# Medicaid Prior Authorization (PA) and Electronic Prior Authorization (ePA)

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**Description:** Provides information on how to obtain a Prior Authorization (PA), which may allow for a prescription to be covered that initially does not meet guidelines in Compass.

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| **Specialty Medications:** Provide the phone number then warm transfer the member to Specialty Customer Care (**1-800-237-2767**). If the Provider’s office is calling about Specialty medication for Prior Authorization/Appeal, warm transfer to Specialty PA Department (**1-866-814-5506**). |

 Applies to Medicaid Prior Authorization (PA). For what to do after denials, refer to [Compass - Appeals (003477)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426).

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| Viewing ePA Status |

To view the status of an existing, initiated ePA Request in Compass, perform the following steps:

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| **Step** | **Action** | | |
| **1** | From the **Claims** tab on the Claims Landing page, click **Override/PA History** in the **Quick Actions** panel.  **Note:** The **Expiring Override/PA Flag** () is displayed when the **Override/PA History** tab has a record which will expire in 45 days from the current date. Once the **Override/PA History** hyperlink is clicked, the flag () is visible on the row that contains the expiring override.  **Reminder:** Refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c) to assist members with an expiring opportunity with starting a new ePA now, before it expires.    **Result:** The Override/PA history screen displays. This screen will display a list of overrides and Prior Authorizations (including electronic Prior Authorizations- ePA’s) submitted from Compass in the last 90 days. | | |
| **2** | Review the **Initiated ePA** section of the Override/PA history screen for the Rx in question.  The following information may be identified in this section:   * **Rx #** populates from the claim the ePA was initiated from in Compass (hovering over the **Rx #** hyperlink displays the vendor’s name “CMM-CoverMyMeds”) * Drug Name * Request Date * Request ID (keycode used to identify requests in CoverMyMeds) * Status   **Notes:**   * Once an ePA request is acted upon by the provider, our PA system should show status within 1-3 business days. * All ePA requests are automatically submitted twice to the provider for a response within 10 days. If no response is received after this timeframe, you will need to create a new ePA request. * Another ePA request for the same medication cannot be initiated in Compass until 10 days have passed from the initial request.   + If the caller states the ePA request needs to be initiated again due to the provider not receiving the ePA request within the 10-day timeframe, or a request needs to be sent to a different provider with the 10-day timeframe, refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4). * Offer to contact the prescriber and provide the prior authorization phone number. If there is no phone number in the rejection, provide 1-800-294-5979. * If the prescriber confirms they do not participate in CoverMyMeds, confirm the fax number and send a Support Task - [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6).   + Support Task: Type: Contact Provider for PA – Medicaid   Reason: Prior Authorization Required, Quantity Limit or Step Therapy.  Include in Task notes that the prescriber does not participate with CMM.  Refer to the following scenarios as needed: | | |
| **If the Status for the Rx is…** | **Then…** | |
| **Approved, Pending, In Progress, or Denied** | Refer to [Advising on Prior Authorization (PA)](#_Viewing/Advising_on_PA,). | |
| **Not found, or has a status of Submitted** | Verify that the provider has not sent their own PA information to Customer Care. Proceed to the next step to review the other sections on the Override/PA History screen.  **Note:** Ensure that no “ePA” or “CMM” (Cover My Meds) notes are found in Member Alerts, Member’s Recent Cases, and no PA request was submitted via Support Task. | |
| **PA Request Failed (Provider Notification Failure)** | Assist the member with beginning the PA. Refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  **Note:** Ensure that no “ePA” or “CMM” (Cover My Meds) notes are found in Member Alerts, Member’s Recent Cases, and no PA request was submitted via Support Task. | |
| **3** | Review the **PA Status** section of the Override/PA history screen for the Rx in question.  **Result:** The screen displays with the following information:   * **ID (a letter signifies this is an appeal)** - Provides the number assigned to the PA by the ASAP system * **Drug Name** - Provides the name of the drug needing the PA * **Status** - Advises if request is Open or Closed * **Date Posted** - Advises the date the request was created * **Last Activity** - Describes the last activity (approved, denied, closed, no response, pending) * **Activity Date** - Provides the date of the last activity * **Resolution** - Advises of the decision made on the PA * **Effective** - Provides the date the approval began * **Expiration** - Provides the date the approval expires     **Note:** Tool Tip information will vary based on the Line of Business. | | |
| **If…** | | **Then…** |
| Prior Authorization is found for this Rx | | Refer to [Advising on Prior Authorization (PA)](#_Viewing/Advising_on_PA,). |
| Prior Authorization is not found for this Rx | | Proceed to next step. |
| **4** | * + - * Review the **Override History** section of the Override/PA history screen for the Rx in question. The following information may be identified in this section:   + ID   + Drug name   + Drug Type (NDC/GPI)   + Drug ID (NDC/GPI number)   + Effective   + Expiration   + Reason   + Last Update * Check the **Drug ID** for the GPI of the medication the member is requesting to determine if there is already a Prior Authorization on file.   **Notes:**   * Prior Authorization not handled by Caremark will often appear as a long-term override (**Example:** 6 months – 1 year).  Refer to the CIF to ensure who handles PA requests for the plan. * Only PA/Overrides for the selected **Carrier/Account/Group** will display. View all coverages to get a full view of these records. * Most Prior Authorizations are placed for an extended period (**Example:** 6 months – 1 year). * If the Prior Authorization contains wildcard numbers (\*\*) within the GPI, it will cover multiple strengths of the medication. This does not apply to medications with quantity limits. If the member has further questions or concerns regarding prior authorizations for more than one strength of a medication, warm transfer the member to the Prior Authorization Department. If there is no phone number in the reject, you may call 1-800-294-5979. * The **Expiring Override/PA Flag** () is displayed when the **Override/PA History** tab has a record which will expire within 45 days from the current date. Once the **Override/PA History** hyperlink is clicked, the flag () is visible on the row that contains the expiring override. | | |
| **If…** | | **Then…** |
| Prior Authorization is found | | Refer to [Advising on Prior Authorization (PA)](#_Viewing/Advising_on_PA,). |
| PA is **not** found | | Proceed to next step. |
| **5** | Assist the member with beginning the PA process. Refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  **Note:** Ensure no “ePA” or “CMM” (Cover My Meds) notes are found in Member Alerts, Member’s Recent Cases, and no PA request was submitted via Support Task. | | |

