

# Provider Update



## Amerigroup Kansas, Inc. changes pharmacy prior authorization submission tool starting June 1, 2015

**Summary of change:** Effective June 1, 2015, the Express Scripts, Inc. ExpressPath online prior authorization tool will be available for Amerigroup providers.

✦ **What this means to you:** For your information only; no immediate action is necessary.

### What is the impact of this change?

- You can use Express Scripts' online pharmacy prior authorization tool ExpressPath to submit your requests.
- Express Scripts online prior authorization submission tool, ExpressPath, will be available through our provider website or directly at [www.express-path.com](http://www.express-path.com).

### What is the benefit of this change?

Our pharmacy online prior authorization tool allows you to:

- Verify member eligibility
- Attach clinical documentation
- Use the drug lookup tool
- Enter multiple requests for multiple drugs at one time
- Appeal denied requests
- Upload supporting documents and review appeal status

**Please continue to refer to the state preferred drug list and formulary when prescribing medications for your patients.** You can access these at <https://www.kmap-state-ks.us/Public/Provider.asp> or <http://www.kdheks.gov/hcf/pharmacy/>

You may also submit a pharmacy prior authorization request by calling Express Scripts at 1-855-201-7170 or faxing your request to 1-800-601-4829.



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## Pharmacy coverage specifications

<b>Pharmacy Claim Submission Information</b>	<ul style="list-style-type: none"><li>To submit a pharmacy claim to Express Scripts, use the following BIN/PCN/GroupRx information: <table border="1"><thead><tr><th colspan="2">Claim Submission Information</th></tr></thead><tbody><tr><td><b>BIN:</b></td><td><b>003858</b></td></tr><tr><td><b>PCN:</b></td><td><b>MA</b></td></tr><tr><td><b>Group:</b></td><td><b>WKGA</b></td></tr></tbody></table></li></ul>	Claim Submission Information		<b>BIN:</b>	<b>003858</b>	<b>PCN:</b>	<b>MA</b>	<b>Group:</b>	<b>WKGA</b>
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<b>Member ID Cards</b>	Amerigroup members have an ID card to use at participating pharmacies.								
<b>Copayments</b>	<ul style="list-style-type: none"><li>Copayments apply only to members with unmet spend down  <b>Exception:</b> Members with unmet spend down are not subject to out-of-pocket expenses for drugs covered under the AIDS Drug Assistance Program (ADAP)</li></ul>								
<b>Quantities</b>	Standard is up to a 31-day supply.								
<b>Prior Authorization</b>	Certain medications require prior authorization. Visit our provider website to learn more about the process and the benefits of using our online prior authorization submission tool								
<b>Emergency Medications</b>	A 72-hour supply of medication is permitted in the event of an emergency or while waiting for prior authorization for a medical necessity or nonformulary medication.								

### Learn more online

On our provider website you can find more information about the prior authorization process, requirements for generic drugs, step therapy and quantity edits. An updated version of our provider manual and quick reference card is on our website. Printed copies are available upon request.

### What if I need assistance?

If you have questions about this communication, received this fax in error or need assistance with any other item, call Provider Services at 1-800-454-3730.

