Paramount Medical Pharmacy Program

Frequently Asked Questions

Paramount 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 implemented a change in the way we manage certain medications effective June 21, 2019. This program is administered by Magellan Rx Management.

Who is Magellan Rx Management?

Magellan Rx Management is the pharmacy benefit management division of Magellan Health Services.

Which members are covered by this program?

The program applies to members enrolled in the following plans:

- Paramount Employer Sponsored Employee Medical Benefit Offerings (Commercial)
- Paramount Elite (Medicare Advantage)
- Paramount Advantage (Medicaid)

What is the impact to member benefits?

There is no change in the benefits for specialty medications. The subscriber and his/her eligible dependents continue to receive the same care and access to eligible medications. As with all services, specialty medications must be medically necessary, as defined by the Plan, and meet benefit eligibility requirements.

Which treatments require a prior authorization review by Magellan Rx?

Please refer to the list posted on the Magellan Rx website at www.MRxGateway.com**.**

How often is the medication list updated?

The list of medications included in the Medical Pharmacy Program is updated at least annually. When calling for a prior authorization review, please check the list of medications posted on the Magellan Rx website at www.MRxGateway.com**.**

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 www.MRxGateway.com.

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

Prior authorizations are required for medications administered at the following places of service:

- Physician Office (POS 11)
- Outpatient Facility (POS 19, 22)
- In Home (POS 12)
- Federally Qualified Health Centers (POS 50)

Prior authorization by Magellan Rx for the medications included in this program *is not be required* when those 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?

Call Magellan Rx at 800-327-3974, Monday through Friday 8 a.m. to 6 p.m. EST for all authorization requests, including urgent requests.

If the provider is contracted directly with Paramount, non-urgent authorizations can also be done through Magellan Rx's secure website at www.MRxGateway.com.

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

- Member name, date of birth and ID number
- Paramount health plan name
- 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 at 888-656-6671:

- Clinical notes
- Pathology reports
- Relevant lab test results

Please note: It is the responsibility of the ordering provider to obtain 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?

Providers directly contracted with Paramount can have the web administrator for the practice/facility request a unique username and password for the Magellan Rx provider portal. To do so, visit Magellan Rx's website at www.MRxGateway.com and click on "New Provider Access Request" to complete the request form.

Please have the following information ready:

- Requestor's name, email address, and phone number
- Paramount health plan name
- 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 your user access to be sent to you by email. The office administrator will then be able to set up an account for each individual in the practice 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 "Contact Us" on the provider portal if the provider is directly contracted with Paramount.
- If it is an urgent request, you can call Magellan Rx at 800-327-3974.

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: www.MRxGateway.com**,** via the *Contact Us* ***link***.

Prior Authorization Requests

Providers and their staff 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, he/she 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.

May the provider 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 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 the pharmacist 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 they will make a mutual decision, in accordance with plan guidelines, 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, the request will be pended for clinical review and the provider will be given a tracking number.

Are clinical trials part of this program?

No, clinical trials are not included in this program.

How are urgent requests handled?

Urgent requests will be managed within the following timeframes:

Commercial	≤48 Hours
Medicare	≤72 Hours
Medicaid	≤24 Hours

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 at 800-327-3974.

How are routine (non-urgent) requests handled?

Non-urgent (routine) requests will be managed within the following timeframes:

Commercial	≤10 Calendar Days
Medicare	≤10 Calendar Days
Medicaid	≤24 Hours

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.

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 at 800-327-3974 to have the prior authorization 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 TIN. When approvals are entered into Paramount'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 prior authorization 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 www.MRxGateway.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 at an outpatient facility setting
To enter a request for a prior authorization for members to obtain treatment(s) at an outpatient facility, providers who are directly contracted with Paramount must be signed into their account page on Magellan Rx's website at www.MRxGateway.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 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.

The following provides information on how the rendering provider obtains information about the prior authorization.

To view a prior authorization, providers who are directly contracted with Paramount must be signed into their account on Magellan Rx's website at www.MRxGateway.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 prior authorizations associated with 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, he/she should contact Magellan Rx directly at 800-327-3974, Monday through Friday, 8 a.m. to 6 p.m. 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 800-327-3974. 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 this new program affect claims?

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

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

Yes. The claim for the rendering provider will be denied. 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 as applicable.

Is this prior authorization process required when Paramount is secondary?

Yes. Prior authorization review with Magellan Rx is still required when Paramount is designated as secondary to other 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, the member must exercise their appeal rights as outlined in their plan.

For more information providers can call Magellan Rx Management at 800-327-3974.