



ABSOLUTE SCOOP

DID YOU KNOW?

The majority of PA requests are now electronic and must be completed on the CoverMyMeds portal.

A free CoverMyMeds account needs created in order to view and complete PA requests.

A nurse or prescriber can complete a PA request.



PRIOR AUTHORIZATIONS

Written by Stephanie Fletcher, Billing Adjudication Manager

Have you ever pondered about prior authorizations, why they are required or why is the pharmacy always asking for your help? If you have, you're not alone! This article explains the purpose of prior authorizations and addresses frequently asked questions.

Prior authorization (prior auth or PA) is a management process used by insurance companies to determine medication coverage. The most common reasons a medication will require a PA are as follows:

- Plan limitations exceeded
- Product not on formulary
- Product/service not covered
- Medicare Part B vs. Part D determination

Why is the pharmacy sending PAs to your facility and asking for assistance with submissions?

New regulations from third-party payers have restricted the pharmacy's ability to handle PAs, preventing them from submitting PA requests to insurance. Only caregivers and prescribers are authorized to carry out this task now.

How does the PA process begin?

Absolute Pharmacy does its best to streamline PAs. We initiate the process via CoverMyMeds and collaborate with your team to submit the essential paperwork to the insurance provider.

How will I be notified when a medication requires a prior authorization?

Absolute Pharmacy will send communication (via fax or email, based on facility preference) to the designated PA person at your facility, notifying of a new prior auth and steps for submission via CoverMyMeds.

What is CoverMyMeds?

CoverMyMeds is a free, online portal that allows prescribers and nurses to communicate with insurance companies when a medication requires a prior auth. Setting up an account is simple and can be done in just a few minutes. Having an account is essential to the PA process; it provides access to view the PA and information that needs submitted to the payer.

What information is needed to complete a Prior Authorization?

Pharmacy needs access to the facility's eMAR system; if all data is not available, we may request the facility to supply additional information.

- Patient details
 - Name, DOB, member ID, address and phone number
- Prescriber details
 - Name, NPI, specialty, address and fax/phone number
- Medical details
 - Medication name, strength, frequency, diagnosis code, labs, etc.



How do I know if a PA is approved or denied?

You can check the status of a PA on the CoverMyMeds portal. The average response time from the payer for prior auth determination is 72 hours.

Approved PA

Once approval notification is received from the insurance company, the claim is billed to the payer and the facility/resident will only see copays as dictated by the insurance company.

Denied PA

If a PA request is denied, Absolute will notify you via email. The prescriber will be notified by the payer; they have the option to appeal by providing the requested additional information to the payer for re-evaluation.

- The facility or patient will see charges noted on their bill during the interim period of a denied PA. Top denial reasons include the following:
 - Did not try and fail formulary alternatives
 - No supporting documentation
 - Invalid diagnosis code
 - Denied through pharmacy benefits/must bill through medical benefits
 - Medical criteria not met
 - No response from prescriber

Each plan can set the term limit of a prior auth as well as change their formulary. Absolute will work through prior authorizations as they get close to the expiration date and updated formulary changes occur.

Note: During Medicare's annual open enrollment season (Oct. 15-Dec. 7), each plan should be reviewed for the drugs that require a prior authorization, as well as cost of each plan. Prior authorizations should be considered a potential cost to a facility and/or resident due to criteria that is needed.

For additional info or PA questions, please call 800-858-7393, option 3.

About the Author



Outside of work, Stephanie enjoys spending time with her 2 children, camping, boating, jet skiing and relaxing on the Ohio River.

Stephanie Fletcher has been with Absolute Pharmacy since 2015. She joined us in our data entry department, quickly moving to billing and today manages our billing department's adjudication team. Steph and her team handle insurance rejections, prior authorizations, payer audits and monitoring claims to ensure they are billed timely and correctly. Her department plays a crucial role, keeping the charges from being passed on to the facility or residents. Steph will celebrate her 9th wedding anniversary in October, and has two young children, Luke (7) and Harper (5). She also has a twin sister!

When do you go at red and stop at green?

When you're eating watermelon.



What does a pig say on a hot summer day?

I am bacon.