

Nevada Medicaid and Nevada Check Up Medical Pharmacy Program Frequently Asked Questions

Nevada Medicaid and Nevada Check Up is committed to providing members with access to high-quality healthcare consistent with evidence-based, nationally recognized clinical criteria and guidelines. To ensure value to our members, we have implemented a change in the way we manage certain specialty medications that fall under the medical benefit. This new program is administered by the Medical Pharmacy Solutions team at Prime Therapeutics Management (Prime).

Which members are covered by this program?

The program applies to Nevada Medicaid Fee for Service Members.

What is the effective date of the program?

The effective date of this program was July 1st, 2023.

Which medications require a prior authorization review by Prime?

Please refer to the list posted on the Nevada Medicaid and Nevada Check Up webpage <https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>.

There is also a link to this page on the Prime provider portal at GatewayPA.com

How often is the medication list updated?

The list of medications included in the Medical Pharmacy Program is updated at least annually. Please refer to the list posted on the Nevada Medicaid and Nevada Check Up webpage

<https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>.

There is also a link to this page on the Prime provider portal at GatewayPA.com.

Where can I find medical policies criteria and guidelines for the medical benefit treatments in this program?

Please refer to the list posted on the Nevada Medicaid and Nevada Check Up webpage <https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>.

There is also a link to this page on the Prime provider portal at GatewayPA.com.

At which places of service (POS) is the prior authorization required?

Prior authorizations are required for medications administered at the following places of service:

- Physician Office (POS 11)
- In Home (POS 12)
- Outpatient Facility (POS 19, 22)

How do providers contact Prime to request a prior authorization or re-authorization?

Providers directly contracted with Nevada Medicaid and Nevada Check Up may request non-urgent authorizations on the Prime secure provider portal at www.GatewayPA.com. Providers may also call Prime for

authorization requests at 800-424-0639. Hours of operation are 8AM-6PM PST for routine requests, and 24 hours per day/7 days per week for urgent requests.

To expedite prior authorizations, the provider should have the following information:

- Member name, date of birth and ID number
- Health plan name
- Member height and weight
- Ordering provider name, tax ID number, NPI, practice address, and office telephone and fax numbers
- Rendering provider name, tax ID number, NPI, practice address, and office telephone and numbers (if different from ordering provider)
- Requested medication name or HCPCS code
- Anticipated start date of treatment
- Dosing information and frequency
- Diagnosis (ICD-10 code)
- Any additional clinical information pertinent to the request

If requested by Prime, the provider should be prepared to upload the following documents to the Prime provider portal, or to fax the following documents to Prime's HIPAA-compliant fax:

- Clinical notes
- Pathology reports
- Relevant lab test results

Please note: It is the responsibility of the ordering provider to obtain prior authorization before services are provided. If the ordering provider and the rendering provider are different, the rendering provider is responsible for ensuring that the appropriate approval is on file prior to rendering services.

Registration and use of Prime Provider Portal

How does a provider obtain a user ID and password for the Prime Provider Portal?

Providers directly contracted with Nevada Medicaid and Nevada Check Up may request access to the Prime provider portal. To do so, visit Prime's provider portal at www.GatewayPA.com and complete the following steps:

1. **Click on *New Provider Access Request* under the sign in box.**
2. **Complete the form and click "Register".**

Please have the following information ready:

- Requestor's name, email address, and phone number
- Health plan name
- Provider, facility, or group name
- Provider, facility, or group service address
- Tax ID number
- NPI
- Practice Administrator name and email address (if not the requestor)

Please allow up to two business days for a response by email.

Who do I contact if one of the providers in our practice is not listed on Prime's Provider Portal?

- You can send a message to Prime through the provider portal if the provider is directly contracted with Nevada Medicaid and Nevada Check Up.
- If it is an urgent request, you can call Prime at 800-424-0639.

If all of the clinicians in a practice share a Tax Identification Number (TIN), is more than one user account needed to manage each clinician separately?

No. Prime provider portal users linked to the practice TIN will be able to conduct transactions for every network clinician linked to the practice TIN. We recommend that each portal user within the practice maintain their own individual user account.

Prior Authorization Requests

Providers and their staff will have the opportunity to obtain prior authorizations to help streamline medication administration and service.

- If a prior authorization request does not initially have sufficient evidence to be approved, it is pending to be clinically reviewed by Prime's clinical pharmacists.
- If the initial clinical reviewer finds the request meets clinical criteria, the initial clinical reviewer can approve the prior authorization request.
- If the initial clinical reviewer cannot find sufficient evidence to approve the request, he/she will schedule a peer-to-peer conversation between the provider and a Prime peer clinical reviewer, who is a board-certified physician. The Prime peer clinical reviewer will render the final determination based on the information received.

Note: Prime initial clinical reviewers are clinical pharmacists.

Will the provider be able to speak directly to the clinician making a determination on a prior authorization request?

Yes. In most cases, approvals can be made based on the initial information provided to Prime by the requestor. If there is a question or concern regarding the information provided, the case will be sent to a pharmacist who will reach out to the requesting provider. If the pharmacist cannot reach an agreement regarding the appropriate course of treatment with respect to the requested medication, the case will be escalated to a Prime physician. A Prime physician will discuss the case with the provider. They will make a mutual decision, in accordance with plan guidelines, on an appropriate course of action.

Who receives copies of the determination notices?

The ordering provider, rendering provider (if different from ordering) and member receive copies of the final determination notices.

Does a prior authorization for one provider apply to all providers in a group practice?

Approvals are valid for all network providers who share the TIN on the authorization.

If a specialist orders the treatment and gets prior authorization, but the medication is to be administered in and billed for by the outpatient facility, how should the clinic verify the prior authorization is on file with Prime?

The outpatient facility will receive a copy of the approval letter and can view the status of the approval via Prime's provider portal www.GatewayPA.com.

Once prior authorization is given, can a request be made to change the dose or frequency before the approval duration has expired?

After an approval is generated, a change in dose and/or frequency may be requested via phone at 800-424-0639.

Can the length of the prior authorization be negotiated or is it predetermined?

The approval duration or validity period of a prior authorization is dependent on the medication and is not negotiable.

Can one prior authorization include multiple medications, or will the provider have to obtain a prior authorization for each medication?

There is one prior authorization number per medication. However, Prime can process multiple requests via a single portal session or telephone call.

Claims

How will this new program affect claims?

Prime has been engaged only to oversee utilization management. Claims should be submitted to Nevada Medicaid and Nevada Check Up.

Will a claim submitted by the rendering provider be denied if the ordering provider fails to obtain the appropriate prior authorization?

Yes. The claim for the rendering provider will be denied. Rendering providers need to make sure a prior authorization is on file with Prime before administering the medications to members. When prior authorization is required but was not obtained, providers can follow instructions on the Explanation of Benefits (EOB) to submit a claim appeal as applicable.

Is this prior authorization process required when Nevada Medicaid and Nevada Check Up is secondary?

No. Prior authorization review with Prime is not required when Nevada Medicaid and Nevada Check Up is designated as secondary to other insurance coverage.

Who can a provider contact for more information?

For more information about prior authorizations, providers can call the Medical Pharmacy Solutions team at Prime Therapeutics Management (Prime) at 800-424-0639.