



Frequently Asked Questions

Upper Peninsula Health Plan (UPHP) 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.

Who is Magellan Rx Management?

Magellan Rx is the pharmacy division of Magellan Health Services. Magellan Rx is a full-service pharmacy benefits manager (PBM) and a pioneer in medical specialty pharmacy management. They leverage industry-leading expertise and value-driven solutions to help people live more vibrant lives and motivate them to take better control of their health. Learn more at magellanrx.com.

Which members are covered by this program?

The program will apply to UPHP's Medicare and Medicaid 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 October 1, 2017. However, providers may initiate a request for prior authorization review starting on September 25, 2017 for drugs that will be administered on or after October 1, 2017.

What drugs will require a prior authorization review by Magellan Rx?

There are certain specialty drugs that fall under the medical benefit included in this program. Please refer to the list posted on the Magellan Rx website.

For drugs other than those included on posted list, coverage will not change. Please contact UPHP Provider Services at 800-835-2556 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 on the Magellan Rx website.

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

Pharmacy policies are posted on the Magellan Rx website.

To what places of service will the prior authorization apply?

For services rendered on or after October 1, 2017, Magellan Rx 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 and 19)
- Home Infusion (POS 12)

Prior authorization by Magellan Rx 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 Rx to request a prior authorization or re-authorization?

- Visit the Magellan Rx's secure website at ih.magellanrx.com and click on the "Providers and Physician" icon to access your provider account page, or
- Call Magellan Rx directly at 800-424-8241, Monday – Friday 8 AM-6 PM EST for urgent requests.

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

- Ordering provider name, Tax ID#, address, and office telephone and fax numbers
- Rendering provider name, Tax ID#, address, and office telephone and fax numbers (if different from ordering provider)
- Member name, date of birth, and ID number
- Requested medical pharmacy drug name or code
- Anticipated start date of treatment
- Member height and weight
- Dosing information and frequency
- Diagnosis (ICD-10 code)
- Additional clinical information pertinent to the request

If requested by Magellan Rx, the practitioner should be prepared 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 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 Rx Website

How does a provider obtain a user ID and Password for Magellan Rx website?

Beginning September 25, 2017, the web administrator for the practice/facility can request a unique user name and password for the Magellan Rx provider portal. To do so, visit Magellan Rx's website ih.magellanrx.com and complete the following steps:

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

Please have the following information ready:

- Requestor's Name, email address and phone number
- Healthplan Name
- Provider/Facility/Group name
- Provider/Facility/Group service site 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 2 business days for information regarding your user access.

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

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

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

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

- Send a secure message to Magellan Rx through the provider portal.
- If it is an urgent request, call 888-424-8241.

If all of the practitioners 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 practitioner linked to the practice's TIN. Magellan Rx provider portal will present the user with a drop-down menu so they can select the correct provider to link to the request.

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

A request for a special setup can be submitted through Magellan Rx website, at ih.magellanrx.com, via the *"New Access Request – Provider"* link on the home page.

Prior Authorization Requests

Practitioners 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, they will schedule a peer-to-peer conversation between the practitioner 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 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 Rx's 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 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 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 Rx 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 Rx does not have all of the necessary information to make a determination on a prior authorization request?

If Magellan Rx 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 UPHP at 800-835-2556 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 Rx's website cannot be used for retrospective or urgent approval requests. Those must be processed directly through the Magellan Rx 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 72 hours of receiving 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 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 Rx to have the prior authorization apply to all applicable locations.

Is the prior authorization physician-specific for group practices?

Magellan Rx approval links practitioners by their TIN. When the approvals are fed back into UPHP's claims system, they will be attached to all network practitioners who share that TIN.

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 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 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 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 injectable medication.
- 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 Rx 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 Rx website to ensure that a prior authorization has been obtained prior to providing services. The following provides information on how to the rendering provider obtains information about the prior authorization.

To view a prior authorization, you must be signed into your account page on Magellan Rx's website at 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, date of birth, 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, they should contact Magellan Rx directly at 800-424-8241, Monday – Friday, 8AM – 6PM EST.

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 via phone at 800-424-8241. 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 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 specialty drugs that will be administered on or after October 1, 2017. Authorizations issued by UPHP for dates of service before October 1, 2017 for the specialty drugs identified as part of this program will be effective until the authorization end date.

To continue treatment after the authorized 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 you have not obtained a continued authorization from Magellan Rx.

For members who will **start treatment on or after October 1, 2017** for one of the drugs included in this program, you must complete authorizations through Magellan Rx before treatment begins.

As of October 1, 2017, 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 Rx 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 Rx before administering the medications 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 UPHP is secondary?

Prior authorization review with Magellan Rx is **not** required when UPHP is designated as secondary insurance coverage.

Appeals

What does the practitioner do if Magellan Rx 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 UPHP Provider Services at 800-835-2556.