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| Advising on Prior Authorization (PA) |

Perform the steps below:

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| **Step** | **Action** | | | |
| **1** | Review Compass to determine the PA status. | | | |
| **2** | Advise according to the PA status. Select the appropriate hyperlink to continue to resolution:   * [In Progress](#PAinProgress) * [Approved](#PAisApproved) * [Denied](#PAisDenied) * [Auto Closed](#PAisAutoClosed) * [Member Requests Transfer of PA from one plan we handle to another plan we handle](#MemberRequestsTransferofPA)     **Notes:**   * If the PA has not been initiated OR is expiring, refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c). * If a third party who is fully authenticated calls to get information about a PA status, we can release information ONLY IF they can provide the name of the prescription. | | | |
| **Prior Authorization is In Progress** | | | |
| **And the…** | **Then…** | | |
| **Member is calling** | * **If 2 or less business days since the request was sent to the prescriber:**   I am happy to share that I see a Prior Authorization request has been started for your medication. The turnaround time for this process is about 3 business days from the time the prescriber responds. Please follow up with your prescriber for the status of your request, or you can see it on our website once approved if it is approved. * **If greater than 3 or more business days since the request was sent to the prescriber:**    + Contact the PA department by calling the number from the reject for details on the pending request. If there is no phone number in the reject, you may call/provide **1-800-294-5979**.     - If the member is satisfied with the information, re-educate on the turnaround time for the process to be completed.     - If the member is not satisfied with the information and wishes to escalate the call, contact the Senior Team for assistance. Refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). * **If the caller states that the request is urgent:** For Urgent requests, refer to [Prior Authorization or Clinical Exception Urgent, Duplicate, and Back Dating Requests (059538)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3ab218b-4ed8-445b-955e-eaae57a8a8ed) | | |
| **If the member...** | | **Then…** |
| Is using Mail Order | | Advise the member they will need to call back to restart their order after the PA is approved. |
| Is using a local pharmacy | | Advise the member they will need to call the local pharmacy to fill the Rx after the PA is approved. |
| Asks for more information regarding the status of the PA | | Provide more information to the member by utilizing the Override/PA History hyperlink button in Compass. Refer to [Compass - Override / PA History (050015)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=74e6ea18-d5de-4ba0-9529-5d452f814e93).    **Note:** The **Expiring Override/PA Flag** () is displayed when the **Override/PA History** tab has a record which will expire in 45 days from the current date. Once the **Override/PA History** hyperlink is clicked, the flag () is visible on the row that contains the expiring override. |
| Asks about what we need from the prescriber | | Provide an explanation to the member:  Icon - Callout Your provider needs to answer a set of questions to determine if the medication prescribed is safe, effective, and appropriate given the options available for your condition. Offer to contact the prescriber and provide the information that is needed. |
| Member asks about alternative medications that would not require a PA | | * Inform the member that the plan’s formulary contains a list of covered medications, and they can review their plan formulary on our website. (Offer to send link to Caremark.com if not registered.) * Offer to search for potentially cost-saving alternatives that may not require a PA, and perform [Test Claims for alternative medications (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b). |
| **Provider is calling** | Inform the provider’s office of the status. If additional information is needed, or the provider asks to speak with the PA Team, provide the phone number from the rejected claim and warm transfer the call. If there is no phone number in the reject, provide **1-800-294-5979**. | | |
| **Prior Authorization is Approved** | | | |
| **And the…** | **Then…** | | |
