



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Med-QUEST Division
Clinical Standards Office
P. O. Box 700190
Kapolei, Hawaii 96709-0190

July 31, 2013

MEMORANDUM

MEMO NO.
ACS M13-06

TO: Medicaid Fee-For-Service (FFS) Pharmacies

FROM: *ket* Kenneth S. Fink, MD, MGA, MPH
Med-QUEST Division Administrator

SUBJECT: DISCONTINUATION OF AUTOMATED PRIOR AUTHORIZATION (PA)
PROCESS FOR FFS PRESCRIPTIONS

Due to the very low volume of FFS claims for Proton Pump Inhibitor (PPI), H2 Receptor Antagonist (H2RA), Sedative-Hypnotic and COX II Anti-inflammatory prescriptions, the FFS Pharmacy Benefit Manager (PBM) Point of Sale automated PA process for these medications is no longer cost-beneficial and will be discontinued.

Effective August 1, 2013, the PA process for these prescription classes shall follow the standard protocol: Submission by fax or mail of a completed Form 1144B or the new Med-QUEST Division (MQD) Standardized PA form to the Xerox PA processing center. PA requests shall be reviewed and responded to within 24 hours. Current addresses and telephone numbers are:

Xerox PBMS
Attn: Hawaii Medicaid Paper Claims
P.O. Box 967
Henderson, NC 27536-0967

Xerox Help Desk Phone Number: 877-439-0803
Xerox Prior Authorization Fax Number: 888-335-8474

These and all current FFS PA criteria may be found at the State of Hawaii Prescription Benefits website www.himed-questffs.org under Contact Us or under Drug Coverage, in PA Criteria.

Should you require further assistance with this matter, please call Xerox Help Desk at 877-439-0803.

Attachment

Hawaii Standardized Prescription Prior Authorization Form*

Request Date: _____

| Patient Information | | | | |
|---|----------------|----------------------------------|---|----------------------|
| Last Name | First Name | Phone Number | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth / / |
| Member ID # (if known): | | | | |
| Provider Information | | | | |
| Provider Name | Contact Person | Phone Number | Fax Number | |
| Provider Address | | Pharmacy | | |
| Timeline <input type="checkbox"/> Routine <input type="checkbox"/> Urgent | | Pharmacy Phone: Pharmacy Fax: | | |
| Physician Section | | | | |
| Diagnosis or ICD-9 code | | | | |
| Period Requested | | Prognosis | | |
| Medication: Name, Strength, Dosage <input type="checkbox"/> New <input type="checkbox"/> Continuation | | | | Quantity |
| Directions for Use (include dosage and frequency) | | | | |
| Other Medication Used and Reason for Failure (include approximate dates of trial) | | | | |
| | | | | |
| Other Justification (<input type="checkbox"/> Attachment) | | | | |
| | | | | |
| Prescriber's Signature | | | | Date |
| Insurance Plans That Have Agreed To Accept This Form | | | | |
| Check Insurance Box | | | | |
| <input type="checkbox"/> AlohaCare QUEST | | Fax # 808-973-6327 | Phone: 808-973-7418 | |
| <input type="checkbox"/> AlohaCare Advantage Medicare: ACA / ACA Plus | | Fax # 808-973-6327 | Phone: 808-973-7418 | |
| <input type="checkbox"/> HMSA QUEST | | Fax # 1-855-762-5206 | Phone: 1-855-220-5732 | |
| <input type="checkbox"/> Ohana Health Plan QUEST / QExA | | Fax # 1-888-877-8239 | Phone: 1-866-924-0277 | |
| <input type="checkbox"/> Ohana Health Plan Medicare | | Fax # 1-866-388-1767 | Phone: 1-866-924-0277 | |
| <input type="checkbox"/> UnitedHealthcare QUEST / QExA | | Fax # 1-866-940-7328 | Direct Call In PA: 1-800-310-6826 | |
| <input type="checkbox"/> Cyrca SHOTT (Transplant Program) or Fee For Service (FFS) | | Fax # 1-888-335-8474 | Phone: 1-877-439-0803 | |

*Health plans may require additional information or specialized PA form for specialty medications.