

LOUISIANA MEDICAID PHARMACY BENEFITS MANAGEMENT PRIOR AUTHORIZATION PROGRAM EFFECTIVE JUNE 10, 2002

Louisiana Medicaid Website - www.lamedicaid.com

AUTHORIZING LEGISLATION

Act 395 of the Regular Session of the 2001 Louisiana Legislature amends R.S. 46:153.3 (B) and (C) and permits the Department of Health and Hospitals (DHH) to utilize a prior approval process for its Medicaid prescription drug program

In State Fiscal Year 2001, the Louisiana Medicaid Program paid 12,545,632 prescriptions. Between 1995 and 1999, the drug expenditures percentage has risen from 10% to 12% of the total Medicaid budget. This pattern of increasing expenditures is projected to continue. Until the current legislative session, Louisiana was prohibited from utilizing a prescription prior approval process within the Louisiana Medicaid Program. With the passage of this legislation, this restriction has been removed, and DHH has elected to implement a drug Prior Authorization (PA) process.

DHH is utilizing the services of both Unisys and the University of Louisiana at Monroe (ULM), College of Pharmacy to operate the Prior Authorization system. The effective implementation date is June 10, 2002 and will be phased-in by therapeutic classes.

DRUGS REQUIRING PRIOR AUTHORIZATION

With the implementation of the Prior Authorization Program, drugs will be considered “preferred” or “non-preferred”. “Non-preferred” drugs will require prior authorization. Listings of these drugs will be supplied to you prior to the targeted implementation date for each therapeutic class added to the Prior Authorization system.

HOW TO OBTAIN PRIOR AUTHORIZATION

Prior authorization is obtained through the University of Louisiana at Monroe (ULM), College of Pharmacy. Prior authorizations may be requested by (1) phone, (2) Fax, or (3) mail.

Phone: (1-866-730-4357)
Fax: (1-866-797-2329) **Do not send a cover sheet with the FAX.**
Mail: ULM
College of Pharmacy – Rx PA Program
1401 Royal Avenue
Monroe, LA 71201

The hours of operation for the ULM Prior Authorization Unit are 8 a.m. to 6 p.m. Central Time, Monday through Saturday.

(NOTE: The POS Help Desk has NO relationship to the PA Unit or the PA request process.)

WHO CAN OBTAIN PRIOR AUTHORIZATION:

The prescribing practitioner is responsible for obtaining prior authorization. (No pharmacist or recipient calls/requests will be accepted.)

Prescribing practitioners include:

Physicians (MD & DO, including interns, residents and fellows)
Dentists
Podiatrists
Optometrists
Nurse Practitioners with Prescribing Authority
Nurse Midwives with Prescribing Authority
Clinical Nurse Specialists with Prescribing Authority

The prescribing practitioner must have and provide his/her valid individual LA Medicaid prescribing provider number to obtain prior authorization. (Only individual provider numbers will be accepted.)

HOW TO OBTAIN A PROVIDER NUMBER:

If a prescribing practitioner does not currently have an individual LA Medicaid provider number, it is important to request a number immediately in order to prevent prior authorization delays/denials following implementation of the program.

Contact Unisys Provider Enrollment @ 225/923-8510 to obtain a LA Medicaid provider number.

PA APPROVAL PROCESS: APPROVALS, DENIALS, and VOIDS:

- When a prior authorization request is received, the ULM Prior Authorization Unit **has 24-hours** from the date and time received to (1) approve, (2) deny, or (3) void the request. **NO retroactive PA approvals will be given.**
- A prior authorization will be approved for a specific period of time with a maximum approval period of one (1) year. Approvals are not given based on prescriptions or number of refills. (Example: PA may be given for a particular drug for a one-year period during which multiple prescriptions with multiple refills may be written; subsequent prescriptions for the same authorized drug do not need to be prior authorized so long as the prescription and refills fall within the one-year period since the drug is authorized for a period of one year.)
- The prior authorization prescription time limit and number of refills edit will supercede the prescription time and refill program limits.
 - Example (1): A drug is prior authorized for a period of one (1) month. The prescribing practitioner issues a prescription for 6 months (original plus five refills). The claim for the first month dispensed will process and pay based on the one-month authorization. Any refills dispensed will deny because there is no authorization for the additional drug.
 - Example (2): A drug is prior authorized for a period of twelve (12) months. The prescriber issues a prescription for 6 months (original plus five refills). When the prescription refills reach five or 6 months, the prescriber must issue a new prescription for the remaining 6 months of the authorization, but does not need a new prior authorization at that time as 6 months of authorization remain.

