How to Submit an Electronic Prior Authorization Request to Magellan Medicaid Management (MMA) Using CoverMyMeds.com

Magellan Medicaid Administration

January 19, 2024

1. Select the appropriate form labeled "Magellan Louisiana Medicaid MCO Prior Authorization Form."



2. Enter the medication, beneficiary, and prescriber information and click **Send to Plan**. The following pop-up notifications will display, indicating the information has been sent to MMA.

| | covermymeds. | | Your Preferences | Verify Prescribers | Help Privi |
|--------|-------------------------|--|---|--|---------------|
|) M | | | | | |
| | SAVE | PRESCRIBER INSTRUCTIONS | | ~ | |
| | | PATIENT INFO | (Kev: BUCDPO8A) | | × |
| | NOTES REMINDERS | PRESCRIBER Your demoy Waiting up | R Your demographic data has been sent to Magellan. | | |
| | | DRUG AND E | C | | |
| | <u>View All</u> Note | REQUEST PR | CLOSE | ETURN TO DASHB | OARD |
| | | PRESCRIBER NEXT STEPS | | ~ | |
| | 1 H 1100 100 - A 1 | PA Case ID #: 060000010860204 | | | |
| | | Status El Sent to Plan toda | (Key: BUCDPQ8A) | | × |
| | NOTES REMINDERS | Magellan is i dashboard, open this red | reviewing your PA request. You may close t and perform other tasks. To check for an up quest again from your dashboard. | this dialog, return to you date later, refresh this p | r bage, or |
| | | To follow up 424-1664. | on this request after 24 hours, please cont | act Magellan directly at | 1-800- |
| | | PRESCRIBER | CLOSE | TURN TO DASHBO | ARD |
| | 2 minutes ago | PATIENT INFORMATION | | × | |

3. The status will change to "Sent to Plan Today."

| | covermymeds• | | Your Preferences Verify Prescribers | Help Priva | |
|------------------------|---|---|--|------------|--|
| KEQUESTS Ŭ ∓ | SEND TO PLAN | You're using the new request view. <u>View request in the o</u> | riginal view. | | |
| CA565 | SEND TO PRESCRIBER | (Key: BUCDPQ8A) | Need Help7 Call us at (866)452- 5017 | | |
| | OTHER ACTIONS V | Status | Drug Rinvoq 30MG er tablets | | |
| | NOTES REMINDERS | | Form Magellan Louisiana Medicaid MCO Electronic PA Form (2017 NCPDP) | | |
| | QUESTION SET REQUESTED 1 minute ago | PRESCRIBER INSTRUCTIONS | ~ | | |
| | SAVE - EPA SEND TO PLAN BY YOU 1 minute ago | PATIENT INFORMATION | * | | |

4. If additional information is needed, the prescriber will be prompted to answer additional questions, highlighted red on the **Current tab**, and the status will change to "Additional Information Required."



| | covermymeds. | | Your Preferences Verify Prescribers H | |
|-------|--|--|--|--|
| CASES | SEND TO PLAN | ▲ You're using the new request view. <u>View request in the original view.</u> | | |
| | SAVE ARCHIVE | (Key: BUCDPQ8A) PA Case ID #: 00000010660204 | Need Help? Call us at (866)452- 5017 | |
| | OTHER ACTIONS V NOTES REMINDERS | Status Additional Information Required | Drug Rinvoq 30MG er tablets Form Magellan Louisiana Medicaid MCO Electronic PA Form | |
| | VIEW BY YOU less than a minute ago QUESTION SET RECEIVED 1 minute ago | PRESCRIBER INSTRUCTIONS | (2017 NCPDP) | |
| | VIEW BY YOU 3 minutes ago | PATIENT INFORMATION | ~ | |

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- 5. If the system is unable to make a favorable decision with the information provided, the request will be routed to MMA's clinical team to review. A copy of the beneficiary's prior authorization determination letter is sent to the prescriber, if denied.
- 6. The status in CoverMyMeds will be updated to Approved or Denied.



PA Response – Approved



PA Response – Denied

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