ForwardHealth
Wisconsin serving you

Update
June 2008

No. 2008-42

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare
To: Dispensing Physicians, Pharmacies, HMOs and Other Managed Care Programs

Changes to STAT-PA for Retail Pharmacy Drugs

This *ForwardHealth Update* introduces important changes to the Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system for retail pharmacy, effective October 2008, with the implementation of the ForwardHealth interChange system. These changes include the following:

- Revised general system instructions for STAT-PA.
- Ability to amend drug PAs using STAT-PA.

Changes to Prior Authorization with the Implementation of ForwardHealth interChange

In October 2008, the Department of Health and Family Services (DHFS) will implement ForwardHealth interChange, which replaces Wisconsin's existing Medicaid Management Information System (MMIS). ForwardHealth interChange will be supported as part of the State's new fiscal agent contract with EDS. With ForwardHealth interChange, providers and trading partners will have more ways to verify member enrollment and submit electronic claims, adjustments, and prior authorization (PA) requests through the secure ForwardHealth Portal. Refer to the March 2008 *ForwardHealth Update* (2008-24), titled "Introducing ForwardHealth interChange, a New Web-Based Information System for State Health Care Programs," for an overview of the implementation and a more detailed outline of the many business process enhancements and added benefits the new system and fiscal agent contract will provide.

With the implementation of the ForwardHealth interChange system, important changes will be made to the Wisconsin Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system; these changes are explained in this *Update*. Refer to Attachment 1 of this *Update* for a quick reference guide for STAT-PA inquiries.

Specific implementation dates will be published in a separate *Update*.

Note: Use of information presented in this *Update* prior to implementation may result in returned PA requests.

Information in this *Update* applies to providers who provide services for BadgerCare Plus Standard Plan, Wisconsin Medicaid, and SeniorCare members.

Revised STAT-PA System Instructions

ForwardHealth has revised the STAT-PA System Instructions, F-11055 (10/08), to accommodate National Provider Identifier requirements and the ForwardHealth interChange system capabilities. The revised STAT-PA System Instructions are included as Attachment 2.

Amending Drug Prior Authorizations via STAT-PA

Providers may amend drug PAs that were initially approved through the STAT-PA system. Providers will be able to enddate, backdate, and change the quantity on an existing PA. Refer to Attachment 3 for a STAT-PA

quick reference guide for amending a PA. The following are requirements for each type of amendment.

Enddate a Prior Authorization via STAT-PA

To enddate a PA through STAT-PA, all of the following must be true:

- The PA must be for a drug.
- The provider must be the provider who obtained PA and must have the provider number used to obtain the PA.
- The PA must have been approved through STAT-PA initially.
- Prior authorization for the drug can be submitted through STAT-PA currently.
- The enddate must be after the grant date and before the expiration date.
- The PA must *not* have been previously amended.
- The enddate must be equal to or after the services (days' supply) that are already used on the PA.

Note: Drug PAs are no longer provider specific. Once the PA request is approved, the member may go to any certified pharmacy provider to obtain the prior authorized drug. As a result, the member's PA does not need to be enddated when the member changes pharmacies.

Backdate a Prior Authorization via STAT-PA

Providers can backdate up to 14 days prior to the date on which the PA was initially submitted. To backdate a PA through STAT-PA, all of the following must be true:

- The PA must be for a drug.
- The provider must be the provider who obtained PA and must have the provider number used to obtain the PA.
- The PA must have been approved through STAT-PA initially.
- Prior authorization for the drug can be submitted through STAT-PA currently.
- The backdate must be before the grant date.
- The PA must *not* have been previously amended.
- The backdated PA must not duplicate another PA.

Change the Days Supply of a Prior Authorization via STAT-PA

To change the days supply of a PA through STAT-PA, all of the following must be true:

- The PA must be for a drug.
- The provider must be the provider who obtained PA and must have the provider number used to obtain the PA.
- The PA must have been approved through STAT-PA initially.
- Prior authorization for the drug can be submitted through STAT-PA currently.
- The PA must *not* have been previously amended.
- The change in days' supply must not duplicate another PA.
- The change in days' supply does not exceed the maximum allowed days' supply for the PA.

If all of the criteria to amend a drug PA through STAT-PA cannot be met, providers may submit a PA amendment request on paper or via the ForwardHealth Portal. Refer to the June 2008 *Update* (2008-57), titled "Changes to Prior Authorization for Pharmacy Services," and future publications for information about submission of PA amendment requests.

