Rx Prior Authorization Recommendation

This video will review how a claims professional will submit a decision for an Rx Prior Authorization request in the VitalPoint® portal.

Once logged into the portal, they will need to access the pending transaction work queue by clicking on the prior authorization tile. This will display a list of claims with pending medication transactions.

After reviewing the work queue, the claims professional can take action on a request by clicking on the chevron icon next to the claim number and/or case number.

Clicking on the chevron icon will expand the prior authorization request. Once expanded, the details of the pending request will appear. There could be more than one medication decision needed.

The claims professional will review the reason(s) for the request. There may be more than one value in this section as they are based on set business rules.

After reviewing the reasons for the request, the decision considerations will be available. These special instructions will assist the claims professional with accepting or deciding to override the recommended decision.

The Rx details section will display the important details of the prescription that was processed.

The additional Rx Info section will provide prescription information such as the Rx number, Rx date, prescriber's name and pharmacy name.

Optum will provide a decision recommendation for the prior authorization request. When the decision panel is red, the recommendation is to deny the medication. If the decision panel is green, the recommendation is to approve the medication. The decision reason field, along with the comments will provide the rational for the recommendation. If the claims professional agrees with the recommendation, they will click submit to render the decision.

If the claims professional disagrees with the decision recommendation from Optum, they will need to select the correct override recommendation radio button. Once selected, they will select the correct Allow Rx or Block Rx radio button to authorize or deny the medication.

Once the radio button is selected, the appropriate timeframe for the decision should be populated in the Medication Allow/Block Effective Until field. Based upon the selected radio button, the options to select for the timeframe will change.

The detailed information regarding the timeframes in this field when the Allow or Block radio button is selected will be provided in the Rx Prior Authorization Medication Allow/Block Effective Until field video.

After selecting the correct timeframe, the decision driver field will default most of the time to claim rep review.

The decision reason will be populated by the claims professional. This selection will best explain why they've made the decision.

The Decision Rendered By and/or Decision Rendered on Behalf of fields can be configured and are optional.

Comments can be entered regarding the authorization or denial and will save with the decision. Any comments input in this field are included in reporting.

The decision summary outlines the results of the decision that will occur after the decision is submitted. Once all applicable fields are populated, the claims professional will click submit to render the decision.