Submitting Authorization Requests for Pharmacy Services

Provider Relations Unit
June 2017
Learning Objectives

• As a result of this webinar, you will be able to:
  ✓ Locate the Pharmacy Information Authorization form 13-835A and instructions.
  ✓ Submit your authorization request successfully using the authorization intake process.
  ✓ Submit additional information to an existing request using a document submission cover sheet.
  ✓ Check on the status of your request using the IVR.

• For additional information on the pharmacy authorization program see the Prescription Drug Program Billing Guide.

• Visit the pharmacy prior authorization webpage for more resources!
Learning Objectives

• Understand the pharmacy and the prescribing physician’s role in the prescription authorization process:
  ✓ The dispensing pharmacy initiates the request using HCA’s electronic form 13-835A - Pharmacy Information Authorization.
  ✓ The prescribing physician sends in additional information using a document submission cover sheet, if notified.
ProviderOne Scanning Technology

• Optical Character Recognition (OCR)
  ✓ OCR is the translation of scanned images of typed text into machine encoded text.
  ✓ Widely used technology which converts documents into electronic files.

• Features of OCR
  ✓ OCR makes it possible to search for a word or phrase, store documents more compactly, and display or print copies of documentation.

• OCR technology cannot be accurately read if there is any handwriting on the form.
Automated Intake Process

X-rays, Photos, CDs and Other “Non-Scannable” Documents

Imaging System
- Identifies document
  - Identify and direct document to appropriate work location
- Images Document
  - Read
  - Validate and
  - Process good quality documents
- Loads into ProviderOne
  - Load Claim or PA for processing
  - Load image of document

HCA Staff Work Request
- Authorization worker locates image of Auth in ProviderOne
- Claims worker manually processes claim

Rejected Documents
- Missing or Incorrect Data
- Poor Image
- Unrecognizable Data
- Requires Manual Handling

Returned to Provider
- Handwritten documents pulled out

PAPER
- Typed Documents
- Manually Processed into Imaging System

FAX
- Auto Load into Imaging System

Handwritten
Automated Intake Process

• Incoming Pharmacy Authorization requests will be automatically scanned into ProviderOne when:
  ✓ The first page received is Pharmacy Information Authorization form 13-835A:
    o Do not use your own fax cover sheets.
  ✓ The HCA Form is not modified:
    o Modified forms will fail the scanning process and delay processing.
  ✓ Each authorization request has its own authorization form.
  ✓ The faxed pages are set to size 8 ½ x 11.
  ✓ The forms are typewritten and contain no handwritten information.
Authorization Form

• On-line Pharmacy Information Authorization form 13-835A:
  ✓ The form must be typewritten for scanning and efficient processing.
  ✓ The PDF form can be easily filled in and printed.
  ✓ Handwritten forms will be returned and not processed.
  ✓ The form must be completed by the dispensing pharmacy and not the prescribing physician.
  ✓ Directions on completing the information come with the form.
  ✓ Requires the ProviderOne client ID, NPI and a Code Qualifier.
Online Pharmacy Authorization Form

• On the Health Care Authority’s website, click on the blue bar for Billers and providers:
Online Pharmacy Authorization Form

• On the Billers and providers page, click the link for Forms & publications:
Online Pharmacy Authorization Form

• On the **Forms & publications** page, enter 13-835A in the first search field.
• Then in the last search field, use the dropdown and choose **Form** and click **Search**.

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**Forms & publications**

Notice: If you are looking for Apple Health (Medicaid) client forms and publications, please visit our Free or low-cost forms library.

[Search form with fields for search query and form type]

[Search button]
Online Pharmacy Authorization Form

• The form will come up – click the **Get Form** button to access:

### Forms & publications

Notice: If you are looking for Apple Health (Medicaid) client forms and publications, please [visit our Free or low-cost forms library](#).

<table>
<thead>
<tr>
<th>Search Terms</th>
<th>- Any -</th>
<th>Form</th>
<th>Sort by</th>
<th>Name (A-Z)</th>
</tr>
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<tbody>
<tr>
<td>13-835A</td>
<td></td>
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</table>

Pharmacy information authorization

- Pharmacy authorization form.

[Get Form](#)
Online Pharmacy Authorization Form

- You can choose either Word or PDF format.
- Each form type allows online completion.
# Pharmacy Information Authorization

<table>
<thead>
<tr>
<th>Org</th>
<th>Authorization Type</th>
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<tbody>
<tr>
<td>1</td>
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## Client Information

<table>
<thead>
<tr>
<th>Name</th>
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<th>Reference Auth #</th>
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## Provider Information

<table>
<thead>
<tr>
<th>Pharmacy NPI #</th>
<th>Pharmacy Fax #</th>
<th>Prescriber NPI #</th>
<th>Prescriber Speciality</th>
<th>Prescriber Fax #</th>
<th>Date of Fill</th>
<th>Dispense as Written (Yes/No)</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
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## Service Request Information

<table>
<thead>
<tr>
<th>Drug Name, Strength and Form</th>
<th>Actual per unit cost</th>
<th>AWP per unit cost</th>
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<tbody>
<tr>
<td>15</td>
<td>16</td>
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<table>
<thead>
<tr>
<th>RX#</th>
<th>Wholesaler</th>
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<table>
<thead>
<tr>
<th>Code</th>
<th>Product ID</th>
<th>Qty</th>
<th>Days Supply</th>
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<tbody>
<tr>
<td>20</td>
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<td>22</td>
<td>23</td>
<td>24</td>
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</table>

## Medical Information

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Diagnosis name</th>
<th>Patient Residence</th>
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<tbody>
<tr>
<td>27</td>
<td>28</td>
<td>29</td>
</tr>
</tbody>
</table>

## Comments:

Please fax this form and any supporting documents to 1-466-668-1214.

