

# Nevada Medicaid and Nevada Check Up Medical Pharmacy Program Frequently Asked Questions

Nevada Medicaid and Nevada Check Up is committed to providing members with access to high-quality healthcare consistent with evidence-based, nationally recognized clinical criteria and guidelines. To ensure value to our members, we're implementing 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.

## **What is the effective date of the program?**

The effective date of this program is July 1<sup>st</sup> 2023.

## **Which members are covered by this program?**

The program will apply to Nevada Medicaid Fee for Service Members.

## **Which medications will require a prior authorization review by Magellan Rx?**

Please refer to the list posted on the Nevada Medicaid and Nevada Check Up webpage <https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>. There will also be a link to this page on the Magellan Rx Provider Portal, MRxGateway.com.

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

The list of medications included in the Medical Pharmacy Program is updated at least annually. Please refer to the list posted on the Nevada Medicaid and Nevada Check Up webpage <https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>. There will also be a link to this page on the Magellan Rx Provider Portal, MRxGateway.com.

## **Where can I find medical policies criteria and guidelines for the medical benefit treatments in this program?**

Please refer to the list posted on the Nevada Medicaid and Nevada Check Up webpage <https://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>. There will also be a link to this page on the Magellan Rx Provider Portal, MRxGateway.com.

## **At which places of service (POS) is the prior authorization required?**

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

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

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

Providers directly contracted with Nevada Medicaid and Nevada Check Up may request non-urgent authorizations on the Magellan Rx secure provider portal at [www.MRxGateway.com](http://www.MRxGateway.com). Providers may also call Magellan Rx for authorization requests at 800-424-0639. Hours of operation are 8AM-6PM PST for routine requests, and 24 hours per day/7 days per week for urgent requests.

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

- Member name, date of birth and ID number
- Health plan name
- Member height and weight
- Ordering provider name, tax ID number, NPI, practice address, and office telephone and fax
- Rendering provider name, tax ID number, NPI, practice address, and office telephone and fax numbers (if different from ordering provider)
- Requested medication 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:

- 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 Provider Portal

### How does a provider obtain a user ID and password for the Magellan Rx Provider Portal?

Providers directly contracted with Nevada Medicaid and Nevada Check Up may request access to the Magellan Rx provider portal. To do so, visit [www.MRxGateway.com](http://www.MRxGateway.com) and complete the following steps:

1. **Click on *New Provider Access Request* under the sign in box.**
2. **Complete the form and click "Register".**

Please have the following information ready:

- Requestor's full name, email address, and phone number
- Health plan name
- Provider, facility, or group name
- Provider, facility, or group practice address
- Tax ID number
- Practice NPI
- Practice Administrator name and email address (if not the requester)

Please allow up to two business days for a response by email.

### **Who do I contact if one of the providers in our practice is not listed on Magellan Rx's Provider Portal?**

- You can send a message to Magellan Rx through the provider portal if the provider is directly contracted with Nevada Medicaid and Nevada Check Up.
- If it is an urgent request, you can call Magellan Rx at 800-424-0639.

### **If all of the clinicians in a practice share a Tax Identification Number (TIN), is more than one user account needed to manage each clinician separately?**

No. Magellan Rx provider portal users linked to the practice TIN will be able to conduct transactions for every network clinician linked to the practice TIN.

## **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 pending to be clinically reviewed 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.

**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. In most cases, approvals can be made based on the initial information provided to Magellan Rx by the requestor. 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. They will make a mutual decision, in accordance with plan guidelines, on an appropriate course of action.

### **Who receives copies of the determination notices?**

The ordering provider, rendering provider (if different from ordering) and member receive copies of the final determination notices.

### **Does a prior authorization for one provider apply to all providers in a group practice?**

Approvals are valid for all network providers who share the TIN on the authorization.

### **If a specialist orders the treatment and gets prior authorization, but 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 provider portal [www.MRxGateway.com](http://www.MRxGateway.com).

**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 may be requested via phone by Magellan Rx at 800-424-0639.

**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. However, Magellan Rx can process multiple requests via a single portal 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 Nevada Medicaid and Nevada Check Up.

**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 Nevada Medicaid and Nevada Check Up is secondary?**

No. Prior authorization review with Magellan Rx is not required when Nevada Medicaid and Nevada Check Up is designated as secondary to other insurance coverage.

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

For more information about prior authorizations, providers can call Magellan Rx Management at 800-424-0639.