

# Security Health Plan Medical Pharmacy Program

## Frequently asked questions

**Security Health Plan** is committed to providing 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 medications 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 benefit management division of Magellan Health Services, with over 12 years of experience in specialty pharmacy management.

### Which members are covered by this program?

The program will apply to Security Health Plan's Medicare Advantage, Medicare Dual Eligible Special Needs (DSNP), Individual and Family Plans (IFP), Fully Insured and Self Insured Commercial Plan members.

\*Please note that Medicare Medical Savings Account (MSA) members are excluded.

### Are members under the age of 18 excluded from this program?

No. The program will apply to all members regardless of age and in accordance with FDA approved age indications.

### 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 **Nov. 1, 2017**. Providers may initiate a request for prior authorization review starting on Oct. 23, 2017, for medications that will be administered on or after Nov. 1, 2017.

The effective date for the home setting specialty medications prior authorization is Jan. 1, 2019. **Not all medications reviewed by Magellan are eligible for home infusion.** Please see Security Health Plan's website for list of home infusion eligible medications that require prior authorization.

[www.securityhealth.org/providers/provider-manual/shared-content/utilization-management/home-iv-drug-therapies](http://www.securityhealth.org/providers/provider-manual/shared-content/utilization-management/home-iv-drug-therapies).

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

Certain specialty medications that fall under the medical benefit are included in this program. Please refer to the list posted on the Magellan Rx website at [ih.magellanrx.com](http://ih.magellanrx.com) or the Security Health Plan provider portal at [securityhealth.org/rxpa](http://securityhealth.org/rxpa).

Coverage will not change for medications not included on the posted list. Please contact Security Health Plan Provider Customer Service at **800-548-1224** if you have questions about the coverage of specialty medications not included in this program.

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

The list of medications included in the Medical Pharmacy Program is updated annually or more frequently if necessary. 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 Security Health Plan provider portal at [securityhealth.org/rxpa](http://securityhealth.org/rxpa).

#### **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).

#### **To what places of service will the prior authorization apply?**

After Nov. 1, 2017, prior authorizations are required for medications administered in the following settings:

- physician office (POS 11)
- outpatient facilities (POS 19, 22)
- military treatment facility (POS 26)
- independent clinics (POS 49)
- federally Qualified Health Centers (POS 50)
- rural health clinics (POS 72)
- **home setting (POS 12)- effective Jan. 1, 2019**

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

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

- Visit Magellan Rx's secure website at [ih.magellanrx.com](http://ih.magellanrx.com) and click on the "**Providers and Physician**" icon to access your provider account page, or by calling **800-424-8243**, Monday – Friday, 7 a.m. to 5 p.m. CST for urgent requests.

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

- 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);
- member name, date of birth and ID number;
- requested medical pharmacy treatment 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 provider 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 the Magellan Rx website?

Beginning Oct. 23, 2017, the web administrator for the practice/facility can request a unique username and password for the Magellan Rx provider portal. To do so, visit Magellan Rx's website

[ih.magellanrx.com](http://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;
- health plan name – Security Health Plan;
- 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 two 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 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 which will be associated with Security Health Plan members.

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

- You can send a secure message to Magellan Rx through the provider portal.
- If it is an urgent request, you can call **888-424-8243**.

### 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 they can select the correct provider to link to the request.

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

A request for a special setup can be submitted through 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, they 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, as a resource, 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 they 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 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 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 included in this program. The provider should contact Security Health Plan at 800-548-1224 for clinical trial information.

### **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. 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 14 calendar days 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 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 to have the prior authorization apply to all applicable locations.

#### **Is the prior authorization provider-specific for group practices?**

Magellan Rx approval links providers by their TIN. When approvals are fed into Security Health Plan'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 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](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 from an outpatient facility setting**

To enter a request for a prior authorization for members to obtain treatments in an outpatient facility, you must be signed into your 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 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 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, you must be signed into your 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 or their member identification number. Providers also have the option of viewing all of the prior authorizations created and associated to their TIN.
- The provider should check the prior authorization for the following:
  - the member name, date of birth and ID number
  - the provider is listed as the servicing provider and the correct facility location is on the prior authorization
  - the dates of service have not expired
  - the medication(s) and number of units have been approved.

If a provider has any questions, they should contact Magellan Rx directly at **800-424-8243**, Monday – Friday, 7 a.m. to 5 p.m. CST.

#### **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.

#### **Who is considered the “provider” for an home setting?**

Approvals will be issued to the infusion agency if the home setting.

#### **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 800-424-8243. 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 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 specialty medications that will be administered on or after Nov. 1, 2017. Authorizations issued by Security Health Plan for dates of service before Nov. 1, 2017, for the specialty medications 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 a provider has not obtained a continued authorization from Magellan Rx.

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

As of Nov. 1, 2017, only claims for specialty medications 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 provider 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 must 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 Security Health Plan is secondary?

Prior authorization review with Magellan Rx is required when Security Health Plan is designated as primary or secondary insurance coverage.

## Appeals

### 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, providers may exercise their rights as outlined within the denial letter.

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

Providers can call Security Health Plan Provider Customer Service at **800-548-1224** for more information.