

Introduction

Prescribers in the State of Texas who have submitted at least 5 **prior authorizations (PA)** on a specific drug with **approval rates of 90% or higher** for prescription requests through **Optum Rx** qualify for “gold-card” exemption status. This means that the Texas prescriber will no longer need to submit PA requests for specified drugs.

FAQ

How are prescribers selected for gold-card status?

Optum Rx reviews six months of prior authorization requests from eligible prescribers. The specific six-month time period is determined by the Texas Department of Insurance. Prescribers that have at least 5 prior authorization requests for a given drug with a 90% or greater approval rate within an eligible plan* will receive gold-card status for that specified drug and plan.

How does gold-carding work?

The prescriber will receive a communication from Optum Rx showing the drugs and insurance plans for which the prescriber has been gold-carded. Upon the effective date, the prescriber will no longer need to submit prior authorization requests for the specified drugs for patients on the specific insurance plan. Based on the prescriber’s exemption status, any PAs for these drugs submitted to Optum Rx will be cancelled and the drugs will process as if the PA were approved.

Why is gold-card status just for certain plans/medications?

Gold-card status is evaluated at the insurance plan level, and at a drug level within the specified plan. Prescribers that have at least 5 prior authorization requests in the designated six-month timeframe for a given drug, with a 90% or greater approval rate within an eligible plan* will be granted gold-card status for that specified drug.

How long does gold-card status last?

Gold-card status remains in effect unless the prescriber receives notification that it is being rescinded. The prescriber may receive additional notifications in the future if additional drugs are added to the list of PA exempt drug(s).

How does Optum Rx determine if a gold-card status should be rescinded?

PA exemption reviews will occur every six months to determine whether the prescriber continues to qualify for gold-card status by conducting a review of at least 5, but no more than 20 random claims for the exempt drug(s). Gold-card status will be rescinded if, upon the six-month review, it is determined that the prescriber has prescribed the drug in scenarios that would not have met standards for PA approval if one had been submitted.

During Optum Rx’s review of gold-card status, Optum Rx may request medical records or other documents from the provider. In this instance, the prescriber will have 30 days to provide records or documents to Optum Rx. If the prescriber fails to provide the records necessary for Optum Rx to make a determination, Optum Rx may determine that the specific claim would not have met standards for PA approval had one been submitted.

How will the prescriber be notified if gold-card status is rescinded?

In the instance that gold-card status is rescinded, Texas prescribers will be notified for which drugs their gold-card status is being rescinded via their preferred method of communication.

What information will be included in the communication stating that gold-card status will be rescinded?

The communication will include a statement of the total number of payable claims submitted by the provider for drugs for which they are gold-carded, as well as the number of claims included in the random sample. For the sample claims reviewed, the communication will identify each claim used, Optum Rx's determination of whether each claim would have met prior authorization criteria had one been submitted, and, if applicable, the administrative or clinical reason that the determination did not meet the criteria.

The communication will also include, for each sample claim reviewed, the sources of the screening criteria that were used as guidelines in making the determination as well as the professional specialty of the physician, doctor, or other health care provider that made the determination.

Does the prescriber have an opportunity to appeal if gold-card status is rescinded?

Yes, the prescriber may submit an appeal by using the form included in the communication stating that their gold-card status has been rescinded, as well as the effective date.

The request can be made any time before the rescission becomes effective, and the date of the request must be documented on the form. The form must be sent electronically or postmarked before the date the rescission becomes effective.

If the rescission communication indicates that criteria for a reviewed claim was not met due to the prescriber not providing medical records or other documents, the prescriber must submit the requested medical records or documents with the appeal form.

If the rescission communication indicates that at least five additional claims were eligible for review but not included in the original random sample, the prescriber may request review of another random sample of claims.

IMPORTANT: Be sure to submit the appeal form using the instructions on the form - do not send directly to the Texas Department of Insurance.

What happens during the appeal process?

Upon receiving an appeal, the appeal and all relevant claims, medical records, and documents to the Texas Department of Insurance (TDI). TDI will then submit all materials to an Independent Review Organization.

If the provider indicated in their appeal that they are requesting a review of an additional five claims, TDI will be provided with a list of all payable claims relevant to the provider's gold-carded status in order for the organization to review a new random sample.

How will Optum Rx communicate to the prescriber the outcome of the appeal and independent review?

Optum Rx will communicate the decision made by the independent review organization to the prescriber via their preferred method of communication within five days of receiving the determination from TDI.

If you have any questions or would like additional information about gold-card status, please contact
800-711-4555.

* Please note that self-funded plans are not considered Texas state regulated plans for the purpose of this communication.

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