Passport Health Plan Medical Pharmacy Program
Frequently asked questions

Passport Health Plan (Passport) 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 Passport Health Plan 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 March 1, 2018. Providers may initiate a request for prior authorization review starting on February 22, 2018, for medications that will be administered on or after March 1, 2018.

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 and on Passport’s website at http://passporthealthplan.com/pharmacy/prior-authorizations/

Coverage will not change for medications not included on the posted list. Please contact Passport Health Plan’s Provider Services at 800-578-0775 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 and on Passport’s website at http://passporthealthplan.com/pharmacy/prior-authorizations/.

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 and on Passport’s website at http://passporthealthplan.com/pharmacy/prior-authorizations/
To what places of service will the prior authorization apply?
After March 1, 2018, prior authorizations are required for medications administered in the following settings:

- Physician Office (POS 11)
- Outpatient Facility (POS 19, 22)
- In Home (POS 12)

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 and click on the “Providers and Physicians” icon to access your provider account page, or by calling 800-424-8278, Monday – Friday 8 a.m. to 6 p.m. EST for urgent requests.

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

- Member name, date of birth and ID number;
- Member Health Plan Name - Passport Health Plan;
- Member height and weight;
- 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);
- Requested drug name or 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 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 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 February 22, 2018, 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 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 – Passport Health Plan;
• Provider/facility/group name;
• Provider/facility/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 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 Passport Health Plan members.

What if one of the providers in our practice is not listed on Magellan Rx’s website? Who 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 Magellan Rx at 800-424-8278.

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 the Magellan Rx website: 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.

**How are urgent requests handled?**
Urgent requests will be completed within 24 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 2 business 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 Passport 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:

- Select “View Authorizations” and enter either the patient’s first and last name, the member identification number, or the authorization number. Providers also have the option of viewing all of the prior authorizations created and associated to their TIN.
- The provider should confirm the following information on the prior authorization:
  - Member name, date of birth and ID number;
  - Ordering and rendering provider information;
  - Authorization validity period;
  - The medication(s) and number of units approved.

If a provider has any questions, they should contact Magellan Rx directly at 800-424-8278, Monday – Friday, 8 AM- 6 PM EST.

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.

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 800-424-8278. 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 March 1, 2018. Authorizations issued by Passport Health Plan for dates of service before March 1, 2018, 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.
On or after February 22, 2018 for members who will start treatment on or after March 1, 2018, for one of the treatments included in this program, providers must complete authorizations through Magellan Rx before treatment begins.

As of March 1, 2018, 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 you currently use for Passport Health Plan 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 prior authorization 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 the Explanation of Benefits (EOB) to submit a claim appeal.

Is this prior authorization process required when Passport Health Plan is secondary?
Magellan Rx will review all requests whether or not Passport Health Plan is the primary insurer.

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 Passport Health Plan’s Provider Services at 800-578-0775 for more information.