

Prior Authorization Changes for Specialty Drugs Frequently Asked Questions

Health New England is committed to providing our members with access to high-quality health care that is consistent with evidence-based, nationally recognized clinical criteria and guidelines. With this commitment in mind and to ensure affordability for our members, we will implement a change in the way we manage certain specialty drugs that fall under the medical benefit. This new program will be administered by Magellan Rx Management (Magellan).

What is Magellan Rx Management (Magellan)?

Magellan is a subsidiary of Magellan Health Services and is a leading injectable benefits management company, with expertise in controlling specialty pharmaceutical costs for managed care organizations.

What members are covered by this program?

The program will apply to Health New England's commercial, Medicare Advantage and Medicaid members.

What members are not included in this program?

This requirement will not apply for Medicare Supplemental members.

What is the impact to member benefits?

There will be no change in member benefits. The subscriber and their dependents will continue to receive the same care and access to medications that are currently available to them as part of their medical and pharmacy benefits. As with all services, they must be medically necessary to be considered a covered service.

What is the effective date of the program?

The effective date of this program is January 4, 2016.

What drugs will require a prior authorization review by Magellan?

There are certain specialty drugs that fall under the medical benefit included in this program. [Please refer to Magellan RX Medical Pharmacy Program HCPCS List.](#)

For drugs other than those included on posted list, coverage will not change. Please contact Health New England Member Services at 800-310-2835 if you have questions about the coverage of specialty drugs that are not included in this program.

How often is the drug list updated?

The list is updated annually or more frequently if necessary. When calling for a prior authorization review, please check the list of drugs posted in the online drug formulary on Health New England's website.

Where can I find Medical Policies criteria and guidelines for the medical benefit drugs in this program?

Health New England offers a formulary lookup tool located on healthnewengland.org. After searching the specific drug, both the medication request form and clinical criteria are included.

To what places of service will the prior authorization apply?

For services rendered on or after January 4, 2016, Magellan will require prior authorization for the drugs included in this program when administered in the following settings:

- Physician office (POS 11)
- Outpatient hospital (POS 22)
- Home Infusion (POS 12)

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

How do practitioners contact Magellan to request a prior authorization or re-authorization?

- Visit the Magellan Rx secure website at www.IH.MagellanRx.com and click on the “Providers and Physician” icon to access your provider account page, or
- Call Magellan directly at 1- 800-424-8325 ASKING MRX (Monday – Friday, 9a.m. to 6 p.m. Eastern) for urgent requests
- Fax at 1-888-656-3784

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

- Ordering provider name, address and office telephone number
- Rendering name, address and office telephone number (if different from ordering provider)
- Member name and ID number
- Requested medical pharmacy drugs
- Anticipated start date of treatment
- Member height, weight and body surface area
- Dosing information and frequency
- Diagnosis (ICD-10 code)
- Past therapeutic failures

If requested by Magellan, the practitioner should be prepared to fax the following documents to Magellan HIPAA-compliant fax at 1-888-656-3784

- Clinical notes
- Pathology reports
- Relevant lab test results

Please note: It is the responsibility of the ordering provider to obtain the 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.

Registration and Use of Magellan Website

How does a provider obtain a user ID and PIN for Magellan web site?

Beginning December 28, 2015, the web administrator for the practice/facility can request a unique user name and password for Magellan website www.IH.MagellanRx.com.

Please visit Magellan website www.IH.MagellanRx.com and complete the following steps:

1. Click on the Providers link from the Quick Links box in the lower right of Magellan homepage
2. Select New User Request Access from the yellow Sign In area at the top right.
3. Use the Contact link to submit your request.

Please have the following information ready:

- Provider/facility name
- Provider/facility service site address
- Tax ID number
- Healthplan
- Requestor name
- Requestor's email address

Complete the required fields noted with a red asterisk (*) and any additional information in the textbox. Hit "Submit".

Please allow up to 2 business days for information regarding your user access.

The administrator will then be able to set up a user name for each individual Magellan website user in the practice.

The Magellan website cannot be used for retrospective or urgent authorization requests. Those requests must be processed directly through the Magellan Call Center.

Can I use same User ID and password that I already have established with Magellan for a different health plan?

No. You will need to obtain a new User ID which will be associated with Health New England members.

What do I do if I cannot see one of the practitioners in our practice listed on Magellan web site? Whom do I contact?

- Send a [secure message](#) to Magellan
- If it is an urgent request, call 1-800-424-8325

If all of the practitioners in a practice share a tax ID number (TIN), is more than one user ID and PIN needed?

No. One administrator will be able to conduct transactions for every network practitioner linked to the practice's TIN. Magellan system will present them with a drop-down menu so they can select the correct provider to link to the transaction.

When a multi-practitioner practice bills under their individual tax ID number (TIN), how can a practice register office staff at Magellan with the fewest user ID and PINs?

A request for a special setup can be submitted through Magellan web site, at www.IH.MagellanRx.com, via the Help sections New User Request Access link on the home page.

