

Mississippi Division Of Medicaid Quality Health Care Services, Improving Lives



Mississippi Medicaid Web Portal Registration and **Submission** Of Pharmacy **Prior Authorizations** Guide

Fall 2011

Agenda

Web Portal Registration Prior Authorization Submission Inquiry Options Communication Options

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Welcome to the Envision Web Portal

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A XETOR Company			Terms of Usage	Privacy Policy	Browser Compatibil	ty		

This is the Account Registration Page

- 1. Using the drop down menu select "Provider"
- 2. Click the <Submit> button

Quick Tips

- Each prescriber in a group practice should register using their individual Medicaid provider number
- Prescribers may designate multiple users with PA submission rights
- Only prescribers may submit PA requests

Account Registration Form
Provider Account Registration
To register as a Provider, please enter the following information. Please note that registration designates you as your organization's Master Administrator and you will be required to perform user maintenance duties. If you are not a registered Mississippi Medicaid provider, you can find out how to ENROLL HERE.
*Indicates Mandatory Field
Please choose your type of organization and create your "Login ID", please note that your Login ID is case-sensitive and should consist of 6-14 alpha-numeric characters; example Login ID: "example 123"
Individual O Group LOGIN ID
Please enter your Medicaid provider number and the last five digits of the bank account to which your Medicaid Direct Deposits are posted.
*Provider ID: *Account #:
To use the EDI Exchange feature, you must supply your EDI Submitter information below. If you are not registered as an EDI Submitter but wish to do so, please contact ACS EDI Gateway Services by phone at (866) 225-2502 or online at http://acs-acro.com .
EDI Submitter ID: EDI Password:
If you are registering as an individual, please enter your Last Name, First Name, Middle Initial and Last 4 digits of Social Security Number (SSN).
Last Name: First Name: Middle Initial: SSN: (Last Four Digits)
Please enter your Organization Name and EIN if you are registering as a group.
Organization Name: EIN:
Please enter your Email Address and select your hint question/answer.
What is your Email Address ? Verify your Email Address Hint Question:
Who is your childhood hero?
Submit Reset

All fields with asterisks are mandatory

Quick Tips

- 1. Login ID
 - Established by the user
 - Should be easy to remember
 - Every employee with access must have a different Login ID
- 2. Provider ID
 - Individual Provider will be the social security number
 - If group is selected you will need the EIN (or Tax ID) number
- 3. Email Address
 - Mandatory
 - Your temporary password will be upon completion of the form
- 4. Hint Question
 - Required security feature for every Log In

Mississippi Envision Web Portal Registration Guide

- 1. Using your internet browser go to <u>http://msmedicaid.acs-inc.com</u>.
- 2. The homepage for Mississippi Envision web portal will display.
- 3. On the left hand side of the screen, click on the <Website Registration> button under the "Log In" section.
- 4. The next screen will be the type of registration account you will create. In the "Select User" field, click on the down arrow. This will open a drop down ladder with the following two selections to choose from: Beneficiary and Provider. Select Provider.
- 5. After the selection, click on the *<*Submit> button.
- 6. The next screen is the Account Registration Form. All fields with an asterisk are mandatory fields. The first section asks for your type of Medicaid Provider and Login ID. If you are a Medicaid provider who is a part of a billing group, choose Group. If you are in a private practice and bill for yourself, choose Individual.
- 7. The next step is the Log ID. This is created by you and should be easy to remember. The ID will have to be at least six characters and no more than fourteen. They can be all letters or numbers or a combination of the two.
- 8. The next field is the "Provider ID." Please enter you Medicaid Provider Number.
- 9. In the next block, enter the last five digits of the bank account where your Medicaid payments are posted.
- 10. The next two blocks (EDI Submitter ID and EDI Password) are not required for account registration, please skip.
- 11. The next section is information to establish you as the Master Administrator.
 - If you are registered as a group, please enter your Last Name and First Name. Then move onto the next section. Please note that last 4 digits Social Security Number (SSN) are not required when registering as a group.
 - If you did select Individual on this form, the last four digits of your Social Security Number (SSN) are **required**.
- 12. The next section is for Medicaid providers that registered as a group.
 - If you are registering as an Individual please move on step thirteen.
 - Enter your Group Name and Tax ID as it appears on your Medicaid Enrollment form. Now move on to the last section of the form.
- 13. This is the final section of the form. Please enter an email address that you have current access to. Then in the next block enter the email address again to verify it.
- 14. Next you will have to choose a Hint Question in case you forget your password. Below are the questions to choose from:
 - Who is your Childhood Hero?
 - What is your place of Birth?
 - What is your Mother's Maiden Name?
- 15. In the final block, enter the answer to your Hint Question.
- 16. Now click the <Submit> button.
- 17. At this point your registration is complete. A password will be sent to the email address submitted on this form.