| **Member is calling** | Run a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) for the medication in question to ensure the claim pays.   * If it is accepted, advise the member of the approval and next steps.  **Approved:**  Great news! Your authorization for <medication name> has been approved for <provide date range>. Your medication will now process through your prescription benefit coverage. If there are any changes to the prescription, such as changes in quantity, dose, strength, or formulation, your plan may require a new request for coverage. Please remember to ask your prescriber to renew your authorization again before <provide expiration date>.   **Notes:**   * If there is a Home Delivery/Mail Order prescription on hold which now shows an accepted test claim, assist the member with ordering their medication and verify the member is set up for CMP messaging. Refer to [Compass – Manage Diverts / Conflicts (Release Order) (056291)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d4ef5860-ef38-4ae9-afd8-a4cb0d1f12e6) or [Compass – Placing/Releasing a Prescription (Rx) in Process on Hold/From Hold (056362)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=46478c4b-48ae-4502-b66c-222e1ca37ce3). * If there is no Home Delivery/Mail Order, verify the member is set up for CMP messaging and place an order. Refer to [Compass – Mail Rx Refill/Renewal (Order Placement) (054262)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ad3a7263-725b-4d5d-a2ec-440f1f30d79c). * For retail claims, offer to contact the pharmacy and re-run the claims with the approved from date listed on the PA. If the member paid out-of-pocket, offer to verify with the pharmacy if a refund can be provided. If not, send a paper claim form (verify in the CIF if allowed) or provide that claims can be filed on Caremark.com. If the member is not registered, send the link.      * If it is denied, assist the member based on the rejection code and reject message. **Example:** A medication may need a PA to be covered on the plan. The PA for coverage is accepted, but the plan has a Quantity vs. Time (QVT) limitation, and the member will need a separate PA to request coverage for the additional quantity beyond what the plan normally allows. Offer to contact the prescriber office to provide the updated information. | | |
| **Provider is calling** | 1. Inform the provider of the result. 2. Advise the provider to have the member contact Customer Care for Mail Order claims; for Retail claims contact the Retail pharmacy. | | |
| **Prior Authorization is Denied**  **Note:** Members or providers may request a free or additional copy of the guidelines. Contact the PA Team for the copy by calling the phone number from the rejected claim. If there is no phone number in the reject, call 1-800-294-5979. | | | |
| **And the…** | **Then…** | | |
| **Member is calling** | Advise the member of the denial reason provided and the next steps.  **Denied: Icon - Conversation** I absolutely understand that obtaining your medication is important to you. The Prior Authorization has been denied. You will be mailed a copy of the denial letter. | | |
| **If…** | | **Then…** |
| There is only **one** denial for the PA **and** the denial is due to insufficient information/information not included. | | Advise the member that a second request may be submitted within 60 days of the first denial for the provider to submit any additional information, including studies, tests, etc.  Your Prior Authorization was denied because we are missing some of the required information from the provider. I will definitely send another Prior Authorization request to your provider. I would recommend you contact your provider and ask them to call our Prior Authorization dept.  **CCR:** Best practice is to recommend the provider’s office call the Prior Authorization number to update the PA request. This way the PA team can ensure every question is fully answered.   * Provide the phone number from the rejected claim. Refer to the CIF to determine who handles Prior Authorizations.   If there we handle the PA, and there is no phone number in the reject, you may provide **1-800-294-5979**.   * The provider may also submit an ePA request through <https://www.covermymeds.com/epa/caremark/>.   Submit a second PA request. Refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4). |
| There is a denial on file for **does not meet criteria**.  OR  There are 2 denials on file for the same medication within the last 60 days | | * Review the CIF to determine who handles the Appeals process. * Review the information with the member to begin the Appeals process.   Refer to [Compass - Appeals (003477)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426). |
| Member requests other options | | You may choose to pay out of pocket for the medication or discuss alternative mediations with your prescriber. If you would like, I would be happy to search for potentially cost-saving alternative that may not require an approval request.  Assist the caller by searching for potential [alternatives (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b). |
