

January 1, 2020 Time Frame Changes for Medicare Part B Preservice Reviews and Organization Determinations

The Centers for Medicare & Medicaid Services (CMS) has shortened the time frames for pre-service reviews and organization determinations of Medicare Part B drugs starting January 1, 2020. This ensures Medicare Advantage (MA) plan members have timely access to medically necessary medications.

Magellan Rx Management (Magellan), on behalf of Florida Blue Medicare, administers the Medicare Part B drug organization determinations and appeals processes which will now have the same time frame as Medicare Part D coverage determinations.

For benefit requests that **don't** involve exceptions, Magellan will notify you of the decision within:

- 24 hours after receiving an urgent/expedited request, or
- 72 hours after receiving a standard request

For benefit requests that **do** involve exceptions, the decision time frame doesn't begin until you submit your supporting statement.

Continue to contact Magellan for a preservice review determination prior to the service request date, but no later than the day of the service being requested. Time frames include:

- Urgent or expedited requests will be completed by Magellan within 24 hours from when they receive the request.
- Standard/non-urgent requests will be completed within 72 hours from when they receive the request.

Please note: To avoid a denial decision due to lack of clinical information, please be sure to submit all supporting documentation at the same time you submit your request.

The current time frames as well as the changes effective January 1, 2020, are listed in the following chart. You can find more information on this CMS-directed change [here](#). You may also call Magellan, 800-424-4947.

Florida Blue is a PPO, RPPO and Rx (PDP) plan with a Medicare contract. Florida Blue Medicare is an HMO plan with a Medicare contract. Enrollment in Florida Blue or Florida Blue Medicare depends on contract renewal. Health coverage is offered by Blue Cross and Blue Shield of Florida, Inc., DBA Florida Blue. HMO coverage is offered by Florida Blue Medicare, Inc., DBA Florida Blue Medicare. These companies are affiliates of Blue Cross and Blue Shield of Florida, Inc., and are Independent Licensees of the Blue Cross and Blue Shield Association.

Time Frame Comparison Chart for Medicare Part B Drug Preservice Reviews and Organization Determinations

Florida Blue Determinations	Review Timelines	Notification Requirements	Extensions
Current Time Frame (ends December 31, 2019)			
<p>Standard Review (Non-urgent/Non-expedited)</p> <p>Includes post-service and concurrent review.</p>	<p>We'll make a decision as soon as possible, but no later than 14 calendar days from when we receive the request.</p>	<p>Member must be notified within 14 calendar days of when we receive the request. If verbal notification is used to meet the notification requirements, electronic or written notification must be provided within 24 hours of the verbal notification.</p>	<p>A request for an extension can only be completed if the provider is non-contracted or at the member's request. The extension must be made within 14 calendar days from when we receive the request.</p>
<p>Urgent/Expedited Review</p>	<p>We'll make a decision as soon as possible, but no later than 72 hours from when we receive the request.</p>	<p>Member must receive the notification within 72 hours of when we receive the request. If verbal notification is used to meet the notification requirement, written notification must be mailed within 24 hours of the verbal notification.</p>	<p>A request for extension can only be completed if the provider is non-contracted or at the member's request. The extension must be made within 72 hours from when we received the request.</p>
NEW Time Frame (starts January 1, 2020)			
<p>Standard Review (Non-urgent/Non-expedited)</p> <p>Includes post-service and concurrent review.</p>	<p>We'll make a decision as soon as possible, but no later than 72 hours from when we receive the request.</p>	<p>We must notify the member and prescriber as quickly as the member's condition requires, but no later than 72 hours after we receive the request for a Part B drug.</p>	<p>The rules related to extending the decision timeline do not apply to time frames for resolving standard or expedited organization determinations or</p>

			reconsiderations for Part B drugs.
Urgent/Expedited Review	We'll make a decision as soon as possible, but no later than 24 hours from when we received the request.	We must notify the member and prescriber as quickly as the member's condition requires, but no later than 24 hours after we receive the request for a Part B drug.	The rules related to extending the decision time frame do not apply to timelines for resolving standard or expedited organization determinations or reconsiderations for Part B drugs.

Level 1 Reconsiderations	Review Timelines	Notification Requirements	Extensions
Current Time Frame (ends December 31, 2019)			
Standard Review (Non-urgent/Non-expedited) Includes post-service and concurrent review.	30 days	The member must receive the notification and act within 30 days of receiving the request. We'll forward to an independent review entity (IRE) if a denial decision is reached.	May extend the standard or expedited reconsideration deadline by up to 14 calendar days.

Urgent/Expedited Review	72 hours	Member must receive the notification within 72 hours of receiving the request. If verbal notification is used to meet the notification requirement, written notification must be mailed within three calendar days of the verbal notification.	May extend the standard or expedited reconsideration deadline by up to 14 calendar days.
NEW Time Frame (effective January 1, 2020)			
Standard Review (Non-urgent/Non-expedited)	7 days	The member must receive the notification and act within seven days of receiving the request. We'll forward to the IRE if a denial decision is reached.	Extensions will not be granted. Failure to complete the review within the time frame will result in a denial decision and we'll forward to the IRE within 24 hours of the decision time frame ending.
Urgent/Expedited Review	72 hours	The member must receive the notification within 72 hours of receiving the request. If verbal notification is used to meet the notification requirement, written notification must be mailed within three calendar days of the verbal notification.	Extensions will not be granted. Failure to complete the review within the time frame will result in a denial decision and we'll forward to the IRE within 24 hours of the decision time frame ending.