Approvals:

When a request is approved, the prescribing practitioner will be notified by either phone or fax.

The authorization will be established in the PA system and POS claims processing system to allow claims for authorized medications to process without further intervention by the pharmacist.

Denials:

When a request is denied, the prescribing practitioner will be notified by either fax or written correspondence via first class mail through the U.S. Postal Service.

Voids:

When a request is voided, the prescribing practitioner will be notified by phone or fax. Requests will be voided for the following reasons:

- Incomplete fax or mail request form;
- Fax or mail request not submitted on the accepted form;
- Phone call is terminated prematurely by ULM PA staff;
- Phone call is terminated prematurely by requestor;
- Phone call is terminated prematurely for unknown/other reason;
- PA request received from a non-prescribing practitioner;
- Prescribing practitioner is not on file;
- Recipient is not on file;
- Drug is not on the non-preferred drug list;
- Drug is not on file.

MEDICAL REVIEW PROCESS

In cases where a prior authorization request is denied, the prescribing provider may request a phone consultation with a ULM Prior Authorization Unit physician.

A final determination (approval or denial) through the ULM Prior Authorization Unit will be made by the physician consultant within 48 hours following this phone conference. This decision will be based on the clinical aspects of the case.

APPEAL PROCESS

DHH will administer the appeals process.

THE PRIOR AUTHORIZATION FORM (COPY ATTACHED)**FOR PHONE REQUESTS:**

- The information on the approved form will be asked verbally for phone requests.
- Information provided must be complete. Incomplete requests will not be processed; they will be voided.
- Phone requests will receive phone responses.

FOR FAXED OR MAILED REQUESTS:

- ONLY the completed, legible, designated form will be accepted (attached).
- The PA form should be a single-sheet transmission – **DO NOT include a Cover Sheet.**
- Ensure that the required fields on the form are completed (some fields are required and some are optional).
- Both the individual provider number and the billing provider number are requested on the form. **ONLY THE INDIVIDUAL PROVIDER NUMBER – THE PRESCRIBING PRACTITIONER PROVIDER NUMBER – IS REQUIRED.** The billing provider number is optional.
- The form **MUST** be signed by the prescribing practitioner (if a stamp is used, the stamped signature **MUST** be initialed by the prescribing practitioner).
- Incomplete forms will be returned unprocessed (request voided).
- A faxed or mailed request will receive a faxed or phone response (Responses will be mailed only if a fax or phone number is not available.)

EMERGENCY PROCEDURES

Prescriptions indicating emergency situations shall be dispensed in a MINIMUM quantity of a 3-day supply. **Refills for the dispensing of the non-preferred products in these emergency situations are not permitted.** The recipient's practitioner must contact the Prior Authorization Unit to request authorization to continue the medication past the emergency supply, and a new prescription must be issued.

This process may be used when the Prior Authorization Unit is closed (Sundays; Monday-Saturday before 8 a.m. and after 6 p.m.) or when the PA system is unavailable. The pharmacist may also use professional judgment in situations that would necessitate an emergency supply.

The prescribing practitioner must indicate that the prescription is an emergency Rx on the face of the prescription if hard copy or if the prescription is called in to the pharmacy, the emergency status of the prescription must be communicated to the pharmacist who must indicate "Emergency Rx" on the hard copy prescription. When the pharmacist determines the prescription is an emergency, the pharmacist must indicate "Emergency by Pharmacist" on the hard copy prescription. The pharmacist must code the claim as an emergency prescription (enter "03" in NCPDP Field #487). An NCPDP educational alert will notify the pharmacist that the drug requires prior authorization.

Recipients are exempt from paying co-payments for emergency situations.

DHH will monitor emergency prescriptions/recipients on an ongoing basis through management reports, pharmacy provider audits, and other review programs to review the number of these prescriptions and the reasons for them.

PRESCRIPTIONS ISSUED PRIOR TO THE IMPLEMENTATION OF PRIOR AUTHORIZATION

The prior authorization process will not impact original prescriptions (or refills) issued by a prescribing practitioner prior to the start date of the Prior Authorization Process or prior to the effective PA dates of drugs as they are added to the PA Process. Refills of prescriptions issued prior to an effective PA date will not be impacted as long as they are within the 5 refills and 6-month program limits.

