



Louisiana Department of Health and Hospitals

Bayou Health Informational Bulletin 14-2

August 20, 2014

Issue: Bayou Health Pharmacy Prior Authorization Request and Appeals Process

Bayou Health plans are allowed to require a Prior Authorization (PA) on medications that are not on their Preferred Drug Lists (PDL). There are some requirements that must be met.

Emergency Supplies

In emergency situations, each health plan allows the pharmacy to fill a 72-hour emergency supply of medications while awaiting a Prior Authorization determination.

PA Denial Appeals

In the event that a prior authorization is denied, the prescriber has a right to file an appeal with the health plan. Prescribers can also request an expedited appeal of a Prior Authorization denial. Please see the attached document, which outlines the procedures for Prior Authorization, appeals, and expedited appeals for each Bayou Health plan.

Transitional Supplies

In the event that a member switches from a plan that covers a medication to a plan that does not, DHH requires the new health plan to provide the member with a 60-day transitional supply for maintenance medications and 90-day transitional supply of behavioral health medications.

Formal Appeal Hearings

If a prior authorization is denied and the Bayou Health plan's appeal process has been exhausted, members and prescribers (with member's written consent) may file for a formal appeal hearing with the Division of Administrative Law. Prescribing and pharmacy providers may also use the escalation procedures outlined in Informational Bulletin 12-27 on www.MakingMedicaidBetter.com, under Informational Bulletins.

Health plan information on **Medical** Referral and Prior Authorization Policies can be found in Informational Bulletin 12-15 on www.MakingMedicaidBetter.com, under Informational Bulletins.

DHH offers providers numerous avenues for reporting and resolving issues related to Bayou Health. **It is important that providers follow the process outlined in this informational bulletin for Prior Authorizations and escalation of Bayou Health issues to ensure all concerns are handled timely by the appropriate parties.**

				  
3rd Party Pharmacy Benefits Manager/PA Processing	CVS Caremark	PerformRx	US Script	Louisiana Medicaid/University of Louisiana at Monroe PA unit
Review plan's PDL	https://www.myamerigroup.com/LA/Pages/medicaid.aspx	http://www.amerihealthcaritasla.com/pharmacy/index.aspx	http://www.louisianahealthconnect.com/or-members/pharmacy-services/	http://www.lamedicaid.com/provweb1/Pharmacy/pharmacyindex.htm
Request PA	Submit the Bayou Health Pharmacy Prior Authorization Form, which can be found at http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/2809			Submit the "Request for Prescription Prior Authorization" form, found at www.lamedicaid.com , section Forms/Files/User Manuals
Submit PA Form	Fax 888-346-0102	Fax 855-452-9131	Fax 866-399-0929	Fax 866-797-2329
Verbal PA request ok?	Yes, call 800-454-3730	Yes, call 800-684-5502	Yes, call 888-929-3790	Yes, call 866-730-4357
Turnaround time for PA decision	24 hours	24 hours	24 hours	24 hours
72-hour emergency medication supply without PA	Pharmacist should submit Medicaid certification code 11112222333 on the claim to indicate the override purpose and provide an emergency supply. Call numbers below for assistance.	The pharmacy enters <u>603333</u> in the Prior Authorization Override field. Call numbers below for assistance.	The pharmacy submits a PA code 08 and 3 in the "Day Supply" field. Pharmacy can dispense a full package if the product cannot be broken. The dispensing pharmacist should contact US Script at 877-690-9330 .	The pharmacist must first receive authorization from the prescriber, document "Emergency Rx" on script, then code the claim as an emergency by entering "03" in NCPDP Field #487. If the pharmacist determines an emergency supply is needed, document "Emergency by Pharmacist" on hard copy script.
Standard Appeal Requirements	An appeal must be received within 30 days of the denial. An appeal form is sent with the denial letter. Appeal forms can be mailed to: Central Appeals Processing Amerigroup Louisiana PO Box 62429 Virginia Beach, VA 23466-2429	An oral appeal may be made by calling Pharmacy Member Services (866-452-1040) and must be followed up in writing within 20 days. Appeal letter and copy of PA denial letter must be sent along with the expressed member's consent to initiate the appeal on his/her behalf. Written appeals can be mailed to: AmeriHealth Caritas Louisiana PO Box 7324 London, KY 40743	An appeal must be requested within 30 days of the initial denial of services. Appeals can be initiated via letter (mailed or faxed 877-401-8170) or by calling the Appeals Dept. at 866-595-8133 . Appeals initiated via phone must be followed-up in writing. Written appeals can be mailed to: LHC Appeals Department 8585 Archives Avenue, 3rd floor Baton Rouge, LA 70809	Prescriber must complete "Request for Reconsideration" form at www.lamedicaid.com , and fax to 318-812-2940 . A member may file an appeal with Division of Administrative Law.

	Amerigroup	AmeriHealth Caritas	LHC	Legacy Medicaid, CHS & UHC
Is there an appeal form that must be filled out?	Yes, the form is sent with the denial letter.	No. Appeals are accepted in any written format.	No. Appeals are accepted in any written format.	Yes, the Request for Reconsideration form is at www.lamedicaid.com
Appeal Turnaround Time	30 days	30 days	30 days	3 business days
Expedited Appeal Turnaround Time	72 hours	72 hours	72 hours	N/A. All Medical Reconsiderations are processed within 3 business days.
Expedited Appeal Procedures	Fax request to the number on the denial letter, 888-822-5729 , or call the Pharmacy Help Desk directly at 800-454-3730 .	Call Pharmacy Member Services at 866-452-1040 , indicate request for expedited appeal. In these cases, follow-up letter and member consent are not required as in regular appeals.	Fax a letter (1-877-401-8170) to Louisiana Healthcare Connections requesting an expedited appeal. The provider may also telephone the Appeals Department at 1-866-595-8133 with a verbal request. The verbal will require a written follow-up.	N/A
Member's Right to Fair Hearing / Next Steps	The member has the right to a Fair Hearing upon notification of a PA denial if the health plan's appeals process has been exhausted. The member must complete the Request for State Fair Hearing Form and submit the completed form to the Division of Administrative Law (DAL) by mail, fax, or online. DAL will notify the member of the hearing date and time. See the State Fair Hearing Companion Guide for more information: http://new.dhh.louisiana.gov/assets/docs/BayouHealth/State_Fair_Hearing_Companion_Guide.pdf			
Division of Administrative Law	Division of Administrative Law Health and Hospitals Section PO Box 4189 Baton Rouge, LA 70821-4189 Website: www.adminlaw.state.la.us/HH.htm Phone: 225-342-5800 Email: hhprocessing@adminlaw.state.la.us			
Provider Services	800-454-3730	800-684-5502	866-595-8133	800-437-9101
Pharmacy Claims Billing Issues	800-364-6331	888-922-0007	877-690-9330	800-648-0790 or 800-437-9101
Member Services	800-454-3730	866-452-1040	877-690-9330	800-437-9101
PA Help Desk	800-454-3730	800-684-5502	888-929-3790	866-730-4357
PA Fax	888-346-0102	855-452-9131	866-399-0929	866-797-2329
PA Appeals Phone	800-454-3730	800-684-5502	866-595-8133	866-730-4357
PA Appeals Fax	888-873-7038	888-987-5830	877-401-8170	318-812-2940