Information Regarding Managed Care

This *Update* contains fee-for-service policy and applies to services members receive on a fee-for-service basis only. Pharmacy services for members enrolled in the Program of All-Inclusive Care for the Elderly and the Family Care Partnership are provided by the member's managed care organization. Managed care organizations must provide at least the same benefits as those provided under fee-for-service.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health and Family Services (DHFS). Wisconsin Well Woman Program is administered by the Division of Public Health, Wisconsin DHFS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at *dhfs.wisconsin.gov/forwardhealth/*.

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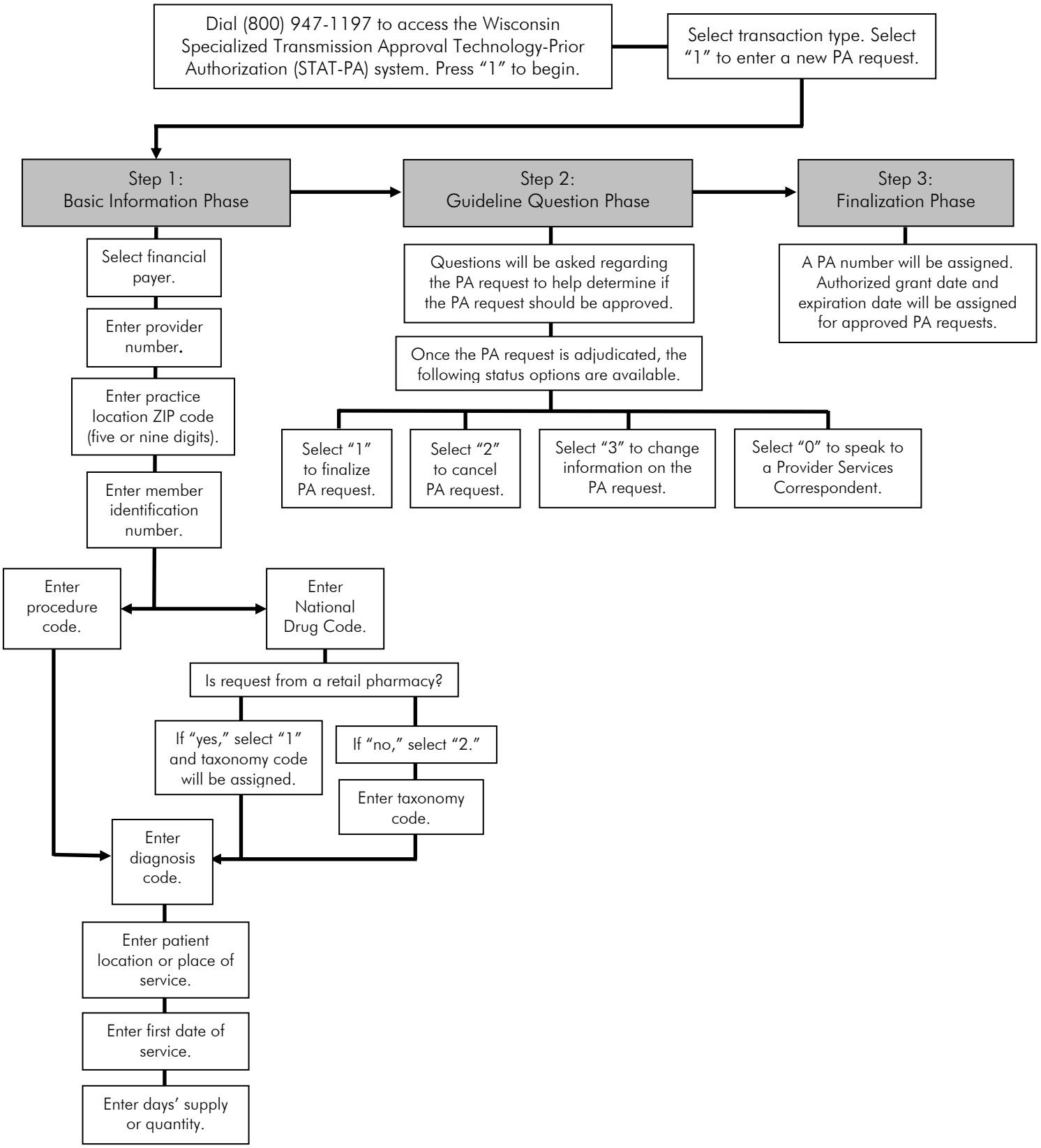
ATTACHMENT 1
STAT-PA Quick Reference Guide



ATTACHMENT 2
STAT-PA System Instructions

(A copy of the "STAT-PA System Instructions" is located on the following pages.)