Mississipp Quality Health-care	ippi <i>Envision</i> i Envision	Homepag	ge Login
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Visit Visit	Medica Medica Field Medica	id and Me Internet in the second seco	What's New? ATTENTION: Med. Profes. Providers! Provider Incentive Program Workshop Presentation Latest News <u>All Late Breaking News</u> <u>Banner Messages</u> ; uvv
	Terms of Usage Privacy I	<u>Policy</u> Browser Compatibility	

Steps to Login

- 1. Enter the Log In ID created during Account Registration Process
- 2. Enter the Temporary Password sent to your email address

Quick Tip

• Copy and paste the password from the system generated email sent to you

Selecting the Pharmacy	PA Request
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Steps to select the Pharmacy Prior Authorization request

- 1. Click on the Provider Tab
- 2. Once the drop ladder appears, click on Prior Authorizations
- 3. To the right of Prior Authorization, click on Enter PA Request
- 4. Then click on Pharmacy and PA Request

The Beneficiary and	Type of PA
Request	

Mi Rual	ississippi En Ity Health-care Services	Vision Improving Lives			Rome 🖨 Onlin	e Security 🔍	Terms of Usage	Privacy Policy	Logout † Help
	Provider		Rea	ch Us			Search		
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	Be	gin Date		End Date					
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	PAI	Request Type				*			
			Submit	Reset					
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Selecting the Beneficiary and Type of Request

- 1. Enter the beneficiary's Medicaid number
- 2. Enter date span of PA Request this will check for Medicaid Eligibility and MSCAN
- 3. Select the Type of Request (choose from the following)
 - Brand-Name Medically Necessary
 - Children's Medical Necessity (More than 2 brands / 5 Rxs needed or Non-covered drug)
 - Early Refill
 - Maximum unit Override
 - Non-Preferred Drug
 - Prescriber Office Administered
 - Synagis (this is the only type available for specified pharmacy submitters)
 - Other
- 4. Click <Submit>

	1.11	ARMACT PRIOR AUTHORIZATION					
		Mississippi Medicaid Pharmacy Drug Prior Authorization Request					
proval of these services does not gua	rantee Medicald Eligibility of the Patient.						
		For Provider Use					
	Prescriber Information		Medic	al Data			
ovider Number :		*Primary Diagnosis Code :					
ovider Name :		*Primary Diagnosis Description :	*Primary Diagnosis Description :				
dress :		"Dosage Frequency :	*Dosage Frequency:				
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dress :				03/10/2011	03/20/2011		
ty :							
ate :	Mississippi						
	39120 - 8451						
ate of Birth :							
ex :	⊕ M ◯ F ◯ U						
I hereby certify that I am the pres	criber identified on this form and I deem the prescribed r	nedication to be necessary for this patient. I understa	nd that any falsification	omission or conc	ealment of materia	il fact may su	ibject me
 to civil penalties, fines or crimin 	al prosecution.						
	0	Please check the box if you would like to upload an	y documents			Ba	wse.
		Submit Reset					

Below are the different sections of the electronic form

- 1. Prescriber Information
 - Envision auto-populates this field
- 2. Patient Information
 - Envision auto-populates this field
- 3. Medical Data
 - Please enter all fields with an (*) asterisk
- 4. Drug Requested
 - Envision auto-populates the Service Dates fields
 - Please enter Drug Name, Drug Strength, Quantity and Days Supply fields
- 5. Certification Statement
- 6. Uploading of Documentation
- 7. Submit and Reset Buttons

proval of these services does not guarant		Mississippi Medicaid Pharmacy Drug Prior Authorization Request					
proval of these services does not guarant							
	lee Medicaid Eligibility of the Patient						
		For Provider Use					
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ovider Number: ovider Nume: fr: ane: p: hone Number: Number: mail::		*Primary Diagnosis Code : *Primary Diagnosis Description : *Dosage Frequency : Provider Comments (Significant Problems/Justification for Medication) ;	Primary Diagnosis Code : Primary Diagnosis Description : Dosage Frequency : Provider Comments (Significant Problems/Justification for Requested Medication) :				(K)
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saness ky: ate d b : b : b : b :	Mississippi ₩ 99120 - [4451 • M • F • U			03/10/2011	03/20/2011		
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		Submit Reset					

