



# DMBA Medical Pharmacy Program

## Frequently Asked Questions

DMBA is committed to providing members with access to high-quality healthcare consistent with evidence-based, nationally recognized clinical criteria and guidelines. With this commitment in mind, and to ensure affordability for our members, we're implementing a change in the way we manage certain medications. This new program will be administered by Magellan Rx Management.

### **Who is Magellan Rx Management?**

Magellan Rx Management is the pharmacy benefit management division of Magellan Health Services and has more than 12 years' experience in specialty pharmacy management.

### **Which members are covered by this program?**

The program will apply to members enrolled in Deseret Choice Hawaii, Deseret Premier, Deseret Protect, Deseret Select, and Deseret Value.

### **What is the impact to member benefits?**

There will be no change in the benefits for specialty medications. The subscriber and his/her eligible dependents will continue to receive the same care and access to eligible medications. As with all services, specialty medications must be medically necessary, as defined by the Plan, and meet DMBA's benefit eligibility requirements.

### **What is the effective date of the program?**

The effective date of this program is January 1, 2019. For medications to be administered on or after January 1, 2019, providers may initiate a request for prior authorization review starting on December 17, 2018.

### **Which treatments will require a prior authorization review by Magellan Rx?**

Please refer to the list posted on the Magellan Rx website at [ih.magellanrx.com](http://ih.magellanrx.com) or the Provider section of the DMBA website at [www.dmba.com/provider](http://www.dmba.com/provider).

Coverage will not change for certain medications not included on the list. If you have questions regarding those medications, please contact DMBA Member Services at 801-578-5600 in the Salt Lake City area or toll free at 800-777-3622.

### **How often is the medication list updated?**

The list of medications included in the Medical Pharmacy Program is updated at least annually. When calling for a prior authorization review, please check the list of medications posted on the Magellan Rx website at [ih.magellanrx.com](http://ih.magellanrx.com) or the Provider section of the DMBA website at [www.dmba.com/provider](http://www.dmba.com/provider).

### **Where can I find medical policies criteria and guidelines for the medical benefit treatments in this program?**

Medical pharmacy program policies are posted on the Magellan Rx website at [ih.magellanrx.com](http://ih.magellanrx.com).

### **At which places of service (POS) does the prior authorization apply?**

Prior authorizations are required for medications administered at the following places of service:

- Physician Office (POS 11)
- Outpatient Facility (POS 19, 22)
- In Home (POS 12)

Prior authorization by Magellan Rx for the medications included in this program *will not be required* when those medications are administered during an inpatient stay, in an emergency room, or in an observation room setting.

IMPORTANT: Any prior authorization required by the Plan for ancillary services, including the administration of the drug should be preauthorized through DMBA.

### **How do providers contact Magellan Rx to request a prior authorization or re-authorization?**

Call Magellan Rx at 800-424-8269 Monday through Friday 8 a.m. to 6 p.m. EST for all authorization requests, including urgent requests.

If the provider is contracted directly with DMBA, non-urgent authorizations can also be done through Magellan Rx's secure website at [ih.magellanrx.com](http://ih.magellanrx.com). Click on the Providers and Physicians icon to access your provider account page.

To expedite prior authorizations, the provider should have the following information:

- Member name, date of birth and ID number
- DMBA health plan name
- Member height and weight
- Ordering provider name, tax ID number, address, and office telephone and fax numbers
- Rendering provider name, tax ID number, address, and office telephone and fax numbers (if different from ordering provider)
- Requested drug name or HCPCS code
- Anticipated start date of treatment
- Dosing information and frequency
- Diagnosis (ICD-10 code)
- Any additional clinical information pertinent to the request

If requested by Magellan Rx, the provider should be prepared to upload the following documents to the Magellan provider portal, or to fax the following documents to Magellan Rx's HIPAA-compliant fax at 888-656-6671:

- Clinical notes
- Pathology reports
- Relevant lab test results

**Please note:** It is the responsibility of the ordering provider to obtain prior authorization before services are provided. If the ordering provider and the rendering provider are different, the rendering provider is responsible for ensuring that the appropriate approval is on file prior to rendering services.

## Registration and Use of Magellan Rx Website

### How does a provider obtain a user ID and password for the Magellan Rx website?

Beginning December 17, 2018, providers directly contracted with DMBA can have the web administrator for the practice/facility request a unique username and password for the Magellan Rx provider portal. To do so, visit Magellan Rx's website at [ih.magellanrx.com](http://ih.magellanrx.com) and complete the following steps:

1. Click on the *New Access Request – Provider* link on the right side of the home page under *Quick Links*.
2. Select *Contact Us* and complete the required fields indicated with a red asterisk (\*) and click *Send*.

Please have the following information ready:

- Requestor's name, email address, and phone number
- DMBA health plan name
- Provider, facility, or group name
- Provider, facility, or group service address
- Tax ID number
- Office administrator name (the person responsible for maintaining the list of staff authorized to access the Magellan Rx provider portal on behalf of the practice)

Please allow up to two business days for information regarding your user access to be sent to you by email. The office administrator will then be able to set up a user name for each individual in the practice authorized to access the Magellan Rx website.

