

Process of Appeal

Purpose: To provide any Medicaid beneficiary, physician or pharmacy provider receiving an initial denial notice regarding a prior authorization request for prescription drugs, the opportunity to request an appeal of the decision.

Reviewing Personnel: Physicians and/or clinical specialists

Policy: 1. The request for appeal must be submitted to Health Information Designs, Inc. (HID) by mail or fax within thirty (30) working days of the date of denial notice. The Medicaid beneficiary, physician or pharmacy provider may request an appeal by submitting a written request or an appeal request form. The Medicaid beneficiary or provider is encouraged to submit any additional information which may affect the appeal review determination. Requests should be forwarded to:

Health Information Designs, Inc.
Attn: Appeals Coordinator
P.O. Box 320506
Flowood, MS 39232-0506

Or faxed to:

(800) 459-2135

2. After the request for appeal is received, HID will review the appeal and make a determination within three (3) working days.

Procedure: 1. Upon receipt, the request will be added to the beneficiary's file. Review documentation and additional correspondence or information will be compiled and forwarded to the clinical staff.
2. The appeal review will be performed by a member of the clinical staff who is:

- Not associated with the original denial
- Not related to the beneficiary
- Not responsible for the care of the beneficiary

3. The clinical staff will consider the appeal request and make a determination within three (3) working days.

4. HID will send appropriate notification letters within twenty-four hours of the appeal determination.

- The beneficiary will be notified in writing of the results of the appeal. Information and instruction regarding the beneficiary's right to an Administrative Appeal with the Division of Medicaid will be included with the notice.
- The prescriber or pharmacy provider will be notified in writing of the appeal determination. The physician will be given an explanation of the reason(s) if the denial is upheld. Information regarding an Administrative Appeal with the Division of Medicaid will be included with this correspondence.
- If the denial is reversed and the prescription is approved, a PA number will be assigned and the pharmacy provider indicated on the appeal form will be notified of the PA.

In emergency situations, the Division of Medicaid will allow payment for a seventy-two (72) hour supply of medication. This does not preclude the need for an appropriate authorization of the medication.