In the field "Primary Diagnosis Code", enter the primary diagnosis associated with the reason for the drug. Once it is entered, hit the <Tab> key

Please note the following:

- Use the current ICD-9 codes
- Be specific in the code used
- Do not forget the decimal point
- Be sure the diagnosis code on form PA must match the Medical Claim
- Hit the <Tab> key after each field is entered

	Pi	HARMACY PRIOR AUTHORIZATION					
		Mississippi Medicaid Pharmacy Drug Prior Authorization Request					
proval of these services does not g	uarantee Medicaid Eligibility of the Patient.						
		For Provider Use					
	Prescriber Information		Media	cal Data			
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ddress :				03/10/2011	03/20/2011		
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ēs;							
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		Please check the box if you would like to upload any	documents			191	20124
		Submit Reset					

This field will auto-populate after the <Tab> key is hit

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	P	Mississippi Medicaid Pharmacy Drug rior Authorization Request					
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		For Provider Use					
	Prescriber Information		Medica	al Data			
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rovider Name :		*Primary Diagnosis Description :		NE URINARY TRA	CT INFECTN		
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ay:							~
tate :	Mississippi 19	Provider Comments					
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ione Number :		Medication):					
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nail :							_
	Patient Information		Drug Re	quested			
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EA .	SMOPO0	1					
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		Submit Reset					
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Dosage Frequency and Provider Comments Fields

- 1. Dosage Frequency Field
 - Enter the Dosage
- 2. Provider Comments Field
 - Enter any medical / clinical justification for the PA request

	Drug	Name					
	PHARMACY F Miss Prior At	PRIOR AUTHORIZATION sissippi Medicaid harmacy Drug thorization Request					
Approval of these services does not guarantee Medicaid Eligibility of the Patient.							
	Fo	r Provider Use					
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Name field and select the Sararo for the dealer of units dealer of units and many field and units in the list results, click the link of the drug's name and you will be returned to the Phi Prior Authorization Request form where your selected drug information will filled on the form. Drug Name Search Reset	stof armacy II be pre-			03/10/2011	03/20/2011		
	S - 1005 -	e necessary for this patient. I understan	d that any falsification,	omission or conce	ealment of materia	al fact may su	bject me
	Su	Reset					
Accs	erms of Usage	Privacy Policy Browse	er Compatibility				

Steps to enter the Drug Name

- 1. Click on the <Search> button beside the "Drug Name"
 - A pop-up window will appear
- 2. Enter name of the drug and click <Search>
 - Another pop-up window will appear

Drug S	earch	ו	
Drug S	earch		
Please enter at least the first three letters o Name field and select the Search button. Li results, click the link of the drug's name and Prior Authorization Request form where you filled on the form.	f the desired drug's nar ocate the desired drug d you will be returned to ir selected drug informa	ne into the Drug n the list of the Pharmacy tion will be pre-	
Drug Name	1		
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Drug Name	D	rug Strength	
CIPRO HC OTIC SUSPENSIO	N	0.2%-1%	
CIPRO I.V. 10 MG/ML VIAL		10 MG/ML	
CIPRO I.V. 10 MG/ML VIAL	2	00MG/20ML	
CIPRO I.V. 10 MG/ML VIAL	4	00MG/40ML	
CIPRO I.V. 200 MG/100 ML D5	5	200MG/0.1L	
CIPRO I.V. 400 MG/200 ML D5	2	400MG/0.2L	
CIPRO XR 1.000 MG TABLET		1000 MG	
CIPRO XR 500 MG TABLET		500 MG	
CIPRO 10% SUSPENSION	4	500 MG/5ML	
CIPRO 100 MG TABLET		100 MG	
CIPRO 250 MG TABLET		250 MG	
CIPRO 5% SUSPENSION	8 8	250 MG/5ML	
CIPRO 500 MG TABLET		500 MG	
CIPRO 750 MG TABLET		750 MG	
CIPRODEX OTIC SUSPENSIO	N	0.3-0.1%	
CIPROFI OXACIN ER 1 000 MG	Т	1000 MG	

