# POLICY AND PROCEDURE

| **DEPARTMENT:**<br>Ambetter Health Plans | **DOCUMENT NAME:**<br>PBM Inquiry for Additional Information During PA Review Process |
|---|---|
| **PAGE:** 1 of 4 | **REPLACES DOCUMENT:** |
| **APPROVED DATE:** 02/14 | **RETIRED:** |
| **EFFECTIVE DATE:** 02/14 | **REVIEWED/REVISED:** 02/15, 02/16, 02/17, 02/18 |
| **PRODUCT TYPE:** Health Insurance Marketplace | **REFERENCE NUMBER:** HIM.PHAR.06 |

**SCOPE:**
Envolve Pharmacy Solutions Clinical Pharmacy Operations and Health Insurance Marketplace (Ambetter) Plan Pharmacy Departments

**PURPOSE:**
To ensure that proper documentation and information is gathered for purposes of prior authorization (PA) review for a medication claim.

**POLICY:**
When a PA request is received by Envolve Pharmacy Solutions with insufficient clinical information to allow the reviewer to make a well-informed decision, the Envolve Pharmacy Solutions reviewer will review the request based on presented information. If the reviewer is unable to approve the request, the PA request is denied with a prior authorization status of "unable to approve". If the request is incomplete or is missing non-clinical information such as provider signature Envolve Pharmacy Solutions reviewer will fax informational fax to provider stating which section of the PA form is missing.

**PROCEDURE:**
For Reviews with insufficient clinical information:
The reviewer will fax a response to the prescriber within appropriate turnaround time of receipt, stating the information needed to evaluate the request for the medication (e.g. clinical laboratory reports).

1. A denial is entered into the Envolve Pharmacy Solutions system with a prior authorization status of "unable to approve."
2. The reviewer lists the specific information needed to evaluate the request in the notes.
3. A member denial letter is generated, stating that additional information has been requested from their prescriber, listing the information that is required to render a decision.

For Reviews with insufficient non-clinical information:

1. Informational fax is sent to provider requesting additional corrections

2. The reviewer lists the specific information needed to evaluate the request in the notes. (Provider signature, etc)
3. No denial letter is generated.

When (if) the prescriber's office provides the requested information to Envolve Pharmacy Solutions, the request is processed as a new prior authorization request and the decision faxed to the prescriber within appropriate turnaround time.

1. If the request is approved based on the information provided, the provider is faxed a response indicating approval.
2. If the information provided does not meet criteria for approval, Envolve Pharmacy Solutions will fax the provider a provider denial notification and a new member denial letter will be generated and mailed. Both letters will contain the reason for the denial and list the specific information necessary for approval.
3. The member denial letter describes the member's right to appeal the adverse benefit determination.
4. The prescriber response letter for a denied request lists options that the prescriber may pursue:
    a. Request for reconsideration: prescriber may fax additional, clinically relevant information to Envolve Pharmacy solutions for review.
    b. Peer to peer discussion: prescriber or their representative may call Envolve Pharmacy Solutions prior authorization department and request to speak with a pharmacist to discuss decision and provide information that may change decision to an approval.
    c. Appeal: submit an appeal to the Ambetter plan on behalf of the member.

**REFERENCES:** N/A

**ATTACHMENTS:**

**DEFINITIONS:** N/A

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## REVISION LOG

| **REVISION** | **DATE** |
|---|---|
| Changed reference from Corporate Pharmacy Department to US Script Utilization Management Pharmacy Department. | 02/16 |
| Changed reference from US Script Utilization Management Pharmacy Department to Envolve Pharmacy Solutions | 02/17 |
| Under Policy section inserted "clinical" after insufficient and before information. Inserted "review the request based on presented information. If the reviewer is unable to approve the request, the PA…" after Envolve Pharmacy Solutions reviewer will. Removed: "fax a response (Attachment A: Response to Prior Authorization medication Request decision. The PA". Removed: "for purposes of reporting after "unable to approve". Inserted: "If the request is incomplete or is missing non-clinical information such as provider signature Envolve Pharmacy Solutions reviewer will fax informational fax to provider stating which section of the PA form is missing." Removed section: "If the information requested is not submitted by the prescriber within 48 hours, the request is considered and adverse benefit determination (denial) and no further action is taken" from the end of the paragraph. Added "For Reviews with insufficient clinical information" title under Procedure. Added section: For reviews with insufficient non-clinical information:" Under procedure replaced reference to 24 hour turn around time to "within appropriate turn around time". Turn around time varies from state to state and type of request. | 02/18 |

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**POLICY AND PROCEDURE APPROVAL**

Pharmacy & Therapeutics Committee: Approval on file

EPS Director, Marketplace Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

*NOTE: The electronic approval is retained in Compliance 360.*