# Prior Authorization and Your Health Benefits

Your health benefit plan requires prior authorization for certain specialty medications. Wellstar Health Plan works with Archimedes, LLC to complete this prior authorization process for you and your family.

## Prior Authorization FAQs

**Q: What is prior authorization?**

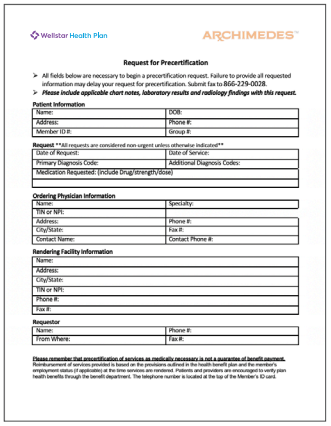
**A:** During prior authorization, your doctor works with your health benefit plan to make sure your planned care or treatment is medically necessary under the terms of your health benefit plan. Trained healthcare professionals make prior authorization determinations.

The prior authorization process is **not** intended to limit your choice of medication. It is also **not** intended to tell you and your provider what medication you should receive.

Prior authorization is sometimes also called pre-authorization or pre-certification.

FAQs continued on page 2

**Q: What medications need prior authorization?**


Wellstar Health Plan ARCHIMEDES™

Request for Precertification

- All fields below are necessary to begin a precertification request. Failure to provide all requested information may delay your request for precertification. Submit fax to 866-229-0028.
- *Please include applicable chart notes, laboratory results and radiology findings with this request.*

Patient Information

| | |
|---|---|
| Name: | DOB: |
| Address: | Phone #: |
| Member ID #: | Group #: |

Request **All requests are considered non-urgent unless otherwise indicated**

| | |
|---|---|
| Date of Request: | Date of Service: |
| Primary Diagnosis Code: | Additional Diagnosis Codes: |
| Medication Requested: (Include Drug/strength/dose) | |

Ordering Physician Information

| | |
|---|---|
| Name: | Specialty: |
| TIN or NPI: | |
| Address: | Phone #: |
| City/State: | Fax #: |
| Contact Name: | Contact Phone #: |

Rendering Facility Information

| |
|---|
| Name: |
| Address: |
| City/State: |
| TIN or NPI: |
| Phone #: |
| Fax #: |

Requestor

| | |
|---|---|
| Name: | Phone #: |
| From Where: | Fax #: |

Please remember that precertification of services as medically necessary is not a guarantee of benefit payment. Reimbursement of services provided is based on the provisions outlined in the health benefit plan and the member's employment status (if applicable) at the time services are rendered. Patients and providers are encouraged to verify plan health benefits through the benefit department. The telephone number is located at the top of the Member's ID card.

**A:** To view a complete list of medications that require prior authorization, please visit **wellstarhealthplan.org**. Also on this page you'll find the prior authorization form your doctor needs to complete and submit to begin the prior authorization process.

If you or your doctor have questions, call **1.888.341.0802** or email **ClinicalPrograms@archimedesrx.com**.

**Q: What happens if I don't get prior authorization or if prior authorization is denied?**

**A:** You and your provider may always go ahead with any medication you choose, regardless of the authorization process. However, if the medication was not approved, you will be responsible for any expenses not covered by your health benefit plan.

If a medication is denied during prior authorization, your doctor may also recommend an alternative medication for you that is equally effective and covered by your plan.

**Q: How does the prior authorization process work?**

**A:** First, your doctor completes and submits the prior authorization form with any other necessary information. This form can be found at **wellstarhealthplan.org**.

Then clinical experts review your case. If the experts need more information, they will contact your doctor.

Once the experts have all the necessary information, they review your case and approve or deny the medication. This determination is based on clinical guidelines and the specifics of your health benefits plan. You and your doctor will then receive a letter about this determination.

If your medication is denied, you will also get information about how to file an appeal. Remember, you can still go ahead with any medication you choose, but you will be responsible for any expenses not covered by your health benefit plan.

**Q: Is prior authorization required in emergency situations?**

**A: No, prior authorization is not required in emergency situations**. In the event of an emergency, you should get immediate medical attention. Coverage for emergency costs is subject to the terms of your health benefit plan.

If you have any questions, call 1-888-341-0802 or email ClinicalPrograms@archimedesrx.com.

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