

Job Aid PRP-102 Letters

The Provider Portal allows pharmacy providers to download reports. This document provides the list of PA reports available (see Table 1: Provider Portal Pharmacy Reports), as well as the steps to search for the reports.

Letter Name	Description
PA Letter – Prescriber – Appeal Decision Upheld	Letter sent to the provider indicating that the appeal decision has been upheld. This letter is printed and mailed to the provider; it is also available for viewing in the Provider Portal.
PA Letter – Prescriber – Approval	Letter sent to the provider on the PA request indicating approval of the requested prior authorization. This letter is printed and mailed to the provider; it is also available for viewing in the Provider Portal.
PA Letter – Prescriber – Denial	Letter sent to the provider when the prior authorization has been denied. The letter advises the provider of their right to request a reconsideration of the decision by mailing or faxing a reconsideration form to the MS Prior Authorization Operations offices. This letter is printed and mailed to the provider; it is also available for viewing in the Provider Portal.
PA Letter – Prescriber – Not Required	Letter sent to the provider indicating that a prior authorization is not required for the service indicated on the request.
PA Prescriber Faxback Request for Information	Faxback letter is faxed to providers when additional information is needed on the PA request. The letter includes the external text comments that specify the information that is needed.

Table 1: Provider Portal Pharmacy Reports

Complete the following steps to download the reports:

1. Navigate to the **Resources** tab, select **Report Download** tab or the **Report Download**. Hyperlink.

Home	Eligibility	Claims	Care Management	Patient	Health History	Files Excha	nge R	lesources	
Search P	roviders Sea	rch Drug Co	ode Search Fee Schedu	le Links	Report Downloa	d			
Resour	ces								

			DEPT- HEALTH PHARMAC		Role ID	s 186161675	57 (NPI)		~
Loc	ation 000030	330 - MISS	SISSIPPI DEPT- HEALTH P	HARMACY		Taxonomy	3336000	000X-Pharmad	y
-	esources		O.R						
	<u>ch Providers</u> ch Drug Codes		*********						
 Sear Links 	<u>ch Fee Schedu</u>	le •••••	****						
▶ <u>Repo</u>	rt Download	A							

2. Select the desired report, then select Search



Figure 1: Report Download Panel

Home	Eligibility	Claims	Care Management	Patient Health Histor	y Filo	es Exchange	Resources	
Search F	Search Providers Search Drug Code Search Fee Schedule Links Report Download							
<u>Resou</u>	Resources > Report Download							
Prov	r <mark>ider Name</mark> M	ISSISSIPPI	DEPT- HEALTH PHARMAC	CY Role	Ds 1	861616757 (NP	I)	~
Loc	ation 000030	330 - MISS	SISSIPPI DEPT- HEALTH P	HARMACY	Ta	axonomy 33360	00000X-Pharmac	:y
Rep	ort Download	l -						
*	* Indicates a required field.							
Ente	er your search o	riteria and	click the Search button.					
		*	Report		~			
		*From						
		*From		scriber - Appeal Decision U	pheld	e e 07/03/202	22	
				scriber - Approval				
	PA Letter - Prescriber - Denial RA Letter - Prescriber - Not Required							
	PA Letter - Prescriber - Not Required PA Prescriber Faxback Request for Information							
				and a second a second second second				

3. The letter opens in a new window.

Figure 2: Letter

⊟ EdmsDoc\	′iewer.pdf	2 / 2 - 100% + 🗄 👌	Ŧ	Ð	
inter-		OFFICE OF THE GOVERNOR Walter Sillers Building 550 High Street, Suite 1000 Jackson, Mississippi 39201			
		July 20, 2021 MISSISSIPPI DIVISION OF MEDICAID			
i una i ca i ca i ca i ca i ca i ca i ca i c		UNIV HOSP AND CLINIC PHARMACY Prescriber ID: 1932144342 2500 N STATE STREET JACKSON, MS 39216			
		Dear MARY,			
		APPROVED			
	2	Your 07/20/2021 request for Prior Approval has been approved.			
		Details about this Request Member: GATES TILES Drug Name: MOTRIN 800 MG TABLET DOB: 03/24/1967 Tracking #: 5220190001 Medicaid ID #: 409762265 Prior Authorization #: 5220190001 Dates of Approval: 07/20/2021 - 01/20/2022 Quantity/Days Supply Approved: 30/334			
		If you have questions regarding this approval, please call 1-877-537-0722, and refer to Tracking number 5220190001.			
		Sincerely, Division of Medicaid			



Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
1	07/30/2021	Gainwell	Initial Submission
1.2	6/2/2023	Gainwell	Updated providers display to show CCO information based on CR1925