

Frequently Asked Questions Infused and Injectable Medication Program

Moda has partnered with Magellan Rx Management (Magellan Rx), to assist you in medical pharmacy management through the provider administered injectable medication program. Please contact the Moda Health Customer Service team listed on the member's health insurance card for specific authorization requirements, benefits and eligibility information prior to ordering and/or rendering services.

General program information

Who is Magellan Rx?

Magellan Rx Management is a full-service pharmacy benefit manager (PBM) that expands beyond traditional core services to help our customers and members solve complex pharmacy challenges by connecting them to the people, technology, and information they need to make smarter healthcare decisions.

When did this program go into effect?

The program was originally implemented on October 1, 2013.

What members are covered by this program?

The program applies to all Oregon Education Benefits Board (OEBB) members, Medicaid, Medicare members, fully insured commercial, Texas EPO/PPO (Texas Equal Funding), and select ASO membership. All other self-insured groups have the option to be added at the time of group renewal, so please be sure you are referencing which groups are enrolled in this program yearly.

What is the impact to member benefits?

There is 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 Benefit.

What medications need prior authorization/re-authorization by Magellan Rx?

There are certain specialty medications that fall under the medical benefit included in this program. Please refer to the list posted on one of the following sites that apply to the member:

Moda: www.modahealth.com/medical/injectables/.

Texas: [Moda Health - Texas | Provider Injectables infusion and specialty drugs support](#).

For medications other than those included on the posted list, please contact the Moda Health Customer Service team listed on the member's health insurance card for any questions about the restrictions and coverage of specialty medications that are not included in this program.

Registration and use of Magellan Rx's website

How does a provider obtain a user ID and PIN for Magellan Rx's website?

The web administrator for the practice/facility can request a unique user name and password for the MagellanRx website by accessing Magellan's provider self-service portal at ih.magellanrx.com and clicking on "New Access Request – Provider" on the right hand side under "Quick Links". Then click "Contact Us" and provide the following information:

- Requestor name, email, and phone number
- Health plan name
- Tax ID

- Provider/facility name, practice address and email

Please allow up to two business days for username and password confirmation. Once the administrator access is established, the administrator for your group can set up additional users for the group account.

Note: The Magellan Rx website cannot be used for retrospective or urgent authorization requests. Those requests must be processed directly through the Magellan Rx Call Center at **800-424-8114**

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

- Send a secure message through the Magellan Rx website, **or**
- If it's an urgent request, please call **800-424-8114**.

If all of the practitioners in a practice share a Tax ID number (TIN), is more than one user ID and PIN needed?

No. One administrator will be able to conduct transactions for every network practitioner linked to the practice's TIN. Magellan Rx's system will present them with a drop-down menu so they can select the correct provider to link to the transaction.

When a multi-practitioner practice bills under their individual Tax ID numbers (TIN), how can a practice register office staff at Magellan Rx with the fewest user ID's and PINs?

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

Prior Authorization Procedures

Practitioners will have the opportunity to obtain upfront 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 (ICR) finds the request meets clinical criteria, the Initial Clinical Reviewer (ICR) can approve the prior authorization request.
- If the ICR cannot find sufficient evidence to approve the prior authorization 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.

How do practitioners contact Magellan Rx to request a prior authorization or re-authorization?

- Visit Magellan Rx's secure website at ih.magellanrx.com **or**
- Call Magellan Rx directly at **800-424-8114**, Monday through Friday, 8 am to 6 pm (EST). Multiple prior authorization requests can be handled with one call.

To initiate a request for prior authorizations, the practitioner should have the following information:

- Ordering provider name, address, and office telephone number
- Rendering **provider** name, address, and office telephone number (if different from ordering provider)
- Member name and ID number
- Requested medical pharmacy medications

- Anticipated start date of treatment
- Member height, weight
- Dosing information and frequency
- Diagnosis (ICD-10 code)
- Past therapeutic failures

If requested by Magellan Rx, the practitioner should also be prepared to fax the following documents to a Magellan Rx HIPAA-compliant fax at **888-656-6671** or upload the following documents to the provider portal:

- 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.

Will the practitioner be able to speak directly to the clinician making a determination on a prior authorization request?

Yes. If there's a question regarding a particular patient's use of a medication, Magellan Rx 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 medication, 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.

How are urgent request determinations handled?

Urgent request determinations will be completed within 24 calendar hours of receiving the requests for Commercial and Medicare. Please keep in mind that the Magellan Rx website cannot be used for retrospective or expedited approval requests, those must be processed directly through the Magellan Rx call center at **800-424-8114**. 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) determinations requests handled?

Non-urgent Oregon Commercial request determinations will be completed within two (2) business days **or** 15 calendar days of receiving all necessary clinical information. Alaska Commercial request determinations will be completed within five (5) business days from receipt. Medicare request determinations will be completed within 72 calendar hours of receiving all necessary clinical 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.

To what place(s) of service will the prior authorization apply?

Magellan Rx will require prior authorization for the medications included in this program when administered in the following settings:

- A practitioner's office (POS 11)
- An outpatient facility (POS 22)
- In a patient's home (POS 12)
- Off-Campus Outpatient Hospital (POS 19)

Prior authorization through Magellan Rx is not required for medications administered during emergency room visits, observation unit visits, or inpatient stays. These requests should be sent to Moda Health Plan directly.

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 update the rendering provider on the authorization(s).

Is the prior authorization physician-specific for group practices?

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

If a specialist orders a medication and gets prior authorization and then the medication 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 medication 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 website, or call Magellan Rx toll-free at **800-424-8114**.

Are clinical trials a part of this program?

No, clinical trials are not a part of this program. The provider should contact Moda Customer Service Center at **800-258-2037** for clinical trial information.

Is this prior authorization process required when Moda is secondary?

For specific coordination of benefit processes, please contact Moda Customer Service at **800-258-2037** for additional direction.

Requesting prior authorization when Ordering and Rendering Providers 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 medications in an outpatient facility, you must be signed into your account page on the Magellan Rx 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 medications.
- 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

Note: All rendering providers are required to check the Magellan Rx website to confirm that 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 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 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 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 medication(s) and number of units that have been approved

If the practitioner has any questions, the practitioner should contact Magellan Rx directly **800-424-8114**, Monday through Friday, 8 am to 6 pm (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. The clinical staff will review the request and render a decision.

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

The approval duration or validity period of a prior authorization is dependent on the medication and is not negotiable.

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.

Claims

How will new program affect claims?

Magellan Rx has only been contracted to oversee utilization management. Claims should be submitted to the same addresses or, if submitting electronically, using the same Payor ID the practitioner uses now. *Claims submitted without obtaining a required prior authorization will be denied.*

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.

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 any relevant medical records. If the requesting practitioner still disagrees with decision made by Magellan Rx, practitioners may exercise their rights as outlined within the denial letter.

Clinical Criteria

Are the medical policies Magellan Rx follows available online? If not, can a practitioner request a copy?

When you are ready to submit you can find all medical necessity criteria and the ability to submit for authorization at ih.magellanrx.com. However, if you would like to view plan specific criteria prior to submitting for authorization you can view those at the following sites:

Oregon: www.modahealth.com/medical/injectables/

Texas: [Moda Health - Texas | Provider Injectables infusion and specialty drugs support](#).