Prior authorization requests

Practitioners will have the opportunity to obtain upfront 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 pending for Initial Clinical Review by Magellan 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 ICR cannot find sufficient evidence to approve the prior authorization request, they will schedule a peer-to-peer conversation between the practitioner and Magellan Peer Clinical Reviewer, who is a board-certified physician. The Magellan Peer Clinical Reviewer will render the final determination based on the information received.

Note: Magellan Initial Clinical Reviewers are clinical pharmacists.

Will the practitioner 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 clinicians are available, as a resource, to consult with practitioners.

- In most cases, approvals can be made based on the initial information provided by the requestor directly through Magellan 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 practitioner.
- If they cannot reach an agreement regarding the appropriate course of treatment with respect to the requested drug, the case will be escalated to a Magellan physician.
- Magellan Rx physician will discuss the case with the practitioner and ideally they will reach a mutual agreement on an appropriate course of action.

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

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

Are clinical trials a part of this program?

No, clinical trials are not a part of this program. The provider should contact Health New England Member Services at 1-800-310-2835 for clinical trial information.

How are urgent requests handled?

Urgent requests will be completed within 24 hours of receiving the request. Please keep in mind that the Magellan website cannot be used for retrospective or urgent approval requests. Those must be processed directly through the Magellan call center. The review and determination process may take longer if member or practitioner 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 3 business days of receiving all necessary information. In most cases, Magellan 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 practitioner 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 practitioner sees a member in more than one office, the practitioner 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 to have the prior authorization apply to all applicable locations.

If a specialist orders a drug and gets prior authorization and then the drug is administered in and billed for by the outpatient facility, will the claim get paid?

The outpatient facility will only get 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 drug and gets prior authorization when the drug is to be administered in and billed for by the outpatient facility, how should the clinic verify the PA is on file with Magellan?

The outpatient facility will receive a copy of the approval letter and can view the status of the approval via Magellan website www.IH.MagellanRx.com.

Does Magellan still need to issue the prior authorization if the drug is covered by a pharmacy benefit?

Any drug listed on the [Magellan RX Medical Pharmacy Program HCPCS List](#) must be authorized by Magellan, even if billed through the pharmacy benefit.

Requesting prior authorization when rendering provider and ordering provider are different

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

Arranging for patients to receive services from an outpatient facility Setting

To enter a request for a prior authorization for members to obtain drugs in an outpatient facility, you must be signed into your account page on Magellan website at www.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 injectable drugs.
- Answer the “yes” or “no” if the therapy will be administered in the ordering physicians’/group’s office or at an outpatient facility.
- Continue entering the prior authorization request

All rendering providers are required to check the Magellan website to confirm that a prior authorization has been issued prior to administering a drug 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 website to ensure that 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, you must be signed into your account page on Magellan website at www.IH.MagellanRx.com:

- Select “View Authorizations” and enter either the patient’s first and last name or their member identification number. Providers also have the option of viewing all of the prior authorizations created and associated to their TIN.
- The practitioner should check the prior authorization for the following:
 - The member name and ID number
 - That practitioner is listed as the servicing provider and that the correct facility location is on the prior authorization
 - The dates of service have not expired
 - The drug(s) and number of units that have been approved

If the practitioner has any questions, the practitioner should contact Magellan directly at 1-800-4248325, (Monday – Friday, 9 a.m. to 6p.m Eastern).

Who is considered the “provider” for 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. The clinical staff will review the request and render a decision.

Can the length of the prior authorization be negotiated or is it pre-planned?

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 less, depending on the class of drugs.

Can one prior authorization include multiple drugs? Or will the provider have to obtain a prior authorization for each drug?

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

Transition of Care

Will existing authorizations still be valid?

Magellan will require prior authorization for specific specialty drugs that will be administered on or after January 4, 2016. Authorizations issued by Health New England for dates of service before

January 4, 2016, for one of the specialty drugs identified will be effective until the authorization end date.

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

For members who will start treatment on or after January 4, 2016 for one of the drugs included in this program, you must complete authorizations through Magellan before treatment begins.

As of January 4, 2016, only claims for specialty drugs that have prior approval, as needed, will be eligible for payment.

Claims

How will this new program affect claims?

Magellan has only been engaged to oversee utilization management. Claims should be submitted to the same addresses or, if submitting electronically, using the same payer ID the practitioner uses now.

Who will be responsible for payment if the ordering provider fails to obtain the appropriate prior authorization?

The claim for the rendering provider will deny and the member should be held harmless. Rendering providers need to make sure a PA is on file with Magellan before administering the drugs to members. When prior authorization is required but was not obtained, providers can follow instructions on EOB to submit a claim appeal.

Is this prior authorization process required when Health New England is secondary?

Prior authorization review with Magellan is only required when Health New England is designated as primary insurance coverage.

Prior Authorization Appeals

What does the practitioner do if Magellan denies a request and the practitioner chooses to dispute the decision?

Before a final decision is made, practitioners will have an opportunity to speak with a pharmacist and with a physician, as well as submit relevant medical records. If a practitioner still disagrees, practitioners may exercise their rights as outlined within the denial letter.

Who can a provider contact for more information?

The provider should call the Health New England Member Services at 1-800-310-2835