



### Benefits of using ProAct's PA Portal

- Allows providers to create prior authorization requests online
- Offers real time eligibility check
- Providers are able to check the status of existing requests throughout the process
- Using the system and pre-established clinical criteria sets allows for greater efficiency and less administrative burden, and in most cases, quicker turnaround times
- Providers can attach additional documentation outside of the pre-set criteria to the request when using the portal
- Reduces need for traditional processes which most times relied on fax or other manual means of gathering or submitting information

If you have any questions or concerns, please feel free to reach out to our 24/7 Help Desk at [877-635-9545](tel:877-635-9545).

## Here's what you should know about ProAct's Prior Authorization Process:

Providers can start the prior authorization (PA) review process by visiting ProAct's online Portal and submitting all the necessary information. Once we receive a completed PA request from the provider, our reviews are typically conducted within 3 business days. Urgent requests are addressed within 1 business day. We will then communicate with the appropriate parties, such as provider, member, and/or pharmacy, depending on the decision.

### Criteria

Submitted PA requests are subject to validation against both member-specific prescription drug coverage and clinical criteria guidelines which evaluate both clinical effectiveness and alternative therapy costs.

### Notifications

Approval/denial and lack of information notifications are faxed or mailed to appropriate parties – keeping the healthcare team and patient informed of the PA outcome. High-cost notifications are emailed to clients for medications approved at or above \$4,000 plan paid.

### Appeals

**INTERNAL:** Appeals of a PA denial must be made in writing and submitted along with a copy of the original denial letter. Appeals are reviewed by a licensed doctor of pharmacy. The deadline for submission of an appeal is 180 days from the date of the original denial of the claim. Requests for urgent appeals will be acted on within 3 business days of receipt.

**EXTERNAL:** Requests for an external review will be performed by a group not associated with ProAct, or ProAct's internal review board. If this group decides to overturn ProAct's denial decision, ProAct will provide coverage for the medication. Requests for an external review must be submitted in writing within 4 months after receiving the initial appeal denial notice.

- Medications excluded from coverage under the prescription benefit are not eligible for external review.
- Medical Review Institute of America (MRIoA), 2875 S. Decker Lake Drive, Suite 550, Salt Lake City, UT 84125



### PA Portal in 3 Easy Steps:

- 1 Visit: <https://proactrx.promptpa.com>
- 2 Click "New Prior Authorization" and Complete the Required Fields
- 3 Submit Request