Drug Search Window

- "Click" on the name of the drug and dosage that you want to request a prior authorization on
- After clicking on the drug dosage, your selection will auto-populate on the PA Form. This screen will disappear

Approval of these services does not guarantee Medicald El Prescriber Info Provider Number :	gibility of the Patient.	For Provider Use For Provider Use Primary Diagnosis Code : Primary Diagnosis Code : Dosage Frequency :	Media	al Data				
Approval of these services does not guarantee Medicald El Prescriber Info Provider Number : Provider Name : Address : City : State : Zip : Base : Bas	gibility of the Patient.	For Provider Use Primary Diagnosis Code : Primary Diagnosis Description : Dosage Frequency :	Media	cal Data				
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Patient Inform	ation		Drug R	equested				
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The following information will need to be completed to complete this section.

- Service dates auto-populated
- Quantity
- Days Supply

	PHARM	ACY PRIOR AUTHORIZATION					
		Mississippi Medicaid Pharmacy Drug Prior Authorization Request					
proval of these services does no	guarantee Medicaid Eligibility of the Patient.	10 (CC 000000					
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tate : ip : ate of Birth : ex :	Mississippi						
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	Please	check the box if you would like to upload any do	ocuments			Brow	110.
		Submit Reset					

"Click" the check box beside the certification statement

	PHARMA	CY PRIOR AUTHORIZATION					
	р	Mississippi Medicaid Pharmacy Drug rior Authorization Request					
pproval of these services does not g	uarantee Medicaid Eligibility of the Patient.						
		For Provider Use					
	Prescriber Information	Med	ical Data				
Provider Number : Provider Name : ddress : City : State : Zip : Phone Number : an Number : Email :	Mississippi V 32203-	*Primary Diagnosis Code : *Primary Diagnosis Description : *Dosage Frequency : Provider Comments (Significant Problems/Justification for Requested Medication) :	773.92 NB URINARY TRACT INFECTN 1. dose per day				
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Medicald Number: Patient Name : Vddress : City : State : Zip : Date of Birth : Sex :	GEORGE WASHINGTON	"Drug Name Scench" "Drug Strength CIPRO XR 500 MG TABLET 500 MG	*Service Dates From Thru [02/10/2011] [] [03/20/2011] []	Ouantity 2			
I hereby certify that I am the p may subject me to civil penal	rescriber identified on this form and I deem the prescribed n ties, fines or criminal prosecution.	nedication to be necessary for this patient. I understand that an	y falsification, omission or concealm	ent of material fa			
		Cohenit Davet					
	Bud 1 South Control of	Submit Reset					

This section is optional. This section is to add any additional information to help in the determination of this Prior Authorization Request.

How to complete this section:

- 1. Click in the check box labeled "Please check the box if you would like to upload any documents"
- 2. Next click on the <Browse> button

			PHARMACY F	PRIOR AUTHORIZATION					
			Mis P Prior Ar	sissippi Medicaid harmacy Drug athorization Request					
pproval of these se	vices does no	guarantee Medicaid Eligibility of the	Patient.	or Provider Use					
		Prescriber Information			Med	cal Data			
Provider Number : Provider Name : Vddress ; State : Up : Phone Number : Fax Number : Fax Number : Fax Number : Medicaid Number ; Patient Name : Vddress : Dity : State : Uty : State : Dit : Dit : State : Dit : State : Dit : State : S	Choose file Look yr Wy Pacert Documents Desitop My Documents My Computer My Network Piaces	Phamacy Documentation TrN Netical Necessity Statement from Prescribe TN Order.doc File pane: File pane: File of tope All Files [.*] M C F U		*Primary Diagnosis Code : *Primary Diagnosis Code : *Dosage Frequency : Provider Comments (Significant Problems/Justificatio Medication) : *Drug Name Search CIPRO XR 500 MG TABLET	n for Requested Drug F *Drug Strength Soo MG	771.02 NE URINARY T à dore per da: tequested From [03/10/2011]	ce Dates Thru Goy20/2011	*Quantity	*Da Sup
may subject	me to civil pen	presenter roomined on the form an	Please check I	he box if you would like to upload am	y documents	raisiicadon, ornis] Drov	wse

Now another pop-up window will appear. This window is your local drive and not offsite. Please choose documents from your file that you would like to attach to this Prior Authorization. Then "double click" on the item to be attached.

