

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy Operations	REFERENCE NUMBER: OH.PHAR.21
EFFECTIVE DATE: 11/17	POLICY NAME: Medicaid Pharmacy Appeals
REVIEWED/REVISED DATE: 10/18	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 1 of 2

SCOPE:

Health Plan Pharmacy Departments, Envolve Pharmacy Solutions

PURPOSE:

To define the procedure for the appeals process of an adverse coverage decision for the Medicaid line of business.

POLICY:

Envolve Pharmacy Solutions will review appeal requests received for appropriateness. All appeal requests are forwarded to the Health Plans for final determination.

PROCEDURE:

The prescriber or the member may request reconsideration of any adverse determination made by Envolve Pharmacy Solutions or the Centene Health Plan Medical Director. The prescriber and member will receive denial letters which will include the reason for the denial and language notifying them of their rights for appeal of the decision, including contact information at both the Centene Health Plan and any applicable state agencies, if required.

1. The prescriber or a member of the prescriber's staff may call, write, or fax the Envolve Pharmacy Solutions Clinical Pharmacy Department to request to appeal an adverse coverage determination.
2. An Envolve Pharmacy Solutions Clinical Pharmacist will review any disputed denial or appeal to ensure appropriateness and will forward appeals to the Centene Health Plan Medical Director.
3. An outreach to the prescriber may be made by the Medical Director as deemed appropriate. The denial may be overturned at any time during the appeal review process and an authorization for approval will be entered in the claims processing system. Both member and provider are notified in the event that a denial has been overturned.
4. A final determination for any appeal of denials will be made by the Health Plan Medical Director and a determination letter will be forwarded to both the prescriber and the member. Documentation of the review and the generation of determination letters is kept by the Health Plan.

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REFERENCES: For additional detail regarding the appeals process please refer to the policies for Buckeye’s Grievances and Appeals department.

ATTACHMENTS:

DEFINITIONS:

REVISION LOG

REVISION	DATE
Policy created.	11/17
Annual Review. Under Procedure step #4, changed “denial letter” to “determination letter” as both approval and denial letters should be generated; Added reference to Buckeye’s Grievances & Appeals Department policies.	10/18

POLICY AND PROCEDURE APPROVAL

Pharmacy & Therapeutics Committee: Approval on file

V.P., Pharmacy Operations: Approval on file

Sr. V.P., Chief Medical Officer: Approval on file

NOTE: The electronic approval is retained in Compliance 360.

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