



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, Biopharm and Buy & Bill) and a **Retail** pharm request?



Retail pharmacy benefit auth request is when the medication requested will be picked up by the member at a retail pharmacy (such as CVS) and is processed through the member's prescription pharmacy benefit - [Medication Prior Authorization Form](#)



Medpharm auth request is when the medication requested is supplied by the provider's office and the provider will submit a claim to the plan through the medical benefit - [Prior Authorization Form](#)

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 before filing an appeal? Yes!
 1. Request a Peer-to-Peer Review*
 2. 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, you 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.

Retail Pharm Prior Auth Denial Info

Please notify your patient of this decision to facilitate use of preferred drug list alternatives.

PROVIDER OPTIONS

Requests for Additional Information: Both you and the member may request to receive, free of charge, reasonable access to and copies of all documents, records, and other information relevant to this denial. This information includes any medical necessity criteria used, and any processes, strategies, or evidentiary standards used in setting the Plan's coverage limits. Call Pharmacy Services at 1-866-399-0928 to request this information.

Request a Peer-to-Peer Review: You have the right to confer with the Pharmacy Services pharmacist who made this determination, if available, or an alternate Pharmacy Services pharmacist. Medical necessity decisions cannot be overturned unless new and pertinent clinical information is provided. Call 1-866-399-0928, Monday – Friday, 10:00 a.m. to 8:00 p.m. EST.

Community Mental Health Center providers requesting a Peer-to-Peer Review should call 1-844-761-1064.

Requests for Reconsideration: If you are submitting additional information for this request, please fax your response to Pharmacy Services at 833-645-2738. Please reference the above Tracking ID number if submitting information on a separate page or include a copy of this letter with the submission. You may also fax a new prior authorization form with additional, clinically relevant information.

Retail Pharm Prior Auth Denial Info - Appeals



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Response to Prior Authorization Medication Request

MEMBER OPTIONS

The member may appeal this action. The member also has the right to have somebody else represent him or her during the appeal process, including you (the provider), the member's friends, relatives, or legal counsel.

The member, or you as the member's authorized representative, has the right to submit any information that will support the appeal, such as additional documents, written comments, medical records, or other relevant information.

Explanations of the health plan's internal appeal process may be found below.

Once the member has exhausted the health plan's internal appeals procedure, he or she has 120 calendar days to request a Medicaid Fair Hearing by contacting the New Hampshire Department of Health & Human Services:

Administrative Appeals Unit
105 Pleasant Street
Concord, NH 03301
1-800-852-3345, ext. 4292

STANDARD APPEAL

Submit an appeal request within 60 calendar days from the date of this notice. The health plan will provide a decision no later than 30 calendar days from receipt of your appeal and all necessary information.

Submit the request in writing or by telephone to:

New Hampshire Healthy Families
Attn: Appeals & Grievance Coordinator
2 Executive Park Drive
Bedford, NH 03110
Phone: 1-866-769-3085
TDD/TTY: 1-855-742-0123
Fax: 1-866-270-9943

EXPEDITED APPEAL

If a delay would result in serious or immediate harm, submit an expedited appeal. The health plan will provide a decision within 72 hours from receipt of your appeal and all necessary information.

Submit the request by telephone to:

Phone: 1-866-769-3085
TDD/TTY: 1-855-742-0123



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Confidential and Proprietary Information

Auth Rep/Member Consent

- State law allows anyone, including healthcare providers, to file an appeal on behalf of a member. However, written consent from the member is required for standard requests.
- If that written consent is not received by the appeal resolution deadline, the appeal will be dismissed.
- A member may file the appeal themselves instead.

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.



Adobe Acrobat
Document

Questions?

Thank you!