Mississippi Medicaid Prior Authinization Request Barransey Oring Prior Authinization Request Barransey Oring Prior Authinization Request Original State Sta	Your request submitted	Submit PHARMA	tting the	PA Provide the selecting	the Print button a	t the bottom of t	he screen.	7
perval of these services does not ourrantee Medical Eliability of the Patient Proceiber Information Provider Number: Provide		P	Mississippi Medicaid Pharmacy Drug rior Authorization Request					
For Provider Use Prescribe Information Medical Data Provider Number: Description: Description: Description: Provider Number: Description: Description: Description: Provider Comments Gignificant Problems/Justification for Requested Medical Data Provider Comments Gignificant Problems/Justification for Requested Supply Patient Information Drug Requested Toru of Supply Microsoft Internet Explorer Supply Supply Dist Microsoft Internet Explorer Supply Desce wait while your request is processed. Selecting the Refresh button or pressing the F5 key will result in a duplicate PA submission. Internet of material fact Desce Microsoft Internet Explorer Supply Desce wait while your request is processed. Selecting the Refresh button or pressing the F5 key will result in a duplicate PA submission. Internet of material fact	Approval of these services does not g	uarantee Medicaid Eligibility of the Patient.						_
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	City: State : Zip : Date of Birth : Sex : Image subject Thereby ce may subject	ternet Explorer ase wait while your request is processed. Selecting t	the Refresh button or pressing the F5 k	œy will result in a	duplicate PA sul	bmission.	ent of materi	al fact

After clicking on the <Submit> button, a pop-up block will appear. Click the <Ok> button within the pop-up.

• Please Note: Selecting the Refresh button or pressing the F5 key will result in a duplicate PA submission.

The screen will now clear. In place of that screen will be a printable version with the PA number at the top of the page.

• Please Note: The PA number does not indicate that the request is approved; the status is PENDING awaiting review.

At this point, please hit the <Print> button at the bottom of the page.

The next page is an example of the printout.

PHARMACY PRIOR AUTHORIZATION

PA Number : 5555717

Mississippi Medicaid Pharmacy Drug Prior Authorization Request

Approval of these services does not guarantee Medicaid Eligibility of the Patient.

		For Prov	vider Use		
Provider Information					
Provider Number : 000\$\$\$\$\$			Provider Name : 000000000000000000000000000000000000		
Address : 2XXXXX 5TH ST			City : M Town		
State : MS			Zip :		
Phone Number : 601-XXX-XXXX			Fax Number :		
Email :			1		
Medical Data					
Primary Diagnosis Code 771.82	:		Primary Diagnosis Desci NB URINARY TRAC	ription : CT INFECTN	
Dosage Frequency : 1 dose per day			Provider Comments (Sig Medication) :	nificant Problems/Justifica	ation for Requested
Patient Information					
Medicaid Number : 00000000000			Patient Name : GEORGE WASHING	GTON	
Address : 1XXXX1 1st DRIVE			<i>City :</i> President Town		
State : MS			Zip :		
Date of Birth : 08/30/1700			Sex : M		
Drug Requested					
Drug Name	Drug Strength	Service Dates From	Service Dates Thru	Quantity	Days Supply
CIPRO XR 500 MG TABLET	500 MG	03/10/2011	03/20/2011	10	10

I hereby certify that I am the prescriber identified on this form and I deem the prescribed medication to be necessary for this patient. I understand that any falsification, omission or concealment of material fact may subject me to civil penalties, fines or criminal prosecution.

