY MOUTH EVERY DAY FOR BREATHING
Clinical Indication: Asthma I J45.909 ←
(5) Patient Status: OUTPATIENT
(6)   Issue Date: 04/24/20           (7) Fill Date: 04/24/20
      Last Fill Date: 07/17/20 (Window)
      Last Release Date: 07/17/20           (8) Lot #:
+-----Enter ?? for more actions-----
DC Discontinue           PR Partial           RL Release
ED Edit                 RF (Refill)         RN Renew

```



Prior Authorization Example (15)

Dose per day calculation

Quantity/day supply = Quantity per day

1/30 days = 0.03 per day

What is the requested quantity?

Less than or equal to 0.040000 per day

Greater than 0.040000 per day

Action	Chronic	Outpatient Medications	Status	Process	Issued	Last Filled	Expires
<input checked="" type="checkbox"/>		MOMETASONE 220 MCG/PUFF ORAL INHL PWDR-30 (E) Qly: 1 for 30 days Sig: INHALE 1 PUFF BY MOUTH EVERY DAY FOR BREATHING	Active		24-Apr-2020	17-Jul-2020	16-Aug-2020



Prior Authorization Example (16)

The following alternatives are the preferred alternative: Arnuity Ellipta or Flovent Diskus or Flovent HFA. Would you like to switch to the provided preferred alternatives?

- Yes
- No

Formulary options are normally not available at IHS.

May require an explanation to Insurers concerning the limited formulary and special circumstances surrounding the Indian Health Center.




Paragraph explaining unique IHS situation

Other formulary alternatives are not available at our FEDERAL INDIAN HEALTH CENTER. Patient receives their care at our INDIAN HEALTH SERVICE CLINIC (FEDERAL FACILITY). We have a closed formulary and the preferred medications are not available for use. The patient can try the preferred meds through retail or mail order service; however, they would be responsible for the copay amount, which they cannot afford. Our clinic does not charge the patient their copay. We bill insurance, recover what we can to fund our clinic, and waive the patient copay. The patient pays nothing.





Attach Paragraph Explanation

▼ Upload Pertinent Records	
	<p>ATTENTION: Failure to submit appropriate documentation may result in a coverage denial. Password protected documents are NOT permitted. Please use .jpg, .pdf, or .tif file format.</p> <p>Please DO NOT include the following special characters in the document names for uploaded attachments ? * < > :</p>
Upload #1	
Additional Documentation	<p>Do you have additional documentation to include?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>





U.S. Code 1621e - Reimbursement from certain third parties of costs of health services

Right of recovery

Except as provided in subsection (f), the United States, an Indian tribe, or tribal organization shall have the right to recover from an insurance company, health maintenance organization, employee benefit plan, third-party tortfeasor, or any other responsible or liable third party (including a political subdivision or local governmental entity of a State) the reasonable charges billed by the Secretary, an Indian tribe, or tribal organization in providing health services through the Service, an Indian tribe, or tribal organization, or, if higher, the highest amount the third party would pay for care and services furnished by providers other than governmental entities, to any individual to the same extent that such individual, or any nongovernmental provider of such services, would be eligible to receive damages, reimbursement, or indemnification for such charges or expenses if—




- (1) such services had been provided by a nongovernmental provider; and
- (2) such individual had been required to pay such charges or expenses and did pay such charges or expenses.

<https://www.law.cornell.edu/uscode/text/25/1621e>





Checking PA for Approval or Denial

 	<p>(Key: [REDACTED] - PA [REDACTED]) Asmanex (30 Metered Doses) 220MCG/INH IN AEPB Status: PA Response - Approved ←</p> <p>Created: April 1st, 2020 Sent: April 1st, 2020 Open Archived - Outcome: <i>Approved</i></p>
	<p>(Key: [REDACTED]) Asmanex (30 Metered Doses) 220MCG/INH aerosol powder Status: PA Response - Denied ←</p> <p>Created: March 31st, 2020 Sent: March 31st, 2020 Open Archived - Outcome: <i>Denied</i></p>

- Approvals:
 - Resubmit claims once approved
 - Request backdate if needed
 - Keep track of your successful PA attempts
- Denials can be appealed to possibly get an approval



Backdating an Approved Prior Authorization

Since we often submit for PAs after the actual fill date has passed, we may need to call insurance to backdate to the actual fill date

- Call the phone number on the PA approval that you receive by fax
- Some insurers (SILVERSCRIPT/CAREMARK) automatically backdate PAs 30-90 days
- Others will backdate up to 7, 14, or even 30 days, depending on the plan





PA LOG Tab on Pharmacy POS Tutorial

- Keeps track of successful Prior Authorizations
- Gives an estimated collection for the Year
- Gives Reminders when the PA is about to expire

Total from column "I":		\$46,944.00		How many fills to assume per year:		12			
Date	Chart #	PT. NAME	Starting Date	Ending Date	Needs update?	MEDICATION	Amount/month	Estimate/year	ACTION
1/1/2015	3333	DOE,JOHN	1/1/2018	12/31/2018	TRUE	ENBREL	\$3,900.00	\$46,800.00	
1/1/2019	4444	DOE,JANE	1/1/2019	12/31/2019	TRUE	TRUE METRIX TEST	\$12.00	\$144.00	



Special Situations

1. Specialty meds covered through Caremark (discussed earlier)
 - Email Address: SpecialtyIHSrequests@cvshealth.com
2. Federal Blue Cross/Blue Shield BIN: 610239 PCN: FEPRX
 - If PA is denied, call and ask to speak to the ***Plan Manager***
 - Special provisions in place for Prior Authorizations to be approved for IHS
 - Phone number: 800-345-5413
 - Ask for Plan Manager



Learning Objective #3: Knowledge Check #1

When setting up your Covermymeds account, it should list you as the _____ so you can see all correspondence.

- A. Pharmacist
- B. Pharmacy Technician
- C. Provider



Learning Objective #3: Knowledge Check #2

When filling out a PA on Covermymeds, you can find the ICD-10 code under the _____ tab in _____.

- A. Wellness, EHR
- B. Patient Goals, EHR
- C. POS User Menu, RPMS
- D. Problem management, EHR



Contact for Questions or Comments

Phillip O'Bourke
LCDR, USPHS

Pharmacy Point of Sale Billing

Lawton Service Unit

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Lawton, OK 73501

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