FORWARDHEALTH
STAT-PA SYSTEM INSTRUCTIONS

The ForwardHealth Specialized Transmission Approval Technology-Prior Authorization (STAT-PA) system is an automated voice response system that allows Medicaid-certified providers to receive PA via telephone rather than by mail or the Web. Providers answer a series of questions and receive an immediate response of an approved or returned PA.

Providers communicate with the STAT-PA system by entering requested information on a touch-tone telephone keypad or by calling Provider Services. Providers must have their provider number to access the STAT-PA system.

The STAT-PA system is available by calling one of the following telephone numbers:

- **Touch-Tone Telephone**
  (800) 947-1197
  Available 24 hours a day, seven days a week.
- **Provider Services**
  (800) 947-9627
  Available from 7:00 a.m. to 6:00 p.m., Monday through Friday, excluding state-observed holidays.

REQUIRED INFORMATION

All providers using STAT-PA are required to provide the following information:

- Provider number.
- Practice Location ZIP+4 code.
- Member identification number.
- National Drug Code (NDC) or procedure code.
- *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code.
- Patient location.
- First date of service (DOS).
- Days supply or total number requested.

Note: When requesting a drug, Prescribing Provider information is required. Additionally, if a National Provider Identifier is entered, and the requesting provider is not a retail pharmacy, the Taxonomy Code is required.

HOW TO USE WISCONSIN STAT-PA

1. Complete the appropriate PA attachment form.
2. Select mode of transmission (touch-tone telephone or Provider Services).

TOUCH-TONE TELEPHONE REQUESTS

To use a touch-tone telephone to submit a PA request:

1. Call (800) 947-1197. This connects the provider directly with the STAT-PA system.
2. When the system answers, it will ask a series of questions that providers answer by entering the information on the telephone keypad. The service-specific PA attachments list the information needed in the order it is requested by the STAT-PA system.

Note: When using a touch-tone telephone to enter the National Provider Identifier, member ID, NDC or procedure code, ICD-9-CM diagnosis code, patient location code, requested first DOS, and quantity, always press the pound (#) key to mark the end of the data just entered. The pound (#) key signals the system that the provider has finished entering the data requested and ensures the quickest response from the system.

Providers may be asked to enter alphabetic data, which can be entered by using the asterisk (*) key. For example, a provider is asked to enter a procedure code such as L3216. The first character is an alpha character; therefore, the provider presses the single asterisk (*) key followed by the two digits that indicate the letter. The first digit is the number on the keypad where the letter is located, and the second digit is the position of the letter on that key. For example: Procedure code L3216 should be entered as *53 3 2 1 6.

Alphabet Key:

A = *21	G = *41	M = *61	S = *73	Y = *93
B = *22	H = *42	N = *62	T = *81	Z = *12
C = *23	I = *43	O = *63	U = *82	
D = *31	J = *51	P = *71	V = *83	
E = *32	K = *52	Q = *11	W = *91	
F = *33	L = *53	R = *72	X = *92	

3. Once all data have been entered completely, STAT-PA processes the information, indicates the status of the PA request, and gives providers the chance to finalize, cancel, or change their entered information. Once the PA request is finalized, STAT-PA indicates the PA number and, if approved, the effective dates and authorized number of services.

