



December 4, 2014

SUBJECT: SENATE BILL 866 – IMPORTANT & URGENT INFORMATION

Dear AppleCare Medical Group Physician:

In 2011 the California Assembly passed Senate Bill 866. This bill required the Department of Managed Health Care (DMHC) to develop an electronic uniform prior authorization form that health plans and managed care organizations such as AppleCare Medical Management must utilize and accept for all pharmaceutical requests. **This regulation goes into effect on JANUARY 1, 2015.** At this time, our contracted health plans have determined that this regulation affects all pharmacy requests that require prior authorization whether or not the drug falls under your patient's pharmacy or medical benefit. The form **MUST BE USED** when requesting drugs for your **COMMERCIAL AND MEDI-CAL patients when PRIOR AUTHORIZATION IS REQUIRED.**

Following are some questions and answers that may be helpful to you:

QUESTION: Must the attached form be used for chemotherapy and other injectable drugs such as Procrit or Lupron?

ANSWER: Yes if prior authorization is required then the form must be used.

QUESTION: What is the requirement for the UM Department if the form is not completed by the doctor at the time of the request?

ANSWER: The UM Department must notify the doctor within 2 days of the request with a denial. This is a provider notification only and the patient does not receive a denial letter.

QUESTION: What if the form is submitted at the time of the request and the UM Department does not respond to the requesting doctor within 2 days of receipt.

ANSWER: The request is deemed approved.

QUESTION: Does the doctor have to use this form for requests that do not require prior authorization?

ANSWER: No, this form only has to be used for drugs that require prior authorization. Examples of drugs that AppleCare does not require authorization for include most immunizations and antibiotics.

QUESTION: Do all sections of the form need to be completed?

ANSWER: All sections that are applicable to the request must be completed. It is extremely important to complete the **Medication / Medical and Dispensing Information Section on pages 1 and 2.**

QUESTION: Must the form be signed by the doctor?

ANSWER: The form must be signed by the prescribing provider which could be the doctor, NP, or PA.

QUESTION: How does the doctor's office submit the form to the IPA UM Department?

ANSWER: The **completed** form should be uploaded and attached to the AppleCare on-line referral submission system. If that is not possible then it must be faxed to the IPA's UM Department at the same time it is requested on-line.

QUESTION: What if there isn't enough room in the box on page 2 to document the medical justification?

ANSWER: The form allows the doctor's office to submit attachments. Examples are progress notes, lab results, radiology results, etc.

AppleCare knows that this is a major change for your practice. Unfortunately, the state of California passed this law and we are obligated to comply with the law. Please do not hesitate to call our UM Department for questions regarding how and when to use this form. Our health plans will be sending us additional information as experience is gained and we will keep you informed!