



December 8, 2004

Provider Services Department

PHARMACY UPDATE

Clarification of established protocol

Retroactive MRF's

Retroactive approval of requests for prior authorization may be granted only under the following conditions:

- 1) When certification of the Medi-Cal beneficiary's eligibility by the county welfare department was delayed;
- 2) When "other coverage" (i.e., Medicare or other health insurance programs) denied payment of a claim for services;
- 3) When communication with the MedImpact consultant or Santa Barbara Regional Health Authority (SBRHA) plan could not be established and provision of the required service should not have been delayed; under this condition the request for retroactive authorization must be received by the MedImpact consultant or SBRHA within fifteen (15) business days after the service is provided or initiated.
- 4) When a patient does not identify himself to the provider as a Medi-Cal beneficiary by deliberate concealment or because of physical or mental incapacity to so identify himself;
 - a) The request for retroactive authorization shall be accompanied by a statement from the provider certifying that the patient did not identify himself and the date the patient was so identified, provided such date is within one year after the month in which service was rendered.
 - b) The request for retroactive authorization shall be submitted within 60 days following the certified date of beneficiary identification.



- 5) When MedImpact determines that the provider was prevented from submitting a timely request for reauthorization because of a reason that meets one of the criteria specified above. The provider shall submit factual documentation deemed necessary by MedImpact with the reauthorization request. Any additional documentation requested by MedImpact shall be submitted within 60 days of the request. The documentation shall verify that the late submission was due to:
- a) A natural disaster which has:
 - i) Destroyed or damaged the provider's business office or records.
 - ii) Substantially interfered with a provider's agent's processing of the provider's Medical Request Forms (MRFs).
 - b) Delay caused by other circumstances beyond the control of the provider which have been reported to the appropriate law enforcement or fire agency when applicable. Circumstances which shall not be considered beyond the control of the provider include but not limited to:
 - i) Negligence by employees.
 - ii) Misunderstanding of program requirements.
 - iii) Illness or absence of any employee trained to prepare MRFs.
 - iv) Delays caused by the United States Postal Service or any private delivery service.

Reference: California Code of Regulations (CCR), Title 22, Section 51003 (b)