

Connecticut Medical Assistance Program Pharmacy Web Prior Authorization Workshop

Presented by
The Department of Social Services
& HP for Prescribing Providers



Training Topics

- Preferred Drug List (PDL)
- Benefits of the Pharmacy Web PA Tool
- Access to Pharmacy Web PA Tool
- Pharmacy Prior Authorization Search / Submission
- Resources
- Questions



Preferred Drug List (PDL)

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Wednesday, September 10, 2014

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

Information

- [Publications](#)
- [Links](#)
- [Important Information](#)
- [RA Banner Announcements](#)
- [HIPAA](#)
- [Regional Office Locations](#)

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [EHR Incentive Program](#)
- [OOS Instructions/Information](#)
- [Secure Site](#)

Trading Partner

Pharmacy Information

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY HP ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.



Information



Provider



Trading Partner



Pharmacy

Preferred Drug List (PDL)

Prescribing Providers can download the current as well as the previous PDL from the Pharmacy page of the www.ctdssmap.com site

Preferred Drug List Information

The Connecticut Medicaid Preferred Drug Lists (PDL) are a listing of prescription products recommended by the Pharmaceutical and Therapeutics Committee as efficacious, safe, and cost effective choices when prescribing for Medicaid patients. Most FDA approved drugs that are not listed are available, with prior authorization by calling HP toll-free at 1-866-409-8386.

Drug classes will be added as the Pharmaceutical & Therapeutics Committee review additional classes. The PDLs are not an all-inclusive list of covered Medicaid drugs.

HIV medications are excluded from the PDL legislation and will always be preferred drugs and not require a Prior Authorization for PDL.

[Current Medicaid Preferred Drug List](#)

[Alphabetized Preferred Drug List](#)

[Preferred Drug List Changes](#)

[Previous Preferred Drug Lists](#)



Preferred Drug List (PDL)

Please note that the Connecticut AIDS Drug Assistance Program (CADAP) and the State Children's Health Insurance Program (SCHIP) also known as HUSKY B do not follow the PDL

- The Connecticut Medicaid Preferred Drug List (PDL) is a listing of prescription products selected by the Pharmaceutical and Therapeutics Committee as efficacious, safe and cost effective choices when prescribing for Medicaid patients
- Preferred or Non-preferred status only applies to those medications that fall within the drug classes listed on this PDL
- All strengths and dosage forms of preferred agents are covered, unless otherwise stated
- The brand-name of a generically available medication will not be covered without a PA, unless the brand is listed on the PDL
- Preferred brand-name medications with *non-preferred generic equivalents* are listed in **bold**
- Any OTC product included on the PDL with the exception of insulin will be covered for clients under the age of 21 only



Benefits of the Pharmacy Web PA Tool


Top reasons to use the Pharmacy Web PA tool:

- Submit Pharmacy PA requests including Brand Medically Necessary, Early Refill, Preferred Drug List, Optimal Dosage and Step Therapy
- Upload additional supporting clinical documentation for PA requests
- Receive PA number and decision status
- Search and view status of previously submitted PA requests



Access to Pharmacy Web PA Tool

- Log onto the secure Web portal



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Home Information Provider Trading Partner Pharmacy Information Hospital Modernization Claims Eligibility **Prior Authorization** Hospice Trade Files MAPIR Messages **Account**

home **account home** account maintenance account setup change password clerk maintenance demo **Prior Authorization** password log out

Search
Care Plan
Pharmacy Prior Authorization

Welcome, Dr. John Smith
Provider ID: 111111111 NPI
Provider AVRS ID: 00000000
Reenrollment Due Date: 04/03/2018
Zip Code: 06850 - 3859

Your R.A.s, or 835 transactions, are being sent to:
Your download page in the Trade Files menu option.



Access to Pharmacy Web PA Tool



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[Home](#) [Information](#) **[Provider](#)** [Trading Partner](#) [Pharmacy Information](#) [Claims](#) [Eligibility](#) [Prior Authorization](#)

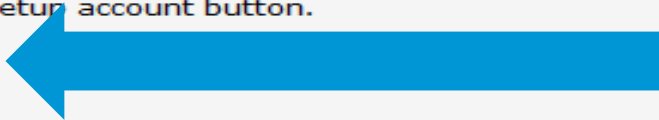
[home](#) [provider enrollment](#) [provider re-enrollment](#) [provider enrollment tracking](#) [provider matrix](#) [pr](#)
[ehr incentive program](#) [oos instructions/information](#) **[secure site](#)**

Login

The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents.