Dupl	icate PA	Reques	ts
Duplicate DA 5	PHARMACY PRIOR AUTH	ORIZATION	1
Approval of these services does not guarantee Medicaid Eligibility of the Patient.	Mississippi Medical Mississippi Medical Pharmacy Drug Prior Authorization Rec	ng una en nequear, suorinaaron uemeu. Iest	
	For Provider Use		
Prescriber Information		Med	lical Data
Provider Number :	*Primäry Diag *Primary Diag *Dosage Fred Provider Com (Significant P Medication).	iosis Code : iosis Description : ency : nents blems/Justification for Requested	271.82 NB URINARY TRACT INFECTN 1 dose per day
Patient Information		Drug	Requested
Medicaid Number: Patient Name : Address : City : State : Zip : Jost of Birth : Sex :	*Drug N:	ne Search *Drug Strength 3 TABLET SOO MG	"Service Dates "Quantity" "Days Supply From Thru "Quantity" Supply 03/19/2011 03/29/2011 14 14
I hereby certify that I am the prescriber identified on this form and I deem to civil penalties, fines or criminal prosecution.	the prescribed medication to be necessary for	his patient. I understand that any falsification	on, omission or concealment of material fact may subject me
	Please check the box if you v	ould like to upload any documents	Bones
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If a Pharmacy PA already exists, a message of Duplicate PA Request will display. The Service Dates fields will allow for editing and the PA Request can be resubmitted once the dates are changed.

	Mississippi Env	Inquiry ision	Option	5	
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	Provider		Reach Us	Search	
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	Training Materials / CBT				> Site Map
	WINASAP 2003 Software				
	Claims Entry*			X	
	Communication Options				
	Inquiry Options	Claim Status Inquiry	ic Health Records		
	Long Term Care	Physician Administered Drug Inquiry	ntive Program		
	Prior Authorization	Eligibility Inquiry			
	School Based Services	PA Inquiry			
	Submission Options	Payment Status Inquiry	Pharmacy		
	User Admin Options				
Ancs		Terms of Usage	Privacy Policy Browser	Compatibility	

Steps to check the status of Pharmacy Prior Authorizations

- 1. Click on the "Provider Tab"
- 2. Click on "Inquiry Options"
- 3. Then click on "PA Inquiry"
- 4. Finally click on "Pharmacy"

MENCAD	Mississippi Envisi Quality Health- care Services Improv	ION ving Lives	🛧 Norma 🔿 Online Saturity 🔥	Logo
	Provider	1	Reach Us	Search
			Pharmacy PA Inguiry	
			from the current date and PAs that do not contain compound drugs. You must include at least one of the criteria listed below: PA Number Or Beneficiary ID and Service Start Date, Service End Date Please enter dates in mm/dd/yyy format. PA Number: Beneficiary ID Date(s) of Service: Begin Date: End Date: Submit Reset	

PA Inquiry results only include PAs less than 2 years from the current date and PAs that do not contain compound drugs.

Inquiry results are prescriber specific. Only requests submitted by the prescriber will be displayed. Other prescribers' PA requests will not be shown.

Pharmacy PAs can be found by using one of two search criteria:

- 1. Enter the PA number and click the <Submit> button
- 2. Enter the Medicaid Beneficiary and the service dates
 - a. Note: the service dates are in the formation mm / dd / yyyy

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MEDICAID			6	🖹 Home 🤇	Online Security	🔨 Terms of Usage	Privacy Policy	() Hel
	Provider		Reach Us			Search		
		Pharm	nacy PA Inquiry					
		PA Inquiry results only from the current date is contain compound dru You must include at le PA Number Or Beneficiary ID and Ser Please enter dates in PA Number: Beneficiary ID: Date(s) of Service Begin Date: End Date:	include PAs less than 2 year and PAs that do not rgs. ast one of the criteria listed b vice Start Date, Service End I mm/dd/yyy format. SSS5717 C	rs below: Date				
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Example of Using the PA number

ry Policy	sage Pr	Terms of U Search	Security 🔨	Online S					ty Health-care Services Improving Lives	Quali
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					TION	NFORMA	INQUIRY	PHARMACY PA		
Status: Pendi	\rightarrow									A Number: 5555717
				dical Data	Mec				Prescriber Information	
				ACT INFECTN	URINARY TR		scription: Justification fo);	Primary Diagnosis Des Dosage Frequency: Provider Comments (Significant Problems) Requested Medication)	Mississippi 💜 39901 -	Provider Name: Address: City: State: Zip: Phone Number:
			1	es Requested	Service				Patient Information	
ed Used Days Supply	Approved Days Supply	Approved Quantity	Requested Days Supply	Requested Quantity	e Dates Thru	Servic From	Strength	Drug Name	GEORGE WASHINGTON	Medicaid Number: Patient Name:
10 0.00	9999999.99	0.00	10.00	10.00	03/20/2011	03/10/2011	500 MG	CIPRO XR 500 MG TABLET	Mississippi ♥ 	Address: City: State: Zip: DOB: Sex:
	Approved Days Supply 9999999.99	Approved Quantity 0.00	Requested Days Supply 10.00	Requested Quantity 10.00	Service e Dates Thru 03/20/2011	Servic From 03/10/2011	Strength 500 MG	Drug Name CIPRO XR 500 MG TABLET	Patient Information GEORGE WASHINGTON Mississippi	Phone Number: Medicaid Number: Patient Name: Address: City: State: Zip: DOB: Sex:

The Prior Authorization Status is found near the top right corner of the PA inquiry screen.