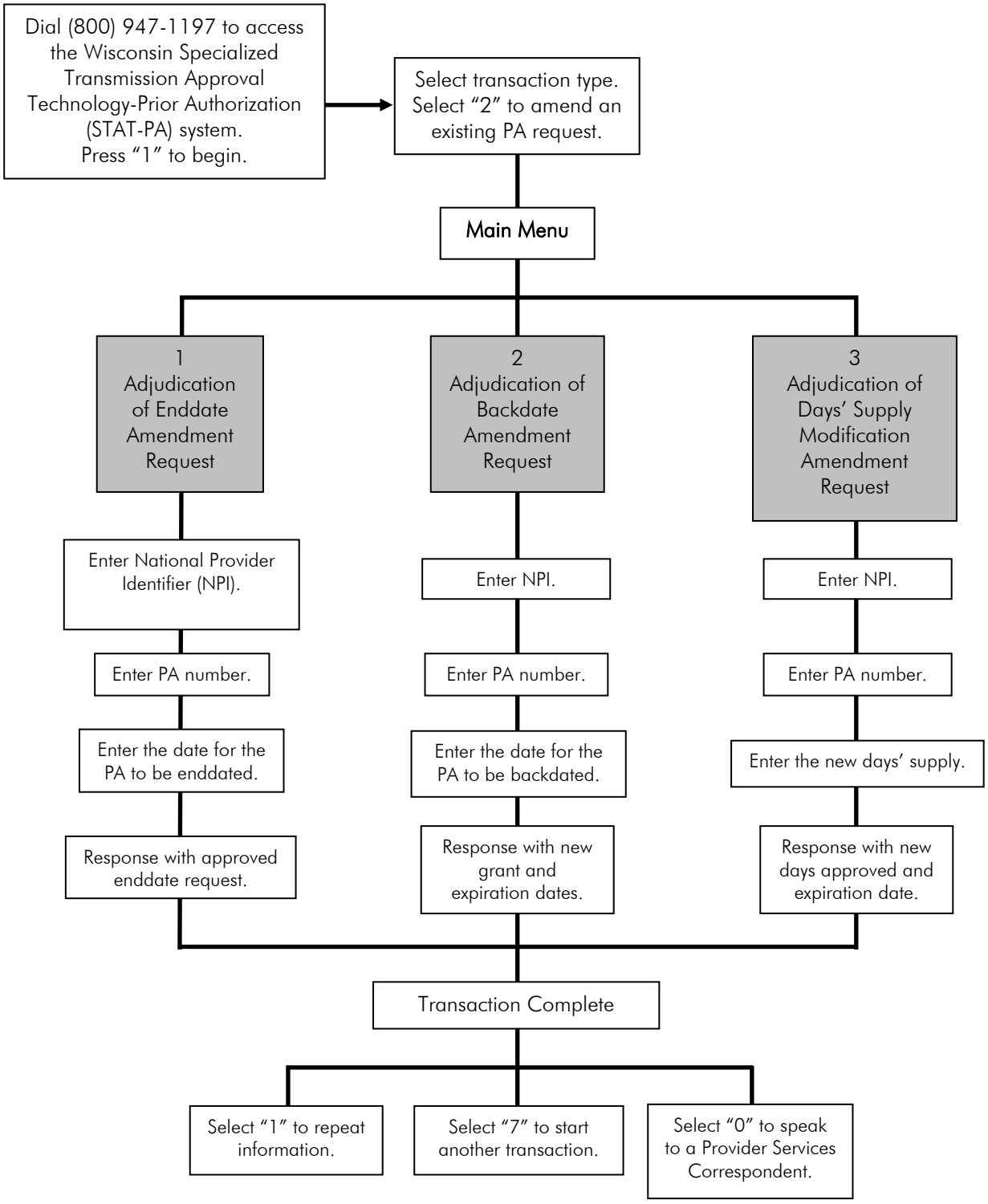
Once familiar with the STAT-PA system, providers may enter the PA information in the designated order immediately — there is no need to wait for the full voice prompt. Providers may key information at any time, even when the system is processing information. The system automatically proceeds to the next function.

PROVIDER SERVICES REQUESTS
Providers who do not have a touch-tone telephone may call Provider Services at (800) 947-9627. The Provider Services correspondent will access STAT-PA and enter the required data requested from the provider.

Provider Services is available to all STAT-PA users. Providers who are experiencing difficulties with the system can select to be transferred to Provider Services for assistance.

DOCUMENTATION INFORMATION
Providers must maintain all documentation that supports medical necessity, claim information, and delivery of the approved service(s) in their records for a period not less than five years. Regardless of what STAT-PA method is used, providers will receive a letter by mail indicating the assigned PA number and the STAT-PA decision. Providers with a secure ForwardHealth Portal account will also receive a copy of this letter in their portal mailbox. This letter should be maintained as a permanent record of the transaction.

Helpful Hints

- The provider is given three attempts at each field to correctly enter the requested data. If those attempts are unsuccessful, the provider can select to be transferred to Provider Services for assistance, or the call will be terminated.
- Providers are given two attempts to enter data within 10 seconds. If those attempts are unsuccessful, the provider can select to be transferred to Provider Services for assistance, or the call will be terminated.
- Providers are allowed 25 PA requests per connection for touch-tone telephone.
- Providers are allowed up to 25 minutes per connection for touch-tone telephone.
- The decimal point for diagnosis codes is not required when entering a STAT-PA request by touch-tone telephone; however, all digits of the codes must be entered.
- The first date of service entered by the provider may be up to 31 calendar days in the future or up to 14 days in the past.
- Providers who need to end date a PA request due to a change in prescription may do so through STAT-PA if the request was originally submitted through STAT-PA. If a provider needs assistance with the end date process, the provider may select to be transferred to Provider Services for assistance.

ATTACHMENT 3
STAT-PA Drug Amendment Quick Reference Guide