



## Pharmacy prior authorizations — denial review options

Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan programs only.

When a pharmacy prior authorization (PA) is denied, there are three options available to you: **reconsideration**, **peer-to-peer (p2p)**, or an **appeal**.

A **reconsideration** may be requested within 10 days of the denial. This may be requested by submitting a new PA and referencing the old PA number in the new documentation. New information must be provided, or the case will be closed.

A **peer-to-peer (P2P)** may be requested within seven days of a denied PA by calling **833-293-0659, option 2**. You may either reach a representative for an intake or be connected to a voicemail, depending on availability and business hours:

- Representatives are available Monday through Friday from 8 a.m. to 5 p.m. ET. The representative will complete an intake request and forward the information on to the medical director. You can expect to be contacted by phone within 24 business hours of the intake request. If a representative is not available or the call is placed outside of business hours, a voicemail can be left for a call back.
- If you have reached the voicemail, please be prepared to leave the following information: member name, member ID number, reference number, requested providers name and contact information, and the best call back time.

Providers who submit a request for a peer-to-peer review will be contacted by phone within 24 hours with either a P2P review decision, a request for additional information, and/or to set up a time for a P2P meeting.

An **appeal** must be requested within 60 days from the date of the denial. An appeal may be submitted by:

- Calling **866-231-0847**.
- Faxing the *Plan Appeal Request Form* to **844-759-5954**.
- Online: [providerpublic.mybcbswny.com](https://providerpublic.mybcbswny.com)
- Mail to:

Member Complaint & Appeals Department  
P.O. Box 62429  
Virginia Beach, VA 23466-2429

[providerpublic.mybcbswny.com](https://providerpublic.mybcbswny.com)

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