PA Inquiry Results Using Beneficiary Information

	PHARMACY PA INOURY INFORMATION
1. PA Detail	
PA Number:	5555713
PA Status:	Pendina
Benefician Name	PATRICK PARKINGON
Beneficiary ID:	AMONAMIOON
Drug Name:	DEXTROAMP-AMPHET ER 15 MG C
Begin Date:	
End Date:	1231/2011
2 D& Datail	
2. PA Detail	
PA Number:	<u>5555714</u>
PA Status:	Pending
Beneficiary Name:	PATRICK PARKINSON
Beneficiary ID:	
Drug Name:	DEXTROAMP-AMPHET ER 10 MG C
Begin Date:	01/01/2011
End Date:	12/31/2011
3. PA Detail	
PA Number:	5555715
PA Status:	Pending
Beneficiary Name:	PATRICK PARKINSON
Beneficiary ID:	
Drug Name:	AMPHETAMINE SALTS 10 MG TAB
Begin Date:	01/01/2011
End Date:	12/31/2011
4. PA Detail	
PA Number:	<u>5555716</u>
PA Status:	Pending
Beneficiary Name:	PATRICK PARKINSON
Beneficiary ID:	
Drug Name:	DEXTROAMP-AMPHET ER 5 MG CA
Begin Date:	01/01/2011
End Date:	03/30/2011
	Heise Inequility Rack

This is an example of using the beneficiary number and a date range

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	EHR Incentive Program		Reaction		search	
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	School Based Services					
	Submission Options				-	
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Below are the steps to use to check for messages

- 1. Click on the "Provider Tab"
- 2. Click on "Communication Options"
- 3. Then click on "Manage Messages"

MISSISSIPPI DIVISION OF MEDICAID PHARMACY PA UNIT 550 High Street, Suite 1000 Jackson, MS 39201 Phone: (877)537-0722 or Fax: (877)537-0720

> April 20, 2011 Prescriber id: 09015910

FAMILY CANCER CENTER PLLC 1936 W POPLAR COLLIERVILLE, TN 38017

Beneficiary: Medicaid ID Number: DOB: DRUG Prior Authorization Decision: DENIAL

A request for authorization of:

MOTRIN 100 MG CAPLET (brand name) TABLET 100 MG was submitted by the DOM Pharmacy PA Unit for the above referenced Medicaid beneficiary. After review by our clinical staff, it has been determined that the necessary criteria required have not been met based on the following:

Denial Reason Comments: PA DENIED: PDL CRITERIA NOT MET. PHARMACY CLAIMS FAIL TO INDICATE STABLE THERAPY WITH REQUESTED MEDICATION. MS DIVISION OF MEDICAID DEFINES STABLE THERAPY AS 90 DAYS CURRENT THERAPY REFLECTED IN PAID PHARMACY CLAIMS.

If there is additional information related to this case that might affect this decision, you may obtain a reconsideration of the decision. A written request or an APPEAL/RECONSIDERATION form must be submitted by mail or fax to DOM Pharmacy PA Unit within 30 days of the date of this notification. Any additional information that could result in an override of the determination must be submitted with your request. All available information will be reviewed and a decision made within three business days of the receipt of your request.

All correspondence can be mailed or faxed (preferred) to:

MISSISSIPPI DIVISION OF MEDICAID Attn: Pharmacy PA Unit/Appeals Coordinator 550 High Street, Suite 1000 Jackson, MS 39201 Fax: (877)537-0720

If you have questions regarding this denial, please call $(877)\,537\,-\,0722\,,$ and refer to PA number 9900000000.

Sincerely, Division of Medicaid Pharmacy PA Unit/Clinical Staff

Confidentiality Notice: This communication, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review use, disclosure, or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply telephone (1-877-537-0722) or fax (1-877-537-0720) and destroy all copies of the original message.

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