



Quick links:

Magellan Rx medical pharmacy program	1
Using the Magellan Rx provider portal	2
Specialty medication prior authorization requests	3
Transition of care	5
Claims	5

Medical pharmacy program: Magellan Rx Frequently Asked Questions

Bright HealthCare™ is committed to providing members with high-quality healthcare consistent with evidence-based, nationally recognized clinical criteria and guidelines. For specialty medication management, we have partnered with Magellan Rx Management because they support this commitment to our members.

Magellan Rx medical pharmacy program

Who is Magellan Rx Management?

As the pharmacy division of Magellan Health Inc., Magellan Rx Management is a next-generation pharmacy organization that delivers meaningful prescription solutions to people with complex health needs.

Which members are covered by this program?

The program will apply to Bright HealthCare members enrolled in the following plans:

- **Medicare Advantage plans:**
AZ, CO, FL, IL, and NY
- **Individual & Family and Small Group plans:**
AL, AZ, CO, FL, GA, IL, NE, NC, OK, SC, TN, TX, UT, VA

What is the effective date of the program?

The program begins on **July 1, 2022**.

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

The full list is available on the Magellan Rx provider portal at [MRxGateway.com](https://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. The current list of medications included in this program is available on the Magellan Rx provider portal at [MRxGateway.com](https://www.mrxgateway.com).

Where can I find policies for the medical benefit treatments in this program?

Medical policies, criteria, and guidelines are available on the Magellan Rx provider portal at [MRxGateway.com](https://www.mrxgateway.com).

Which places of service (POS) require a prior authorization?

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)
- Inpatient CAR-T (POS 21)

Using the Magellan Rx provider portal

How do providers get a user ID and password for the Magellan Rx provider portal?

Providers directly contracted with Bright HealthCare may request access to the Magellan Rx provider portal. To do so, visit Magellan Rx's provider portal at MRxGateway.com and complete the following steps:

1. Click on *New Provider Access Request* under the sign-in box.
2. Complete the form, including the information noted below.
3. Click *Register*.

Please have the following information ready:

- Requester's name, email address, and phone number
- Health plan name (Bright HealthCare)
- Provider, facility, or group name
- Provider, facility, or group service address
- Tax ID number and national provider identifier (NPI)
- Practice administrator name and email address (if not the requester)

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

I can't find one of the providers in our practice on Magellan Rx's provider portal. What should I do?

- **For non-urgent requests**, please contact Magellan Rx through the provider portal or by phone:
 - Provider portal: Log on to MRxGateway.com to send a message to Magellan Rx.
 - Phone: Call Magellan Rx at 800-424-2804* weekdays between 8:00 a.m. and 6:00 p.m. local time.
- **For urgent requests****, please call Magellan Rx at 800-424-2804*. Lines are open 24 hours a day, 7 days a week.

*Phone number goes live July 1, 2022.

**Urgent requests mean that following the standard timeframe could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

All of the providers in our practice share a tax identification number (TIN). Can one user account manage each provider separately?

Yes. Any user in the Magellan Rx provider portal who is linked to the practice's TIN will be able to conduct transactions for every network provider linked to the TIN.

Specialty medication prior authorization requests

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

- **For non-urgent requests**, please contact Magellan Rx through the provider portal or by phone:
 - Provider portal: If the provider contracts directly with Bright HealthCare, log on to [MRxGateway.com](https://www.mrxgateway.com) and click “Request Prior Authorizations.”
 - Phone: Call Magellan Rx at 800-424-2804* weekdays between 8:00 a.m. and 6:00 p.m. local time.
- **For urgent requests****, please call Magellan Rx at 800-424-2804*. Lines are open 24 hours a day, 7 days a week.

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What information must be included with a prior authorization request?

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

- Member name, date of birth, and ID number
- Health plan name (Bright HealthCare)
- 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 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 Rx 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: The ordering provider is responsible for obtaining 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.

What are the steps in the review process?

The steps in the review process are as follows:

- If sufficient evidence for prior authorization is provided:
 - Online requests will be approved automatically and the portal will display the authorization number to the user.
 - Phone requests will be approved by the clinical reviewer, who will provide the authorization number verbally.

Providers will also be notified of the approval via fax.

- If the evidence provided for prior authorization is incomplete or insufficient:
 1. The request will be pended for clinical review and sent to a Magellan Rx clinical pharmacist.
 2. If the Magellan Rx clinical pharmacist cannot find sufficient evidence to approve the request, they will schedule a peer-to-peer conversation between the provider and a Magellan Rx peer clinical reviewer, who is a board-certified physician.
 3. The Magellan Rx peer clinical reviewer will render the final determination based on the information received.
 4. Magellan Rx will notify the provider via fax of the approval or denial of the prior authorization request.

Will the provider be able to speak directly to the clinician who determines a prior authorization request?

Yes. If the requesting provider has questions or concerns, they should contact Magellan Rx as follows:

- **For non-urgent requests**, please contact Magellan Rx through the provider portal or by phone:
 - Provider portal: If the provider contracts directly with Bright HealthCare, log on to MRxGateway.com to send a message to Magellan Rx.
 - Phone: Call Magellan Rx at 800-424-2804* weekdays between 8:00 a.m. and 6:00 p.m. local time.
- **For urgent requests****, please call Magellan Rx at 800-424-2804*. Lines are open 24 hours a day, 7 days a week.

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What if the provider and pharmacist are not able to agree on a medication request?

If the pharmacist and requesting provider are unable to agree on the medication request, the case will be escalated to a Magellan Rx physician to discuss the case with the requesting 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?

Yes. Approvals are valid for all network providers who share the tax ID number listed on the authorization.

Say a specialist orders the treatment and gets prior authorization for it, 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 on the Magellan Rx provider portal at MRxGateway.com.

Can a request be made to change the dose or frequency after the prior authorization is given but before the approval duration has expired?

Yes. After an approval is generated, a change in dose and/or frequency may be requested via phone at 800-424-2804*, weekdays 8 a.m.–6 p.m. local time for routine requests, and 24 hours per day/7 days per week for urgent requests**.

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Can the length of the prior authorization be negotiated?

No. 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?

No. Providers must request one prior authorization number per medication. However, Magellan Rx can process multiple requests via a single portal session or telephone call.

Transition of care

Will existing authorizations still be valid after the program starts?

Yes. Authorizations from Bright HealthCare that were issued before July 1, 2022, for the medications included in this program will be effective until the authorization end date.

To continue treatment after the original authorization end date, you must obtain an authorization from Magellan Rx prior to the expiration date. Claims for dates of service after the authorized end date will be denied if a provider has not obtained a successive authorization from Magellan Rx.

Claims

How will this new program affect claims?

Magellan Rx has been engaged only to oversee utilization management. Claims should be submitted to Bright HealthCare.

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 if the provider fails to obtain the proper prior authorization.

Rendering providers must verify that a prior authorization is on file with Magellan Rx before administering the medications to members. When prior authorization is required but has not been obtained, providers can follow instructions on the Explanation of Benefits (EOB) to submit a claim appeal.

Is this prior authorization process required when Bright HealthCare is secondary?

No. Prior authorization review with Magellan Rx is not required when Bright HealthCare is designated as secondary to other insurance coverage.

Who can a provider contact for more information?

- **For non-urgent inquiries**, please contact Magellan Rx through the provider portal or by phone:
 - Provider portal: Navigate to MRxGateway.com and click on "Contact Us" in the upper right corner to send a message to Magellan Rx.
 - Phone: Call Magellan Rx at 800-424-2804* weekdays between 8:00 a.m. and 6:00 p.m. local time.
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