| A more thorough explanation as to why the request was denied | | Review the reason for denial with the member by clicking on the PA status ID in Compass.  **Note:** After reviewing the denial reason and if the member requests more information:   * If the CIF indicated that our PBM handles the PA process, contact the PA team using the number from the reject code and warm transfer the member. If there is no phone number in the reject, you may call **1-800-294-5979**. * If we do not handle the PA process, direct the caller to the appropriate place listed in the CIF. |
| Another copy of the Prior Authorization determination letter (Approval or Denial)  OR  A free copy of the actual benefit provision, guideline, protocol, or other similar criterion used to make the decision and any other information related to this decision | | * Confirm the medication and the member’s mailing address where the letter will be sent. * Contact the Prior Authorization Department to request letter be sent to the member at the preferred address. Contact the PA team using the number from the reject code. If there is no phone number in the reject, you may call 1-800-294-5979. * Advise the member to allow 7-10 business days to receive the letter. |
| **Caller is inquiring about Opioid DUR Hard reject for above 200 MME/day** | Refer to [Prior Authorization (PA) Opioid DUR Hard Reject for Above 200 MME/Day Job Aid (059540)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1606b044-3af6-43bf-bf37-188c2355eed3). | | |
| **Provider is calling** | Determine the following: | | |
| **If provider asks for…** | | **Then…** |
| Further review | | 1. Review CIF to determine who handles the Appeals process. 2. Review the information with the provider to begin the [Compass - Appeals (003477)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426) process. |
| A more thorough explanation as to why the request was denied | | Review the reason for denial with the member by clicking on the PA status ID in Compass.  **Note:** After reviewing denial reason, if more information is required:   * If the CIF indicated that our PBM handles the PA process, contact the PA team using the number from the reject code and warm transfer the provider. If there is no phone number in the reject, you may call **1-800-294-5979**. * If we do not handle the PA process, direct the caller to the appropriate place listed in the CIF. |
| **Notes:**   * Appeals can be started as soon as denial is received. * If a PA is denied due to information provided being incomplete or inaccurate, the provider may contact the PA department at **1-800-294-5979** to correct or update the information without moving forward into the appeal process. | | |
| **Prior Authorization is Auto Closed** | | | |
| **And the…** | **Then…** | | |
| **Member is calling** | Advise the member that there was no response from the doctor regarding the PA request.  **Note:** Requests are closed after 6 business days without receiving a response from the doctor.  Icon - Conversation I understand that obtaining your medication is important to you. There was no response received from the provider. Please have your provider contact the Authorization department to re-start the request at <provide PA phone number in CIF, rejected claim or test claim>. Or if you want, I can contact your provider for you. | | |
| **Provider is calling** | * Inform the provider’s office there was no response received regarding the request. Either they did not return the necessary forms, or we did not receive them. * Provide ePA option or warm transfer the call to the PA team using the number from the reject. If there is no phone number in the reject, provide **1-800-294-5979**. | | |
| **Member Requests Transfer of PA from one plan we handle to another plan we handle** | | | |
| **And the…** | **Then…** | | |
| **Member is calling** | Do not commit to transferring a PA before going through all steps.  Verify if the member was with our PBM when the previous PA was approved by performing a name and DOB search. | | |
| **If…** | **Then…** | |
| **Yes** | Verify whether both accounts are under the same client. | |
| **If…** | **Then…** |
| **Yes** | Consult the Senior Team to have them reach out to Account Management for transfer. |
| **No** | The member will need to obtain a new PA. |
| **No** | Review the CIF to see if the client opted to have PAs transferred over from the previous PBM:   * If yes, follow directions in CIF for how to request transfer if not already in system. * If not, the member will need to obtain a new PA.   When not referenced in the CIF, reach out to the Prior Authorization team using the number from the rejected claim to verify. If there is no phone number in the reject, provide **1-800-294-5979**. | |
| **Provider is calling** | Follow the same steps listed above for when a **Member is calling.** | | |

