

Navitus Prior Authorization Frequent Asked Questions

Contacting Navitus and Hours of Operations:

Navitus' Pharmacy Prior Authorization is accessed via the same toll-free Pharmacy Provider Hotline for prescribers to call and request a prior authorization for non-preferred drugs or drugs that are subject to Clinical Edits. The phone number is: 877.908.6023. Collect calls will also be accepted.

Navitus' Prior Authorization Department will be staffed with live agents knowledgeable in the Texas Medicaid pharmacy benefit no less than 6:00am to 6:00pm Monday-Friday and 8:00am to 12:00pm Saturday and Sunday Central time excluding state approved holidays.

During hours when the Pharmacy Prior Authorization department is closed, providers will have the option to leave a voicemail message, which will be returned the next business day. Navitus' telephone system is capable of providing instructions to callers during closed hours, which can include normal hours of operation, emergency procedures, and other relevant information.

Prior authorization determinations are faxed to the prescriber immediately upon completion. Generally, prior authorization determination letters are processed the same day as the request.

Clinical staff is available 24 hours a day, 7 days a week via Navitus Customer Care.

Prior Authorization Timelines:

Navitus will provide a decision at the time of the call, when the caller is requesting a Medicaid prior authorization and has all the necessary information required to complete the prior authorization review.

For all other STAR/STAR Kids Medicaid prior authorization requests, Navitus will notify the prescriber's office of a prior authorization denial or approval no later than 24 hours after receipt.

If Navitus cannot provide a response to the prior authorization request within 24 hours after receipt or the prescriber is not available to make a PA request because it is after the prescriber's office hours and the dispensing pharmacist determines it is an emergency situation, Navitus will allow the pharmacy to dispense a 72-hour emergency supply of the drug. This requirement applies to drugs which can be filled as a 72-hour emergency supply.

For CHIP prior authorization request, Navitus will provide a favorable determination when all information provided meets criteria for approval, no later than the second working day after the date of the request for utilization review and the receipt of all information necessary to complete the review.

For CHIP prior authorization requests, when not all information provided meets criteria, Navitus will a denial within three days. If Navitus questions the medical necessity or appropriateness, or the experimental or investigational nature of health care services prior to the issuance of a denial, provider of record will be given a reasonable opportunity to discuss the plan of treatment for the enrollee with a physician.

If the information provided meets criteria for approval, Navitus will issue the favorable determination no later than the second working day after the date of the request for utilization review and the receipt of all information necessary to complete the review.

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STAR/STAR Kids:

All PA requests will be processed per the HHSC/Texas Medicaid (STAR) prior authorization requirements. Navitus will review the available medical and prescription drug claim history to determine whether the information shows that the member's condition meets the established criteria and if the request is considered a medical necessity decision. Reviews will be completed and notifications sent within 24 hours from receipt.

a. If the information provided meets the prior authorization criteria or medical necessity criteria for approval, Navitus will approve the prior authorization, the prescriber will be notified, the member will be notified, and the patient can return to their pharmacy to obtain the prescription. The drug claim will be paid and no further action will be required. Approved requests for prior authorization will be valid for the HHSC approved timeframe for the specific medication.

b. If Navitus determines the information submitted:

i. does not include enough information to make a decision, and the MCO is not NCQA accredited, the prescriber's office will be notified by fax of an incomplete submission if the request was received by web, fax, or mail. If the request was submitted by telephone, the prescriber will be notified immediately during the call. The notice will include appeal options.

1. The prescriber will have an opportunity to discuss the patient's treatment plan and the clinical basis for Navitus' determination, including appropriate alternatives.

2. The prescriber may appeal or resubmit the request with additional/complete information using the Request for Reconsideration Form at any time. The prescriber can call Navitus call center to discuss the PA criteria and/or provide additional information regarding the request to support the medical necessity of the prescribed medication. A determination will be made by a Navitus pharmacist and/or MCO Medical Director for the submitted reconsideration form in the applicable time frame (5 days).

3. If the prescriber submits additional information and it does not meet the approval criteria for a specific therapy/medication, the prescriber and member will receive a final determination letter with the appeals process information. Note: A provider may appeal prior authorization denials with the MCO on a member's behalf, in accordance with Sections 8.2.6 (Medicaid).

ii. If the PA request does not include enough information to make a decision and the MCO is NCQA accredited, a fax request will be sent to the prescriber to notify them that additional information is needed. If Navitus determines the information submitted does not meet the medical necessity criteria, the prescriber and member will receive a final determination letter with appeals process information. If the request was submitted by telephone, the prescriber will be notified immediately during the call.

1. The prescriber can call Navitus call center to discuss the PA criteria and/or provide additional information regarding the request to support the medical necessity of the prescribed medication.

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2. The prescriber or member may submit an appeal to the MCO. Note: A provider may appeal PA denials with the MCO on a member's behalf, in accordance with Sections 8.2.6 (Medicaid).

CHIP:

All PA requests will be processed per the HHSC/Texas Medicaid (STAR) PA requirements. Navitus will review the available medical and prescription drug claim history to determine whether the information shows that the member's condition meets the established criteria and if the request is considered a medical necessity decision.

If Navitus determines the information submitted does not include enough information to make a decision, the prescriber's office will be notified by fax of an incomplete submission, and offer a peer to peer discussion.

1. The prescriber has the opportunity to discuss the patient's treatment plan and the clinical basis for Navitus' determination, including appropriate alternatives.
2. The prescriber may appeal or resubmit the request with additional/complete information at any time. The prescriber can call Navitus call center, or physician peer to discuss the PA criteria and/or provide additional information regarding the request to support the medical necessity of the prescribed medication.
3. If the prescriber submits additional information and it does not meet the approval criteria for a specific therapy/medication, the prescriber and member will receive a final determination letter with the appeals process information.

Medicaid Denial Letters Include:

- Prior authorization that was denied
- Reason for denial
- Appeal Information
 - Timeframe to file an appeal
 - Timeframe to request an extension of benefits
 - Who can file an appeal
 - How to file an appeal
 - Information to include with filing an appeal
- State Fair Hearing Information
 - States that the MCO internal appeal process before requesting a State Fair Hearing
 - Timeframe for requesting a State Fair Hearing
 - Who can represent at the State Fair Hearing
 - How to request a State Fair Hearing
 - Timeframe for a State Fair Hearing's decision
- How to contact MCO for:
 - Help understanding reason for denial
 - Copy of the rules to make the decision
 - Appeal right
- Information on how to request legal services

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CHIP Denial Letters Include

- Drug being denied
- Reason for denial
- Who made the denial decision
- Appeal Information
 - Timeframe for filing an appeal
 - How to file an appeal
 - Who may file an appeal
 - Timeframe for responding to an appeal
- Independent Review Organization (IRO) Information
 - States that the MCO internal appeal process does not need to be completed before requesting a IRO
 - Who can file a request for a IRO
 - How to request a IRO
 - Timeframe for requesting a IRO
 - Timeframe for receiving a response to the IRO
 - States IRO decision is binding for both the MCO and member
 - How to obtain additional assistance on the process
- Utilization Review Complaint Information:
 - How to file a complaint
 - Timeframe for a response to a complaint
- How to obtain help on understanding the notice
- How to file a complaint with the Texas Department of Insurance
- How the prescriber call the MCO to discuss the decision

Medicaid and CHIP Approval Letters Include:

- Drug approved
- States member must be eligible with the plan when prescription is receive
- How to contact the MCO