



Pharmacy Auths and Appeals

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NH Healthy Families – Pharmacy



NH Healthy Families covers prescriptions and certain over-the-counter medications with a written order from a provider. Not all medications are covered by the pharmacy program. Some medications may require prior authorization or may have age, dosage or quantity limitations. To find more information on the medications that are covered, please refer the Preferred Drug List link which can be found under the Pharmacy section on our website:



[NHHF Pharmacy Page](#)

MedPharm & Retail Pharmacy

- **A commonly asked question:** What is the difference between a **Medical** pharm request (aka, MedPharm or Buy & Bill) and a **Retail** pharm request?



Retail pharmacy benefit auth request is when the medication requested will be picked up by you/someone on your behalf at a retail pharmacy (such as CVS) and is processed through your prescription pharmacy benefit



Medpharm auth request is when the medication requested is supplied by your provider's office and your provider will submit a claim to the plan through the medical benefit

Prior Authorization



- Prior Authorization Criteria
- [NH Healthy Families Medical and Pharmacy Policies.](#)
- [NH Healthy Families Prescription Prior Authorization FAQ's \(PDF\).](#)

Member Appeals

WHAT IS AN APPEAL?

- A request for the Plan to reconsider a previous decision regarding an adverse determination (denial)

OTHER OPTIONS

- Are there options for my provider before filing an appeal? Yes!
 1. Your Provider may request a Peer-to-Peer Review*
 2. Your Provider may Request a Reconsideration**

*Medical necessity decisions can't be overturned unless new and pertinent clinical info is provided.

**Reconsiderations can only be considered if submitting additional info. Reference tracking ID or include denial letter with submission. Alternatively, the provider may also fax a new prior auth form with the additional, clinically relevant info.



Appeal Timeframes

Must be filed within 60 calendar days from denial

Expedited (Clinically Urgent) Resolution TAT:
72 Hours

Standard Resolution TAT: **30 Calendar Days**



Necessary Information

Who is filing the appeal?*

*include contact info, e-fax/mail and phone

Who is the appeal for?

What is being appealed?

Why is this medication/treatment necessary?

Supporting clinical documentation is often helpful.

Auth Rep/Member Consent

- You (the member) may file an appeal and ask your provider to submit pertinent information on your behalf.
- State law allows anyone, including healthcare providers, to file an appeal on your behalf. However, if it is someone on your behalf, your written consent is required for standard requests.
- In the case of urgent (expedited) appeals, your consent is not required.
- If that written consent is not received by the appeal resolution deadline, the appeal will be dismissed.

AUTHORIZED REPRESENTATIVE FORM

You have the right to choose someone to represent you during your Grievance or Appeal with NH Healthy Families. To designate a representative, please complete this form and return it to NH Healthy Families. You may revoke this designation at any time by submitting a request to us in writing. Please note, if we do not receive a signed Authorized Representative Form in the timeframe needed, your request may not be processed. If any such action is taken, you will be notified in writing.



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Document

Questions?

Thank you!
