

## ***Reference Guide: How to Streamline the Pharmacy Prior Authorization Process for Effective Discharge Planning***

*This communication applies to the Medicaid programs for Simply Healthcare Plans, Inc. (Simply) and Clear Health Alliance (CHA) as well as the Florida Healthy Kids (FHK) and the Medicare Advantage program for Simply.*

Discharge planning can be a complicated process. Sending your patients home with the right medication(s) can help improve patient satisfaction and safety, and prevent avoidable readmissions.

This step-by-step guide should be used by inpatient providers, or other care team members, to assist in creating a seamless process for outpatient pharmacy prior authorizations (PAs) during patient discharge. The ultimate goal is a quick discharge.

<b>The basics</b>
<ul style="list-style-type: none"><li>• PAs ensure that drug benefits are administered as designed and that patients receive medications that are safe, effective for their condition and provide the greatest value.</li><li>• Reasons for PA may include confirmation that the patient:<ul style="list-style-type: none"><li>○ Meets criteria to ensure appropriate and safe use (clinical criteria).</li><li>○ Is prescribed cost-effective formulary alternatives first, such as step therapy (ST).</li><li>○ Receives FDA-approved dosages, such as quantity limits (QLs).</li></ul></li><li>• When submitting a PA request, state whether the member is being discharged from an inpatient facility or if requested medication is to be continued post-discharge.</li><li>• After a PA request is submitted, it may take up to 24 hours for Simply and CHA to complete the review.</li></ul>
<b>How to check if a medication requires PA</b>
<ul style="list-style-type: none"><li>• Some providers may have access to real-time, patient-specific prescription drug benefit information within the electronic medical record (EMR).</li><li>• If EMR drug benefit tools are not available, providers may look up the formulary search tool for their patient at <a href="https://provider.simplyhealthcareplans.com/florida-provider/pharmacy">https://provider.simplyhealthcareplans.com/florida-provider/pharmacy</a>. This tool allows providers to view formulary status, PA approval criteria, QLs and whether there is a preferred formulary alternative available.</li></ul> <p><b>Note:</b> Please ensure that you are referencing the correct <i>PDL</i> for the member’s plan, as drug coverage may differ for Medicaid, CHIP and Medicare members.</p> <ul style="list-style-type: none"><li>○ <b>This step can save time in the discharge planning process!</b> For example, a provider looking to discharge a patient on an oral anticoagulant may find that drug A requires a PA review of ST, while drug B is a preferred formulary medication that does not require a PA review of ST.</li></ul>

\* CoverMyMeds is an independent company providing a prior authorization platform on behalf Simply Healthcare Plans, Inc. and Clear Health Alliance.

<https://provider.simplyhealthcareplans.com/florida-provider>

<https://provider.clearhealthalliance.com/florida-provider>

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Medicaid contract. Simply Healthcare Plans, Inc. dba Clear Health Alliance is a Managed Care Plan with a Florida Medicaid contract.

Simply Healthcare Plans, Inc. is a Medicare contracted coordinated care plan that has a Medicaid contract with the State of Florida Agency for Health Care Administration to provide benefits or arrange for benefits to be provided to enrollees. Enrollment in Simply Healthcare Plans, Inc. depends on contract renewal.

Simply Healthcare Plans, Inc. is a Managed Care Plan with a Florida Healthy Kids contract.

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<b>How to submit a PA request</b>
<ul style="list-style-type: none"><li>● Submitting a PA request requires that the provider, or care team member, answer clinical questions specific to that particular drug policy. In some cases, clinical documentation (such as lab results) may also be required.</li><li>● <b>Information to have ready prior to submission:</b><ul style="list-style-type: none"><li>○ Medication being requested</li><li>○ Patient's name, date of birth and insurance information</li><li>○ Access to the patient chart and medication profile</li></ul></li><li>● <b>Options for PA submission:</b><ul style="list-style-type: none"><li>○ <b>Online:</b> Submit the request online via CoverMyMeds* (<a href="https://www.covermymeds.com">https://www.covermymeds.com</a>). Electronic submission will allow the provider to check the status of the PA request in real time.</li><li>○ <b>Fax:</b> Download a PA form from <a href="https://provider.simplyhealthcareplans.com/florida-provider/pharmacy">https://provider.simplyhealthcareplans.com/florida-provider/pharmacy</a> and fax the completed form to <b>1-877-577-9045</b> for retail pharmacy, or <b>1-844-509-9862</b> for medical injectables.</li><li>○ <b>Phone:</b> Call Provider Services at <b>1-844-405-4296</b>.<ul style="list-style-type: none"><li>▪ <b>Note:</b> Submitting PA requests online or via fax is preferred.</li></ul></li></ul></li></ul>
<b>Prescription and approval</b>
<ul style="list-style-type: none"><li>● Depending on the drug policy, a PA submission that meets the drug policy criteria may be approved automatically (within seconds), or may require additional review by a clinical pharmacist or medical director (may take up to 24 hours).</li><li>● Once approved, the pharmacy will be able to process the prescription.</li></ul>
<b>Denial and appeals</b>
<ul style="list-style-type: none"><li>● In the event that a PA submission does not meet the drug policy criteria for approval, a denial letter will be faxed and mailed to you and your patient.</li><li>● Denial letters contain the reason for denial, formulary alternatives and appeal procedures, if applicable.</li><li>● You can request a reconsideration with additional information within 30 days of the denial.</li><li>● If you have additional questions about the denial, contact Provider Services at <b>1-844-405-4296</b> to request a peer-to-peer review. If you would like to request a peer-to-peer review, it must be performed prior to filing for an appeal.</li></ul>