

Medical Mutual Medical Drug Management

Frequently Asked Questions

Medical Mutual 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 medications billed under the medical benefit. With the new program, medical drugs are billed with HCPCS codes, processed through the member's medical benefit and include drugs administered in the office, home or outpatient setting. The program will be administered by Magellan Rx Management.

Who is Magellan Rx Management?

Magellan Rx Management is the medical drug management division of Magellan Health Services and has over 15 years' experience in managing the drugs covered through a member's medical benefit. Magellan Rx is partnering with Medical Mutual to manage the Medical Drug Management program.

Which Medical Mutual members are covered by this program?

The program will apply to members who are prescribed a medical drug requiring prior approval. A list of these drugs can be found on Medical Mutual's website.

What is the impact of this change?

Beginning January 1, 2020, Magellan Rx will handle all prior approval requests for medical drugs. Providers may submit prior approval requests for medical drugs electronically at ih.magellanrx.com, via phone 1-800-424-7698, or fax 1-888-656-1948.

What is the effective date of the change to the medical drug prior approval process?

The effective date of this program is January 1, 2020. For medical drugs to be administered on or after January 1, 2020, providers may initiate a request for prior approval review starting on January 1, 2020.

Which medications will require a prior approval review by Magellan Rx?

Please refer to the list posted on the Provider section of the Medical Mutual website at www.medmutual.com/provider. You may also call the customer service phone number listed on the member's ID card.

How often is the medication list updated?

The list of medications is updated frequently. Please check www.medmutual.com/provider for the list of medical drugs requiring a prior approval.

Where can I find medical policies criteria and guidelines for the medical drug program?

Medical drug policies are posted at www.medmutual.com/provider.

At which places of service (POS) does the prior approval apply?

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.*

How do providers contact Magellan Rx to request a prior approval or renewal of a prior approval?

Non-urgent prior approval requests can be initiated through Magellan Rx's secure website at ih.magellanrx.com. Click on the *Providers and Physicians* icon to access your provider account page and begin the process.

Urgent and non-urgent prior approval requests can also be initiated by calling Magellan Rx at 1-800-424-7698 Monday through Friday 8 a.m. to 6 p.m. ET.

To expedite prior approval requests, the provider should have the following information:

- Member name, date of birth and ID number
- Health plan name (Medical Mutual of Ohio)
- Member height and weight
- Ordering provider name, tax ID number, address, and office telephone and fax number
- Rendering provider name, tax ID number, address, and office telephone and fax number (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:

- Clinical notes
- Pathology reports
- Relevant lab test results

Please note: It is the responsibility of the prescribing health care provider to obtain prior approval before services are provided. If the health care provider that prescribes the medication is different than the servicing provider, the servicing 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 January 1, 2020, providers directly contracted with Medical Mutual can have the web administrator for their 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 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
- Health plan name (Medical Mutual of Ohio)
- 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 user access to be sent by email. The office administrator will then be able to set up a username for each individual in the practice who is authorized to access the Magellan Rx website.

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 Medical Mutual.
- If it is an urgent request, you can call Magellan Rx at 800-424-7698.

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, via the *New Access Request – Provider* link on the home page.

Prior Approval Requests

If a prior approval request does not have sufficient evidence to be approved, it is pended for initial clinical review by Magellan Rx clinical pharmacists. If the reviewer finds that the request meets clinical criteria, the reviewer can approve the prior approval request. If the reviewer cannot find sufficient evidence to approve the request, he/she will schedule a peer-to-peer conversation between the provider and a 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.

Will the provider be able to speak directly to the clinician who is making a determination on a prior approval 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.

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

Medical drugs administered as part of a clinical trial are subject to prior approval. To determine if the medical drug requires prior approval, please refer to the list of medical drugs posted on the Provider section of the Medical Mutual website at www.medmutual.com/provider. You may also call the customer service phone number listed on the member's ID card.

How are urgent requests handled?