Upon implementation of the prior authorization process, an educational alert will notify the pharmacist that prescriptions issued prior to this date **(and their refills)** are exempt from this process. The educational alert will state "Drug Requires PA".

PRESCRIPTIONS ISSUED AFTER THE IMPLEMENTATION OF PRIOR AUTHORIZATION

After the implementation of the prior authorization process, if a recipient elects to self-pay for an original prescription, then attempts to have Medicaid pay for a refill of the prescription for a drug requiring PA, the pharmacy claim for the refill will be denied for lack of an approved authorization.

IMPORTANT FACTS

- If an approved prior authorization exists in the system, the pharmacy claim will pass the PA edit and continue with existing POS edits. If an approved prior authorization does not exist, the pharmacy claim will be denied through the POS system.
- An approved prior authorization does not guarantee payment of the claim by Medicaid. It only indicates that the drug has been approved as a course of treatment within the Medicaid Program. All existing POS claim edits will continue to be applied.
- The prior authorization process does not verify recipient Medicaid eligibility. It only verifies that the recipient is “on file” (i.e., has a valid Medicaid ID number on file – not that the recipient is eligible on the date of service). Recipient eligibility will continue to be verified by the Pharmacy POS subsystem or through the MEVS or REVS automated recipient eligibility systems.
- When dispensing prescriptions for recipients with retroactive Medicaid eligibility, the pharmacist must file these claims hard copy for special handling. These claims should be sent to:
Bureau of Health Services Financing
MMIS Unit
P.O. Box 91030
Baton Rouge, LA 70821
- With the implementation of the Prior Authorization Process, only practitioners’ individual prescriber numbers will be accepted to request prior authorization of a non-preferred drug. Any provider number other than an individual prescribing provider number WILL NOT be accepted to prior authorize non-preferred drugs.
- *In the past, pharmacies were allowed to use the provider numbers of hospitals, clinics, etc., as prescriber numbers for claims processing purposes. At this time, prescriber numbers other than individual provider numbers will be accepted through the POS system for claims involving drugs that do not require prior authorization. This exception will be phased out, effective July 2002. At that time, only individual prescribing provider numbers will be accepted for processing and paying all pharmacy claims.*

CONTACTS

**University of Louisiana
at Monroe** 1-866-730-4357
Prior Authorization Unit
1401 Royal Avenue
Monroe, LA 71201

Unisys POS Help Desk 1-800-648-0790
P.O. Box 91024
Baton Rouge, LA 70821

Unisys Provider Relations 1-800-473-2783
P.O. Box 91024
Baton Rouge, LA 70821

Unisys Provider Enrollment 1-225-923-8510
P.O. Box 80159
Baton Rouge, LA 70898-0159

Charity and Teaching Hospitals Contacts:

Baton Rouge General Medical Center Triage Nurse, Family Medicine Residency	225-381-6620	Chabert Office of the Medical Director	985-873-1265
E.A. Conway Hospital Office of the Medical Director	318-330-7513	Earl K. Long Office of the Medical Director	225-358-1085
Huey P. Long (LSU/Tulane Residents) Office of the Medical Director	318-473-1426	Lallie Kemp Office of the Medical Director	985-878-1305
LSU-NEW ORLEANS Cynthia Scott, Resident Coordinator Kelly Sherman (alternate)	504-568-8632 504-568-4006	LSU-SHREVEPORT Chasidy Mangham, Resident Coordinator	318-675-5053
Ochsner Foundation Hospital Reonda Victor, Resident Coordinator	800-752-6768	Tulane Hospital Chris Antczak, Resident Coordinator	504-588-5464
University Medical Center, Lafayette Office of the Medical Director	337-261-6156	Washington-St. Tammany Office of the Medical Director	985-735-1322
Walter O. Moss Office of the Medical Director	337-475-8106		

PHARMACY PA and PRESCRIBER NUMBER POS EDITS

NCPDP CODE	POS EDIT #	E/D	DESCRIPTION
75	484	Educational	New RX Will Require PA after DATE
75	485	Denial	PA Required – MD Must Call ULM Operations Staff
75	486	Denial	PA Expired – MD Must Call ULM Operations Staff
75	487	Educational	Emergency Override of a Drug That Requires PA
25	489	Denial	Provider Type Not Authorized to Prescribe
25	491	Educational	Prescriber Number Not For Individual Prescriber