

MEDICAID PROVIDER RESOURCE

Retail (Outpatient) Pharmacy Authorization Processes

On October 28, 2023, Magellan Medicaid Administration (MMA) became the Single Pharmacy Benefits Manager (PBM) appointed by Louisiana Department of Health (LDH) for all six Louisiana Medicaid Managed Care Organizations (MCOs), including Louisiana Healthcare Connections.

With this transition, MMA now processes all Louisiana Medicaid pharmacy claims, hosts the retail pharmacy call center for members and providers, and completes pharmacy prior authorization reviews.

Louisiana Healthcare Connections appreciates our providers' dedication to their patients and wishes to clarify the most frequently asked questions from our providers.

How I know which drugs require a prior authorization?

Louisiana Healthcare Connections follows the Louisiana Medicaid Single Preferred Drug List (PDL), which is determined by LDH. The PDL can be found online at <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>

How do I submit a prior authorization for a retail pharmacy drug?

The PA request must be submitted to Magellan. Magellan provides a review decision within 24 hours of receipt.

PHONE Call 1-800-424-1664

FAX Fax to 1-800-424-7402

LDH Standard Form to complete:

https://ldh.la.gov/assets/docs/BayouHealth/Pharmacy/DrugPA_FormCoversheet.pdf

ONLINE www.CoverMyMeds.com

What is the PA process?

PROCESS AND RESPONSIBLE PARTY	MAGELLAN	LHCC
Prior Authorization for pharmacy benefit (retail pharmacy)	X	
Reconsideration	X	
Peer-to-Peer	X	
Prior Authorization Appeals		X
Grievances - Pharmacy Services	X	
Grievances for all other (non-pharmacy) Services		X

If my patient and I disagree with the denial decision, how do I appeal the PA denial?

Appeals should be directed to Louisiana Healthcare Connections' Appeals Department. Appeals must be requested within 60 days of the denial and submitted with a complete appeal, including a signed "Appeal Representative" form.

All appeals are addressed within 30 days, with an average processing time usually around 15 days. Provider notification is made both verbally and in letter correspondence.

To Contact the LHCC Appeals Department — PHONE: 1-866-595-8133, FAX: 1-877-401-8170

How can I submit a pharmacy grievance or complaint?

Pharmacy Complaints and Grievances should be directed to Magellan. They can be submitted by mail, phone, fax or online by using the "Contact Us" link at <https://www.lamcopbmpharmacy.com/forms-and-information>