Urgent requests will be completed within 72 hours (24 hours for Medicare Advantage Part B drugs) of receiving the information. Magellan Rx's website cannot be used for retrospective or urgent requests. These requests must be processed directly through the Magellan Rx call center at 800-424-7698. 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 (72 hours for Medicare Advantage Part B drugs) of receiving the prior approval request with all necessary information. In most cases, Magellan Rx can review and determine prior approval 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.

If I have not reached the end of the validity period of an approval, but I have exhausted the maximum units (completed the approved number of cycles), is it still valid?

No. The maximum units and validity period cannot be exceeded. You must contact Magellan Rx for an approval for additional units.

What is covered by the prior approval 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 approval. However, if the other location bills with a different tax ID number (TIN), the provider's office should contact Magellan Rx at 800-424-7698 to have the prior approval 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 TINs. When approvals are entered into Medical Mutual's claims system, they will be attached to all network providers who share that TIN.

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

The outpatient facility will be paid if the specialist selected that outpatient facility as the rendering provider.

If a specialist orders the treatment and gets prior approval when the medication is to be administered in and billed for by the outpatient facility, how should the clinic verify the prior approval 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.

Requesting Prior Approval When the Servicing 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 approval for members to obtain treatment(s) at an outpatient facility, providers who are directly contracted with Medical Mutual must be signed into their account page on Magellan Rx's website at 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 approval request.

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

How can the servicing provider obtain information about the prior approval?

To view a prior approval, providers who are directly contracted with Medical Mutual, must be signed into their account on Magellan Rx's website at ih.magellanrx.com:

- Select *View Authorizations* and enter either the member's first and last name, Medical Mutual member identification number, or the case number listed on the determination letter. Providers also have the option of viewing all prior approvals associated with their TIN.
- The provider should confirm the following information on the prior approval:
 - Member name, date of birth, and ID number
 - Ordering and servicing 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 800-424-7698, Monday through Friday, 8 a.m. to 6 p.m. ET.

Can an outpatient facility be approved as the servicing provider?

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

After a prior approval request is approved, 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 800-424-7698. The Magellan Rx clinical staff will review the request and render a decision within the applicable timeframes. Decisions are communicated via fax to the prescribing and servicing provider and mailed to the member.

Can the length of the prior approval be negotiated or is it predetermined?

The approval duration or validity period of a prior approval is dependent on the medication and is not negotiable. For chemotherapy medications, the approval duration may be shorter than other drug classes. 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. However, approvals can be renewed if updated clinical information meets the prior approval criteria.

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

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

Transition of Care

Will existing prior approvals still be valid?

Prior approval requests issued by Medical Mutual for dates of service before January 1, 2020, 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 a prior approval 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 approval from Magellan Rx.

For members who will receive a medical drug included in this program on or after January 1, 2020, providers must complete authorizations through Magellan Rx before treatment begins.

Claims

How will this new program affect claims being submitted for medical drugs?

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

Will a claim submitted by the servicing provider be denied if the ordering provider fails to obtain the appropriate prior approval?

Yes. The claim for the servicing provider will be denied. Servicing providers need to make sure a prior approval is on file with Magellan Rx before administering the medications to members. When prior approval is required, but was not obtained, providers can follow instructions on the Explanation of Benefits (EOB) to submit a claim appeal as applicable.

Is there a change in billing drugs with not otherwise classified (NOC) codes?

Yes. Drugs billed with an NOC code should be billed utilizing the number of doses administered to the member for each date of service on the claim. For example, if the member received one administration of a drug billed with an NOC code, the number of service units/days billed should equal one. In order to ensure correct processing for NOC drug codes, please be sure to include the NDC, correct unit of measure and number of units on the claim line(s).

Is this prior authorization process required when MMO is secondary?

No. Prior approval review with Magellan Rx is not required when Medical Mutual is designated as secondary to other insurance coverage.

Who can a provider contact for more information?

For more information about prior authorizations, providers can call Magellan Rx Management at 800-424-7698.

Contact Medical Mutual's Customer Care department at 1-800-362-1279 when you have questions about a Medical Mutual member's eligibility and benefits, along with claim inquiry questions.