

New Hampshire Healthy Families Prescription Prior Authorization FAQ's

1. Where do prior authorizations (PAs) get submitted?

A PA for a medication that is being picked up from a retail pharmacy will need to be faxed to Envolve Pharmacy Solutions at: (866) 399-0929. For additional assistance, providers may contact Envolve at: (800) 460-8988, or contact the health plan directly. Medications that are administered through a provider's office is considered a "Buy and Bill". In this situation the PA is obtained from the health plan as part of the member's medical benefit. The claim would be submitted to the health plan as well. In order to initiate an authorization, the provider, or an associate from the provider's office will need to call the Medical Management department at the health plan, they can be contacted at (866) 769-3085 for Medicaid and Ambetter members. Clinical information will need to be faxed to (866) 270-8027.

2. How do I find out if a medication is covered?

If the medication is being picked up from a retail pharmacy, providers can check the health plan's PDL, or use Epocrates, which is a hand help application that currently holds each plans' formulary, as well as any medication restrictions. If the medication is a "Buy and Bill" and contains a J-code, providers can use the Pre-Auth Check tool that is on the plans' website. For New Hampshire Healthy Families and Ambetter, providers can use the following link: <https://www.nhhealthyfamilies.com/providers/preauth-check.html>

3. What if a medication is not on the PDL, does that mean it is excluded from being covered?

Not entirely. If a medication is not on our PDL, there may be a chance we will cover it if it is determined to be medically necessary; however, a PA will be required. A PA will also be required if it is outside of PDL restrictions, such as quantity limits, age restrictions, maximum daily dosage, and so on.

4. What is the turnaround time for a standard PA?

Typically, standard PAs can take from 24-48 hours.

5. What is the turnaround time for an expedited PA?

24 hours, however, this has to be requested by the provider.

6. How does one check the status of a PA?

There are multiple options for this. The provider can contact Envolve Pharmacy Solutions directly at (800) 460-8988, or contact NH Healthy Families. NH Healthy Families may be reached at (866) 769-3085, providers inquiring about Ambetter by NH Healthy Families prior authorizations will need to call (844) 265-1278.

7. What if the PA was denied?

If the PA was denied, the provider has the option of doing a Professional to Professional (P2P) review with Envolve Pharmacy Solutions. The P2P through Envolve Pharmacy Solutions must be requested within 30 days of the denial, which will involve an Envolve Pharmacist. Providers may also request a reconsideration by Envolve Pharmacy if they re-send the PA form with additional, clinically relevant information within 30 days of the denial. If after completing these steps, Envolve Pharmacy upholds the denial, the provider has the option to do an appeal directly with the health plan. A provider always has the option of appealing directly to the health plan and is not required to conduct a P2P or reconsideration request. However, the appeal process can take up to 30 days depending on the medication and the urgency of the request.

A P2P can be completed for a “Buy and Bill” denial that is done through the health plan directly and must be scheduled within 48 hours of the denial. If the denial is upheld, the member has the right to request an appeal.

The appeal will need to be filed within 30 days of the denial and will require member consent (for a standard appeal request), a letter or note stating the necessity of the medication, however, often a letter of medical necessity submitted by the provider is helpful, as well as any additional supporting clinical information. This can be faxed or mailed to our Grievance and Appeals Department. Again, the turnaround time for an appeal resolution can take up to 30 days dependent upon the medication, the urgency of the request, and the health plan product the member is enrolled in.

The following are the fax numbers for each respective program, supporting clinical and the letter of medical necessity can be faxed to:

NH Medicaid: (866) 270-9943

NH Ambetter: (877) 851-3992

8. Does the member have an opportunity to get medicine while waiting for an appeal to be reviewed?

Yes, the member is only eligible for a Continuity of Care override if he/she has previously been on the medication, the time limit that the health plan has approved for has not ended, and the appeal is requested within 10 days of receiving the denial notice. Also, if the member is new to the health plan and the provider submits evidence that he / she has been on the medication at their prior insurance, we will offer a Continuity of Care override for up to 60 days from the date of enrollment pending a PA review. If that is not an option for the member, they are always eligible for a 72-hour emergency supply. Most pharmacies are capable of putting in the override, however, if they have any questions, they can contact Enolve Pharmacy Solutions for assistance.

9. What are the PA requirements if the member has primary, commercial insurance?

If the remaining balance for the medication is \$200 or less after being submitted to the primary insurance, we will follow the primary insurance and cover as secondary without a PA. However, if the balance is over \$200, and the medication is not on the PDL, we will require a PA to cover the medication as secondary. If the balance is over \$200, and the medication is on the PDL without a prior authorization requirement it will process without rejecting.

10. If a member has Medicare A, or A + B, but no Part D, will we cover as secondary?

No. We will not cover as secondary with any combination of Medicare. As long as the medication is an eligible drug to be covered by Medicare Part D, we cannot cover any part of it per state regulations. However, if a medication is completely excluded from Medicare Part D, we can process as primary. For example, over the counter medications.

11. Since Medicare Part D does not cover diabetic supplies, can we process as primary?

No. Diabetic supplies are covered by Medicare Part B. IF, Medicare Part B does not cover it, there is a possibility we may cover it (with or without requiring a prior authorization) since it is not a covered benefit under Medicare Part D.