### May I use the same user ID and password that I previously established with Magellan Rx for a different health plan?

No. You will need to obtain a new user ID associated specifically with DMBA members.

### **Whom do I contact if one of the providers in our practice is not listed on Magellan Rx's website?**

- You can send a secure message to Magellan Rx through the provider portal if the provider is directly contracted with DMBA.
- If it is an urgent request, you can call Magellan Rx at 800-424-8269.

### **If all of the providers in a practice share a tax ID number (TIN), is more than one user ID and password needed?**

No. One administrator will be able to conduct transactions for every network provider linked to the practice's TIN. Magellan Rx provider portal will present the user with a drop-down menu so he/she can select the correct provider to link to the request.

### **When a multi-provider practice bills under its individual tax ID number (TIN), how can the practice register office staff at Magellan Rx with the fewest user IDs and passwords?**

A request for a special setup can be submitted through the Magellan Rx website: [ih.magellanrx.com](http://ih.magellanrx.com), via the *New Access Request – Provider* link on the home page.

## **Prior Authorization Requests**

Providers and their staff will have the opportunity to obtain prior authorizations to help streamline medication administration and service. If a prior authorization request does not initially have sufficient evidence to be approved, it is pended for initial clinical review by Magellan Rx clinical pharmacists. If the initial clinical reviewer finds the request meets clinical criteria, the initial clinical reviewer can approve the prior authorization request. If the initial clinical reviewer cannot find sufficient evidence to approve the request, he/she will schedule a peer-to-peer conversation between the provider and Magellan Rx peer clinical reviewer, who is a board-certified physician. The Magellan Rx peer clinical reviewer will render the final determination based on the information received.

**Note:** Magellan Rx initial clinical reviewers are clinical pharmacists.

### **Will the provider be able to speak directly to the clinician making a determination on a prior authorization request?**

Yes. If there is a question regarding a particular patient's use of a medication, Magellan Rx's clinicians are available to consult with providers.

- In most cases, approvals can be made based on the initial information provided by the requestor directly through Magellan Rx website.
- If there is a question or concern regarding the information provided, the case will be sent to a pharmacist who will reach out to the requesting provider.
- If the pharmacist cannot reach an agreement regarding the appropriate course of treatment with respect to the requested medication, the case will be escalated to a Magellan Rx physician.
- A Magellan Rx physician will discuss the case with the provider and they will make a mutual decision, in accordance with plan guidelines, on an appropriate course of action.

**What if Magellan Rx does not have all of the necessary information to make a determination on a prior authorization request?**

If Magellan Rx does not have the necessary information to make a determination, the request will be pended for clinical review and the provider will be given a tracking number.

**Are clinical trials part of this program?**

No, clinical trials are not included in this program and are not covered by any DMBA plans.

**How are urgent requests handled?**

Urgent requests will be completed within 72 hours of receiving the request. Magellan Rx's website cannot be used for retrospective or urgent approval requests. These requests must be processed directly through the Magellan Rx call center at 800-424-8269. The review and determination process may take longer if member or provider eligibility verification is required, or if the request requires additional clinical review.

**How are routine (non-urgent) requests handled?**

Non-urgent requests will be completed within 15 calendar days of receiving the prior authorization request with all necessary information. In most cases, Magellan Rx can review and determine prior authorizations during the initial request if all the information needed to process a request is provided. The review and determination process may take longer if member or provider eligibility verification is required, or if the request requires additional clinical review.

**What is covered by the prior authorization for practices with multiple offices?**

If a provider sees a member in more than one office, the provider will not need to call for an additional prior authorization. However, if the other location bills with a different tax ID number (TIN), advise the provider's office to contact Magellan Rx at 800-424-8269 to have the prior authorization apply to all applicable locations.

**Does a prior authorization for one provider apply to all providers in a group practice?**

Magellan Rx approval links providers by their TIN. When approvals are entered into DMBA's claims system, they will be attached to all network providers who share that TIN.

**If a specialist orders a medication and gets prior authorization and then the treatment is administered in and billed for by the outpatient facility, will the claim be paid?**

The outpatient facility will only be paid if the specialist selected that outpatient facility as the rendering provider or if the specialist and the outpatient facility share the same TIN in our claims system.

**If a specialist orders the treatment and gets prior authorization when the medication is to be administered in and billed for by the outpatient facility, how should the clinic verify the prior authorization is on file with Magellan Rx?**

The outpatient facility will receive a copy of the approval letter and can view the status of the approval via Magellan Rx's website [ih.magellanrx.com](http://ih.magellanrx.com).