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| Sample Letters |

[Standard Prior Authorization (PA) Approval Member Letter (074662)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c757b2f6-6515-4c6e-9ee1-cda836e3d04f)

[Standard Prior Authorization (PA) Denial Member Letter (074661)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=401a939c-e68d-4c8d-ba86-051b14f15a8b)

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| Frequently Asked Questions |

Refer to [Prior Authorization Questions and Answers (074022)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e1f9ddb2-60d2-4249-96b5-6d0b2b1849bf).

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| Turnaround Time |

Varies. Depending on the information provided and responsiveness, a PA can be real time, up to a few business days. A specific turnaround time cannot be provided.

Refer to the following table:

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| **Type** | **Turnaround Time** |
| **Urgent PA** **request** | Although I am unable to provide a guaranteed turnaround time, requests can be decided as soon as 1 business day after all information is received from your prescriber.   * The origin of the PA request can be one of the following: ePA, fax, or phone/verbal requests or Support Task (050031). * These requests can be decided within 1 business day **after full clinical information is received from the prescriber**. * It is ONLY considered urgent if the prescriber writes “URGENT” on the faxed document(s) or over the phone states it is urgent. DO NOT proactively advise members to tell their Dr. to submit requests as urgent when they are not. |
| **Non-urgent PA request** | Although I am unable to provide a guaranteed turnaround time, requests can be decided as soon as 3 business days **after all information is received from your prescriber**.   * The origin of the PA request can be one of the following: ePA, fax, or phone/verbal requests or Support Task (050031).. * These requests can be decided within 3 business days **after full clinical information is received from the prescriber**. |
| **Escalated Calls** | * In an escalated situation, the PA issued will be resolved as soon as possible. |

**Note:** Some members are receiving automated calls about an approved PA. Verify the PA status to determine if call was made to the member. The call made will request authentication steps before releasing information of the status. If you receive a call about this, inform the member of the status and proceed.

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| Related Documents |

[Compass – Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)

[Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4)

[Customer Care Abbreviations, Definitions, and Terms (017428)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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