

## **POLICY AND PROCEDURE**

<b>DEPARTMENT:</b> Pharmacy Operations	<b>REFERENCE NUMBER:</b> LA.PHAR.06
<b>EFFECTIVE DATE:</b> 11/20	<b>POLICY NAME:</b> PBM Inquiry for Additional Information During PA/MN Review Process
<b>REVIEWED/REVISED DATE:</b> 10/20	<b>RETIRED DATE:</b> N/A
<b>PRODUCT TYPE:</b> Medicaid	<b>PAGE:</b> Page 1 of 3

### **SCOPE:**

**Centene Corporate Pharmacy Solutions, Louisiana Healthcare Connections Pharmacy Departments, and Envolve Pharmacy Solutions.**

### **PURPOSE:**

**To ensure that proper documentation and information is gathered for purposes of prior authorization (PA) or medically necessity (MN) review for a medication request.**

### **POLICY:**

**When Envolve Pharmacy Solutions receives a PA request that is missing pertinent information that is needed for the reviewer to make a decision, the Envolve Pharmacy Solutions staff attempts to gather the information to make a well-informed decision. The necessary information could be lab values, test results, diagnosis, medications tried and failed, etc. The minimum necessary information will be requested.**

### **PROCEDURE:**

- 1. If sufficient clinical information is not included with the initial PA request, an Envolve Pharmacy Solutions designee makes an outbound call or fax to the prescriber, requesting the specific information needed to make a determination. Should the prescriber request a copy of the clinical criteria or document for citation, the criteria or guideline is faxed.**
- 2. All outreach attempts made by Envolve Pharmacy Solutions will be documented in the PA processing system.**
- 3. If the necessary required information is received, the process for clinical PA review continues.**
- 4. If Envolve Pharmacy Solutions is unable to obtain the necessary required information at the initial time of outreach, the request is pended to allow for the prescriber to respond and/or submit required clinically supportive documentation. Pending of the case review is not to exceed turn around time (TAT) service level agreements (SLAs) of 24 hours (more or less time may be allotted based on individual state requirements).**
- 5. If Envolve Pharmacy Solutions does not receive a response prior to the TAT requirement which includes the information necessary to provide a final clinical determination, the reviewer renders an adverse determination.**
- 6. If Envolve Pharmacy Solutions receives a response from the prescriber that includes the missing clinical information, but the request does not meet the criteria necessary to approve the request, the reviewer renders an adverse determination.**
- 7. For all clinical decisions, approvals or denials, a notification letter is sent to providers by fax. For members, a letter is sent via mail for denial decisions.**

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8. Adverse determinations communicated in denial notifications include the following information:
- The specific reason for the denial in easy to understand language.
  - A reference to the applicable clinical criteria or guideline the decision was based on, and the specific clinical information needed to make the decision if sufficient information was not received.
  - A statement that the member and/or prescriber can request a copy of the criteria or guideline on which the denial decision was based, upon request.
  - All applicable member rights to an appeal and information regarding the appeal process, including expedited appeals and an external expedited appeal when applicable.
  - Professional to Professional (P2P) rights for the prescriber.
    - The prescriber or their representative may call the Envolve Pharmacy Solutions PA Department and request to speak with a pharmacist or to third party physician reviewer to discuss the decision and provide any special circumstances supporting the request that may change the decision to an approval.
9. A request for a member appeal or for an appeal by the prescriber on behalf of the member can be made to LHCC..
10. Centene and its subsidiaries do not discriminate on the basis of race, color, national origin, sex, age or disability, nor exclude from participation in, deny the benefits of, or otherwise subject to discrimination under any applicable Company health program or activity.

### **REFERENCES:**

**CC.COMP.42 ACA 1557 Nondiscrimination in Health Programs Activities**  
**EPS.PHARM.03A Medicaid Prior Authorization Review Process**

**ATTACHMENTS: N/A**

**DEFINITIONS: N/A**

### **REVISION LOG**

<b><u>REVISION</u></b>	<b><u>DATE</u></b>
<b><u>LA.PHAR.06 was created as a LHCC specific policy from corporate policy</u></b> <b><u>CC.PHAR.06</u></b>	<b><u>10/20</u></b>

### **POLICY AND PROCEDURE APPROVAL**

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The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

**Director, Pharmacy:** Approval on file

**Sr. VP, Medical Affairs:** Approval on file