The material in this facsimile transmission is intended only for the use of the individual to whom it is addressed and may contain information that is confidential, privileged, and exempt from disclosure under applicable law. HIPAA Compliance. Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to seek reimbursement, or to perform other specific health care operations.

HCA 13-835A (11/16)
PA Form Instructions and Tips

• Enter 512 for Prior Authorization of a prescription.
• Enter 522 for rates if you are requesting a reimbursement at less than cost and it’s not DAW.
  ✓ DAW1 Requires prior authorization.
  ✓ Complete rest of the form per instructions.
PA Form Instructions and Tips

• Fax prior authorization request forms to 1-866-668-1214.

• Remember:
  ✓ Make sure the first page received is Pharmacy Information Authorization form 13-835A.
  ✓ When faxing multiple requests, make sure form 13-835A is the first page of each request.
  ✓ Do not use your own fax cover sheets.
  ✓ Adjust your fax settings to 8 ½ x 11.
  ✓ Do not modify the authorization form.
  ✓ Only use the ProviderOne Client ID.
Document Submission Cover Sheets

• If more detail is needed related to the authorization request, the prescribing physician may receive a form requesting additional information.
• This must be completed and submitted to HCA using a document submission cover sheet.
• Cover sheets can be found on the Document submission cover sheets web page.
• The appropriate cover sheet for pharmacy information is the Pharmacy prior authorization supporting documents.
Request For Additional Clinical Information
PLEASE FAX RESPONSE TO: 1-866-666-1214
DRUG UTILIZATION REVIEW TEAM
Assuring the highest quality of care by guiding the appropriate use for Medicaid client

**REFERENCE NUMBER**
121121313991

<table>
<thead>
<tr>
<th>PHARMACY</th>
<th>PHARMACY NPI</th>
<th>TELEPHONE NUMBER</th>
<th>FAX NUMBER</th>
</tr>
</thead>
</table>

**PLEASE PRINT.** Please provide the information below, PRINT your answer, attach supporting documentation, sign, date and return to our office as soon as possible to expedite this request. Without this information the request may be denied in seven (7) working days.

**DATE OF REQUEST**

**PROVIDERONE CLIENT ID**

**PATIENT NAME**

**PRESCRIBER’S NAME**

**TELEPHONE NUMBER**

**FAX NUMBER**

<table>
<thead>
<tr>
<th>DRUG STRENGTH</th>
<th>QUANTITY/DAYS SUPPLY</th>
<th>DIRECTIONS FOR USE</th>
</tr>
</thead>
</table>

1. What is the diagnosis and date of diagnosis for which this drug has been prescribed?

2. What alternatives have been tried?
   - What were the outcomes?
   - Length of trial?

3. Is there another prescriber/specialist involved with this patient’s care for the same or related condition?
   - Yes  [ ]  No [ ]
   - If so, please send relevant reports and recommendations.

4. **BRAND vs. GENERIC:** In order to consider a request for a brand name drug for approval, the patient MUST have had a trial of the generic and there must be supporting clinical documentation of observed adverse reactions. Please attach and fax documentation, or write below.

5. Please justify use of drug if prescribed for other than FDA approved indications. Please attach supporting referred medical journal citations.

6. Other
Document Submission Cover Sheets

Use the reference number found on the upper right hand corner of the request for additional clinical information sheet and use that number in both of these locations.
No handwritten information!
• You must submit a separate HCA cover sheet for each set of supporting documentation.
• If faxing multiple sets of supporting documentation, make sure the cover sheet is the top page separating each.
• If mailing several in one envelope, make sure the cover sheet is the top page of each.
• Backup documentation must be single sided and size 8½ x 11.
Document Submission Cover Sheets

• You can save the link or URL to the document submission cover sheet as a “Favorite,” but be sure to always get them real-time from the [HCA webpage](http://www.hca.org) to make sure you’re using the correct version.

• Do not save the actual cover sheet to your desktop and attempt to reuse it.

• Do not use an HCA document submission cover sheet when submitting the original authorization request form.
Checking status using the IVR

• Call 800-562-3022 and use keypad only:
  ✓ Select 1 for English or stay on the line
    o Select 2 for self-service provider menu
      ▪ Select 1 for authorization
        ❖ Select 1 for pharmacy authorizations
          Enter NPI when prompted
        ➢ Select 2 for get status
          • Choose option 1 to search by authorization number
          • Choose option 2 to search by client ID/date of birth

• If multiple authorization numbers are found, narrow the search with a service code or expected date of service.

• For more information on using the IVR for checking status, review Appendix G of the ProviderOne Billing and Resource Guide.
Checking status using the IVR

- Statuses that may be returned:
  - Received
  - Approved
  - Pended
  - Denied
Resources

• For questions, call the toll free number 800-562-3022:
  ✓ Choose extension 15483 for Pharmacy Authorizations (providers only)
  ✓ Choose extension 16135 for Pharmacy Rate Authorizations (pharmacies only)
• Pharmacy program webpage
• Pharmacy prior authorization webpage
• Pharmacy reimbursement fee-for-service webpage
• Fee-for-service drug coverage lists