A Guide to Prior Authorization for Patients and Parents

✅ What is Prior Authorization

Prior Authorization, or "Prior Auth," means your provider has to ask your health insurance company for permission before you can get certain medicines, tests, or treatments. It doesn't mean your insurance won't pay for it, but it needs to be reviewed and approved first. Sometimes, the insurance wants to know if you've tried other treatments first. It started as a way to check if expensive medicines were really necessary. Now, even some common and cheaper medicines need it too.

⚙️ How Does Prior Authorization Work?

When your provider sends a prescription to the pharmacy or orders medicine to be given by IV (this is called an infusion center), the insurance company might need to approve it first. This is when Prior Authorization begins.

Usually, the pharmacy or infusion center will tell your provider if Prior Authorization is needed. Some insurance companies have websites, like CoverMyMeds, where your healthcare team can send the request online and get a quick answer.

📋 **What Do I Need to Do?** This process can be tricky. Many people (your healthcare team, pharmacy, insurance, and you) need to work together. You are an important part of the team!

- **Share Information:** If your insurance calls or sends you letters, make sure to share that information with your healthcare team.
- **Keep Records:** When you talk to your insurance, write down the name of the person you spoke to and any case numbers.
- **Get Help:** Some insurance plans have a care coordinator or nurse case manager to help you. If yours doesn't offer, you can ask them for one.

⚠️ What if My Request Gets Denied?

If the insurance says no, you can ask them to look at it again. This is called an “appeal.”

- You can start the appeal yourself or fill out a form so your provider can do it for you. This step takes time and teamwork between you and your healthcare team.
- If the appeal still gets denied, your provider can ask to talk directly to another provider from the insurance company. This is called a “peer-to-peer” review.
- If that doesn't work, you can ask someone outside the insurance company to review the case. You can also report it to the Montana Commissioner of Securities and Insurance or the Employee Benefits Security Administration, depending on your plan.

!!Don’t Give Up! This can be hard and frustrating, but don’t stop until you get a clear answer.

🏡 Who Regulates My Insurance - Is it State or Federally Regulated?

If you get your insurance from the ACA Marketplace, it’s regulated by the state.

If your job gives you insurance, it’s probably regulated by the federal government under a law called ERISA. If you’re not sure, call the Montana Commissioner of Securities and Insurance Consumer Services office at (406) 444-2524. They can help you find out.

⚠️ What if I’m Unhappy with My Insurance?

- **State-Regulated Plans:** You can file a complaint with the Montana Commissioner of Securities and Insurance Consumer Services office at (406) 444-2524. They might not be able to fix your problem right away, but your complaint helps show where changes are needed.
- **Federally Regulated (ERISA) Plans:** You can file a complaint with the Employee Benefits Security Administration (EBSA). Call 1-866-444-3272 or visit askebsa.dol.gov.

✨ **Remember:** You are not alone in this process! Reach out to your healthcare team and use the resources available to you.