



## **DMBA Medical Specialty Drug Program Frequently Asked Questions**

DMBA is committed to providing participants with access to high-quality health care consistent with evidence-based, nationally recognized clinical criteria and guidelines. With this commitment in mind, and to ensure affordability for our participants, we're implementing a change in the way we manage certain medical specialty medications. Archimedes is a specialty drug benefit management company and will be administering this program for DMBA.

### ***Which participants are included in this program?***

The program will apply to participants enrolled in Deseret Choice Hawaii, DMBA PPO 90, DMBA PPO 70, DMBA HA 80, and DMBA HSA 60.

### ***What is the impact on participant benefits?***

Specialty medications are subject to prior authorization. To be covered, the therapy must meet the utilization management criteria; be medically necessary, as defined by the Plan; and meet DMBA's benefit eligibility requirements.

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

This program has been in effect; however, the vendor helping administer the program is changing to Archimedes. The effective date of this program through Archimedes is July 1, 2022. For medications to be administered on or after July 1, 2022, providers may initiate a request for prior authorization directly with Archimedes starting on June 25, 2022.

### ***Which medical specialty drug treatments will require a prior authorization review by Archimedes?***

Please refer to the list posted on the Archimedes website at the Provider section of the DMBA website at [www.dmba.com/provider](http://www.dmba.com/provider).

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

The list of medications included in the Medical Specialty Drug Program is updated quarterly. When calling for a prior authorization review, please check the list of medications posted on the Archimedes website at [www.archimedesrx.com/resources](http://www.archimedesrx.com/resources) or the Provider section of the DMBA website at [www.dmba.com/provider](http://www.dmba.com/provider).

### ***At which places of service (POS) does the medical specialty drug 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)



PLEASE NOTE: Any prior authorization required by the Plan for ancillary services, including the administration of the drug, should be pre-authorized through DMBA, not Archimedes.

***How do providers contact Archimedes to request a prior authorization (PA) or re-authorization?***

Fax all PA requests to Archimedes at 866-491-6971. The general PA form can be obtained at [www.archimedesrx.com/resources](http://www.archimedesrx.com/resources) or [www.dmba.com/provider](http://www.dmba.com/provider).

For additional information, call Archimedes at 888-504-5563 Monday through Friday, 8 a.m. to 6 p.m. Central Time.

The provider should include the following information with the PA form/request:

- Participant name, date of birth, and ID number
- DMBA health plan name
- Ordering provider name, NPI, address, and office telephone and fax numbers
- Requested drug name or HCPCS code
- Dosing information and frequency
- Diagnosis (ICD-10 code)
- Chart notes (including clinical notes, laboratory, and/or radiology results, etc.) supporting the case with clinical information pertinent to the request

It is the responsibility of the 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.

***What if Archimedes does not have all the necessary information to make a determination on a prior authorization request?***

If Archimedes does not have the necessary information to make a determination, the request will be denied for lack of information. However, if the provider submits the necessary information within seven business days, the case will be reopened without an appeal, for reconsideration.

***What about PAs that were approved before the change?***

Archimedes will honor PAs that were approved prior to July 1, 2022, and up to 90 days past the original expiration date or one year from plan effective date with Archimedes (July 1, 2022), whichever is sooner.

***Are clinical trials part of this program?***

No, clinical trials are not included in this program and are not covered by any DMBA plans; however, enrollment in clinical trials may be an alternate pathway for participants to receive medical specialty drugs if they are investigational. These drugs are not paid by DMBA.

***How are urgent requests handled?***

Urgent requests will be completed within three business days of receiving the request. These requests must be processed directly through Archimedes by faxing the Prior Authorization request form and necessary chart notes, etc. to 866-491-6971. The review and determination process may take longer if the request requires additional clinical information from the provider. Urgent is defined as life threatening without immediate treatment.

***How are routine (non-urgent) requests handled?***

Non-urgent requests will be completed within 10 business days of receiving the prior authorization request with all necessary information. In most cases, Archimedes 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 there is a lack of information provided with the original request.

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

Archimedes approvals are specific to the participant and drug combination in the medical benefit.

***If a specialist orders the treatment and receives an approved prior authorization, but the medication is administered by outpatient hospital, how does the outpatient hospital verify the prior authorization is on file with Archimedes?***

The prior authorization determination is returned to the requesting provider and participant; therefore, the participant letter can be reviewed by the outpatient hospital. The PA can be provided to the facility by the prescribing physician. If there are additional questions, the administering provider can contact Archimedes by phone or email at [ClinicalPrograms@Archimedesrx.com](mailto:ClinicalPrograms@Archimedesrx.com).

***Is this prior authorization process required when DMBA is secondary?***

Yes. Prior authorization review with Archimedes is still required when DMBA is designated as secondary to other insurance coverage.

***How will unclassified codes be managed by DMBA for claim payment purposes?***

When billing unclassified drug codes (for example: J3490, J3590, J7199, J7599, etc.), the National Drug Code (NDC) is also required to identify the specific drug administered to the participant. DMBA and Archimedes use NDC information to determine whether the drug meets the eligibility requirements of the participant's medical plan.

DMBA will deny charges for unclassified drug codes that are billed without the NDC, and the claim will need to be resubmitted with the NDC to be considered for payment. To avoid claim denials, please make certain unclassified drugs codes are properly billed with the appropriate NDC.



***What does the provider do if Archimedes denies a request and the provider chooses to dispute the decision?***

Providers have an opportunity to speak with the reviewing clinician, as well as submit relevant medical records, upon request. If a provider disagrees with the determination, the participant may exercise their appeal rights as outlined in their plan.

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

For more information about prior authorizations, providers can call Archimedes at 888-504-5563.

General questions regarding the medical pharmacy program may be directed to DMBA Member Services at 801-578-5600 or 800-777-3622.

***Who do I contact if I have questions about a claim that was submitted and denied?***

For more information about claim denial or to appeal a claim denial, the provider can contact Archimedes at [medmgmt-claimappeals@archimedesrx.com](mailto:medmgmt-claimappeals@archimedesrx.com).