# Requesting Prior Authorization When Rendering Provider and Ordering Provider Are Different

*The following section provides information about how to select a provider when services will be performed in an outpatient facility setting.*

## **Arranging for patients to receive services at an outpatient facility setting**

To enter a request for a prior authorization for members to obtain treatment(s) at an outpatient facility, providers who are directly contracted with DMBA must be signed into their account page on Magellan Rx's website at [ih.magellanrx.com](http://ih.magellanrx.com):

- After entering your patient's information and selecting yourself or your group's name as the requesting provider, answer **yes** to the question **"Will an alternative servicing provider be utilized for this request?"**
- Search for and select the outpatient facility site where the member will receive the treatment.
- Answer **yes** or **no** if the therapy will be administered in the ordering physician's/group's office or at an outpatient facility.
- Continue entering the prior authorization request.

All rendering providers are required to check the Magellan Rx website to confirm a prior authorization has been issued prior to administering a medication that is part of this program. If no prior authorization has been issued to the rendering provider, the claim will be denied.

**Rendering providers must check the Magellan Rx website to ensure a prior authorization has been obtained prior to providing services.**

The following provides information on how the rendering provider obtains information about the prior authorization.

To view a prior authorization, providers who are directly contracted with DMBA, must be signed into their account on Magellan Rx's website at [ih.magellanrx.com](http://ih.magellanrx.com):

- Select *View Authorizations* and enter either the patient's first and last name, the member identification number, or the authorization number. Providers also have the option of viewing all prior authorizations associated with their TIN.
- The provider should confirm the following information on the prior authorization:
  - Member name, date of birth, and ID number
  - Ordering and rendering provider information
  - Authorization validity period
  - The medication(s) and number of units approved

If a provider has any questions, he/she should contact Magellan Rx directly at 800-424-8269, Monday through Friday, 8 a.m. to 6 p.m. EST.

### **Who is considered the “provider” for an outpatient facility?**

Approvals will be issued to the outpatient facility if the outpatient facility is selected as the alternate servicing provider.

### **Once prior authorization is given, can a request be made to change the dose or frequency before the approval duration has expired?**

After an approval is generated, a change in dose and/or frequency can be submitted via phone at 800-424-8269. The clinical staff will review the request and render a decision.

### **Can the length of the prior authorization be negotiated or is it predetermined?**

The approval duration or validity period of a prior authorization is dependent on the medication and is not negotiable. For chemotherapy medications, the approval duration will be six months. Because existing conditions, such as lab values and chemotherapy regimens, can change more frequently, the validity period for supportive medications will be shorter, depending on the class of medications.

### **Can one prior authorization include multiple medications? Or will the provider have to obtain a prior authorization for each medication?**

There is one prior authorization number per medication, but Magellan Rx can process multiple requests during the same web session or telephone call.

## **Transition of Care**

### **Will existing authorizations still be valid?**

Magellan Rx will require prior authorization for specific medications that will be administered on or after January 1, 2019. Authorizations issued by DMBA for dates of service before January 1, 2019, for the medications included in this program will be effective until the authorization end date.

To continue treatment after the original authorization end date, you must obtain an authorization from Magellan Rx prior to the expiration date. Claims for dates of services after the authorized end date will be denied if a provider has not obtained a successive authorization from Magellan Rx.

### **For members who will start one of the treatments included in this program on or after January 1, 2019, providers must complete authorizations through Magellan Rx before treatment begins.**

As of January 1, 2019, only claims for the medications included in this program that have been preauthorized will be eligible for payment.

## **Claims**

### **How will this new program affect claims?**

Magellan Rx has been engaged only to oversee utilization management. Claims should be submitted to the same addresses you currently use for DMBA or, if submitting electronically, by using the same payer ID the provider uses now.

**Will a claim submitted by the rendering provider be denied if the ordering provider fails to obtain the appropriate prior authorization?**

Yes. The claim for the rendering provider will be denied. Rendering providers need to make sure a prior authorization is on file with Magellan Rx before administering the medications to members.

**Is this prior authorization process required when DMBA is secondary?**

Yes. Prior authorization review with Magellan Rx is still required when DMBA is designated as secondary to other insurance coverage.

**How will unclassified codes be managed by DMBA for claim payment purposes?**

When billing unclassified drug codes (for example, J3490, J3590, J7199, J7599, etc.) the National Drug Code (NDC) is also required to identify the specific drug administered to the participant. DMBA uses NDC information to determine whether the drug meets the eligibility requirements of the participant's medical plan.

DMBA will deny charges for unclassified drug codes that are billed without the NDC, and the claim will need to be resubmitted with the NDC to be considered for payment. To avoid claim denials, please make certain unclassified drugs codes are properly billed with the appropriate NDC.

## Provider Courtesy Review

**What does the provider do if Magellan Rx denies a request and the provider chooses to dispute the decision?**

Before a final decision is made, providers will have an opportunity to speak with a pharmacist and with a physician, as well as submit relevant medical records. If a provider still disagrees, the member must exercise their appeal rights as outlined in their plan.

**Who can a provider contact for more information?**

For more information about prior authorizations, providers can call Magellan Rx Management at 800-424-8269.

General questions regarding the medical pharmacy program may be directed to DMBA Member Services at 801-578-5600 in the Salt Lake City area or toll free at 800-777-3622.