If you have received your Personal Identification Number letter, click on the setup account button.

[setup account](#)



User ID*

Password*

[login](#)

If you have forgotten your password please click the reset password button.

[reset password](#)



Prior Authorization Search

The Prior Authorization (PA) Search allows providers to view previously submitted PA requests. The PA search request is completed by entering, at a minimum, either the Client ID or PA number.

Provider 2010020300 NPI

Prior Authorization Search

Client ID	<input type="text" value="009999999"/>	Prior Authorization	<input type="text"/>
Client Name	<input type="text"/>	PA Assignment	<input type="text"/>
Search Pharmacy PAs only	<input type="checkbox"/>	PA Assign - Sub	<input type="text"/>
Requested Eff Date	<input type="text"/>	Procedure	<input type="text"/> [Search]
Requested End Date	<input type="text"/>	Revenue Code	<input type="text"/> [Search]
Authorized Eff Date	<input type="text"/>	Proc/Mod List	<input type="text"/>
Authorized End Date	<input type="text"/>	Procedure Code List	<input type="text"/> [Search]
<input type="button" value="search"/>			
Records <input type="text" value="20"/>			
<input type="button" value="clear"/>			

Search Results

Prior Authorization	Line Item	Authorized Effective date	Authorized End date	Authorized Units	Authorized Dollars	Status	Determination Date	PA Assignment	PA Assign - Sub	Procedure	Mod 1	Mod 2	Mod 3	Mod 4	Revenue	NDC	Proc/Mod List	Procedure Code List	Frequency
1114252002	01	09/09/2014	09/09/2015	0	\$0.00	Approved	09/09/2014	PDL								00187-0993-95			

Prior Authorization Inquiry

Search Results

Base Information



Prior Authorization Number

Client ID PA Assignment

Last Name First Name, MI

Billing Provider Date of Birth

Diagnosis [Search] Insurance

Estimated Date of Delivery

Patient Condition

Line Item

Line Item	Requested Units	Requested Dollars	Authorized Units	Authorized Dollars	Status	Procedure Code	Mod 1	Mod 2	Mod 3	Mod 4	Procedure Code List	Proc/Mod List	Revenue Code	Revenue Code List	Drug Name
01	0.000	\$0.00	0.000	\$0.00	Approved										ACYCLOVIR TOPICAL 5 % OINT. (G)

Type changes below.

Line Item

Service Type Code* Tooth [Search] Authorized Units/Dollars

Procedure Code [Search] Quad [Search] Authorized Eff./End Dates

Mod 1 [Search] Tooth Surface 1 [Search] Used Units/Dollars

Mod 2 [Search] Tooth Surface 2 [Search] Available Units/Dollars

Mod 3 [Search] Tooth Surface 3 [Search] Frequency

Mod 4 [Search] Tooth Surface 4 [Search]

Revenue Code/List [Search] [Search] Tooth Surface 5 [Search]

Proc/Mod List

Procedure Code List

Requested Eff./End Dates* Drug Name

Requested Units/Dollars* Status

Prior Authorization Submission

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[Home](#) [Information](#) [Provider](#) [Trading Partner](#) [Pharmacy Information](#) [Hospital Modernization](#) [Claims](#) [Eligibility](#) **[Prior Authorization](#)** [Hospice](#) [Trade Files](#) [MAPIR](#) [Messages](#) [Account](#)

[home](#) [prior authorization search](#) [care plan](#) **[pharmacy prior authorization](#)**

Base Information

Required fields are indicated with an asterisk (*)

Provider ID NPI

Client ID* [Search]

Last Name

PA Assignment*

First Name, MI

Drug Requested* [Search]

Date of Birth

- BRAND MEDICALLY NECESSARY**
- EARLY REFILL
- OPTIMAL DOSAGE
- PREFERRED DRUG LIST

Next

Exit



Resources

- Connecticut Medical Assistance Program Web site
 - www.ctdssmap.com
 - Information > Publications > Provider Manuals
 - Chapter 9 Web Prior Authorization
 - Chapter 10 Web Portal/AVRS
- HP Provider Assistance Center (PAC):
 - Monday through Friday, 8 a.m. to 5 p.m. (EST), excluding holidays
 - 1-800-842-8440 (toll free)
- HP Pharmacy Prior Authorization Assistance Center (PPAAC)
 - 1-866-409-8386 – In the office Monday thru Friday, 7:00 AM – 9:00 PM (EST), and Saturday, 9:00 AM – 4:00 PM (EST), on-call service available outside of office hours.



Thank you

