

## ATTACHMENT 68



**NYSIF PBM Prior Authorization Process - RFP entitled:  
"Pharmacy Benefit Services for The Empire Plan, Student  
Employee Health Plan, and NYS Insurance Fund Workers'  
Compensation Prescription Drug Programs"**

### **PBM Prior Authorization Process**

Pharmacist electronically transmits medication request to the PBM

- Pharmacy enters patient claim#, date of injury, patient demographics, Rx information, prescribing physician, and NYSIF group #.

Pharmacy will receive a paid label, PAR or technical rejection:

- If paid label received, medication is dispensed.
- If the pharmacy receives a rejection, pharmacist reviews rejection reason(s).
- If PAR response is received that indicates "the medication requires a prior authorization request from the carrier", the pharmacist receives this notification via an electronic transmission with advisement that the PBM will respond once a response from the carrier has been received.
- If the rejection is due to a transmission or technical error, PBM will provide guidance in the rejection response and request that the pharmacist correct the error and resubmit.

If the medication requires a Prior Authorization Request (PAR), PBM transmits request through PBM web portal to NYSIF.

The PAR will be transmitted to one of NYSIF's dedicated PBM email boxes.

If the transmittal is for a "New Authorization Request"- the subject line will read:

Subject: PAR: <claim #> - <unit> - <claimant's last name>

If the transmittal is for "New Authorization Request – Patient Waiting"- the subject line will read:

Subject: Critical PAR: <claim #> - <unit> - <claimant's last name>

If the PAR has not been respond to after 48 hours an escalation email with the subject line:

Subject: Second PAR: <claim #> - <unit> - <claimant's last name>

NYSIF's Medical Care Representative (MCR) retrieves the email request and accesses the PBM portal.

The portal response is transmitted by the MCR and received by the PBM, and the pharmacy is notified of the decision.

### **PBM Portal**

Able to access a claim by entering a claim number or by selecting from a list which would include each business office.

Once the claim is accessed all screens will display the claimant name, claim number and unit, District Office and Date of Injury (DOI).

**Main screen display:** currently labeled claim detail

- NYSIF eligibility termination date
- DOB

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- SS #
- NYSIF District Office
- medication name with medication information
- medication dosage
- day # of pills

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- GPI for the medication
- pharmacy name and phone #
- prescribers name, DEA and phone number
- A comment box to enter any additional information/directions to the PBM
- Drop down to select one of the following:
  - Approved
  - Denied – not causally related
  - Pending – PAR must be submitted in OnBoard with documented necessity
- Ability to extend authorization of a medication up to 1 year, less 1 day
- A drop down to select:
  - All medications require prior approval
  - This medication requires prior approval

#### **Prior Authorization screen:**

- Date of service Loaded with most recent date first and sortable.
- Rx Number
- Medication name and dosage
- Quantity and days supply
- If brand was generic available – Y/N
- Doctors Name
- Billed amount
- PAR transmission date and time
- Authorization date
- Authorized by
- Date authorized to: one time only or the extended authorization date
- Authorization status A=Allowed D=Disallowed
- Comments
- GPI to NDC crosswalk

#### **Rx History Screen**

- Date of service Loaded with most recent date first and sortable.
- Rx Number
- Doctors Name
- Medication name and dosage
- Generic/Brand – G/B
- GPI
- Quantity and days supply
- Doctors Name
- Billed Amount
- PAR transmission date and time
- Authorization date

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**Department of  
Civil Service**

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- Authorized by
- Date authorized to: one time only or the extended authorization date
- Authorization status - A = Allowed D=Disallowed

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**Capability to register a new claim which would be in allowed status once registration is transmitted.**

**Pharmacy Locator**