



Medical Mutual Medical Drug Management Prior Approval Program

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MAGELLAN RX MANAGEMENT

Several colorful triangles are scattered across the slide: a large light green triangle in the upper right, a small orange triangle to its right, a large magenta triangle in the lower right, and a large cyan triangle in the lower left.

MagellanRx
MANAGEMENTSM

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Program Overview

Program Overview



Effective January 1, 2020, Medical Mutual will be implementing a change in how medications billed through the medical benefit are managed.

Magellan Rx Management (Magellan Rx) is partnering with Medical Mutual to manage the Medical Drug Management program. Magellan Rx will be responsible for handling prior approval requests for medical drugs.

Beginning January 1, 2020, providers may begin contacting Magellan Rx to obtain prior approvals for members who will receive medical drugs within the scope of this program on or after January 1, 2020.

Places of Service



As of January 1, 2020, all places of service are in scope for all drugs in the prior approval program except for Inpatient Hospital (place of service 21).

Prior approval will only be required for Inpatient Hospital stays (place of service 21) for Yescarta (Q2041) and Kymriah (Q2042). *Please note: from 1/1/20-1/22/20, these request must be requested via our call center at 1-800-424-7698. On and after 1/23/20, these inpatient requests may also be completed via our portal.*



Drugs Requiring Preauthorization through Magellan Rx



The program will apply to members who are prescribed a medical drug requiring prior approval.

Please refer to the list of medical drugs* posted on the Provider section of the Medical Mutual website at the following links:

Commercial and Individual Plans

<https://www.medmutual.com/~media/21F56195574D4A8CB48F120BC9BE2927.ashx>

Medicare Advantage

<https://www.medmutual.com/~media/88885EF73DE34EC9A644496D86F50227.ashx>

The Corporate Medical Policies may be found at the following link:

[https://provider.medmutual.com/TOOLS and RESOURCES/Care Management/MedPolicies/AlphaList.aspx?MedPolType=4](https://provider.medmutual.com/TOOLS_and_RESOURCES/Care_Management/MedPolicies/AlphaList.aspx?MedPolType=4)

You may also call the customer service phone number listed on the member's ID card.

*The list of medical drugs requiring prior approval is subject to change.

Transition of Care Process



Date of Service

Prior approvals issued by Medical Mutual for dates of service before January 1, 2020 for the medications identified as part of this program will be effective until the original authorization end date.

Validity Date

To continue treatment after the original authorization end date, you must obtain a prior approval from Magellan Rx prior to the expiration date.

End Date

Claims for dates of services after the authorized end date will be denied if the provider has not obtained a successive approval from Magellan Rx.





Review Process

Provider Responsibilities



Ordering Provider

Responsible for obtaining the prior approval before services are provided.



Servicing Provider

Responsible for ensuring that the approval was obtained prior to services being rendered.

Information Needed



Provider

- Ordering Provider Name
- Tax ID
- Address
- Office Telephone Number

(Same information is needed for Servicing Provider if different from Ordering Provider)



Member

- Member Name
- Date of Birth
- ID Number
- Height
- Weight
- Diagnosis Code



Medication

- Place of Service Code
- Requested Drug Name or HCPCS Code
- Dosage
- Frequency
- Anticipated Start Date of Treatment



Clinical

- Clinical notes
- Pathology Reports
- Relevant Test Results

If additional information is requested by Magellan Rx, the practitioner should be prepared to upload documents on the provider portal or to fax documents to Magellan Rx HIPAA compliant fax.

Timeframes



Line of Business	Routine Requests	Urgent/Expedited
Commercial	≤15 Calendar Days	≤72 Hours
Medicare	≤72 Hours	≤24 Hours

The timeframes above are the maximum allowed - most requests can be approved upon initial outreach to Magellan if all of the necessary information is provided.

Determination Process Flow



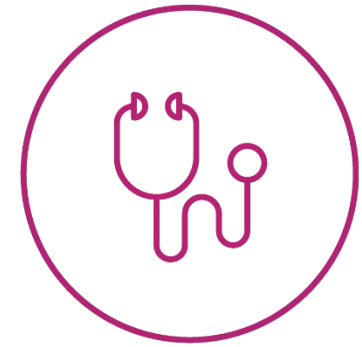
PHARMACIST REVIEW

If additional detail is needed, the case is routed to an MRx pharmacist who will outreach to the requesting provider.



INTAKE

In most cases, approvals can be made based on initial information provided by the requestor.




PHYSICIAN REVIEW

The case may be escalated to an MRx physician, who will discuss case with the ordering provider.




Magellan Rx Website

Obtaining an Online Account



Magellan Rx Management helps you manage your entire specialty drug benefit to maximize your savings





Login to your portal to access secure information

Quick Links

- [Contact Us](#)
- [New Access Request – Provider](#)

 Providers and Physicians

 Health Plan Partners

 Members and Patients

Providers directly contracted with Medical Mutual may create an online account for Prior Approvals:

1. Visit our self-service provider portal at ih.MagellanRx.com.
2. Click on *New Access Request-Provider* under *Quick Links*.
3. Click on *Contact Us* to register.



Resources

Prior Authorization Resources



For routine requests,
visit
ih.magellanrx.com



For urgent or
expedited requests
call Magellan Rx at
800-424-7698.

Magellan Rx Management has staff available 24 hours per day for urgent requests by phone (including after hours, weekends and holidays).

If you have claim, benefits, and/or eligibility questions, please call Medical Mutual at 800-362-1279 Monday through Thursday from 7:30 AM to 7:30 PM ET, Friday from 7:30 AM to 6:00 PM ET, Saturday 9:00 AM – 1:00 PM ET



Thank you for attending today!

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