



The NRP Group Transition of Care for Medical and Prescription Drug Frequently Asked Questions (FAQ)

Revised: May 10, 2022

Questions?

After reviewing the information below, if you have questions or need help, please call your Medical Mutual Health Advocacy team at 1-800-233-2058.

Glossary of Terms

Please refer to our online [glossary of terms](#) for definitions of some commonly used healthcare terms.

Medical and Behavioral Health

If your current provider is not in-network and you are new to Medical Mutual, you may qualify for a transition of care waiver within the first 60 days of enrollment. Ask your provider to fill out the [transition of care waiver request form](#) prior to receiving care under your new Medical Mutual plan.

Q: I am pregnant. My current healthcare provider is not in the network. Can I continue to see my provider throughout my pregnancy?

A: If you are in your second or third trimester of pregnancy, your provider can request a transition of care waiver to continue services until you complete your postpartum care. This waiver would also cover care for your baby when you are in the hospital after delivery. After your baby is born, you should choose an in-network pediatrician to maximize your benefits under your plan.

Q: I am receiving active treatment, such as chemotherapy or dialysis, with a provider that is not in the network. Can I continue treatment with this provider?

A: Your provider can request a transition of care waiver for up to 60 days so you can complete your treatment or successfully transition to an in-network provider.

Q: I am receiving behavioral health or substance abuse treatment with a provider that is not in the network. Can I continue treatment with this provider?

A: Your provider can request a transition of care waiver for up to 90 days so you can complete your treatment or successfully transition to an in-network provider.

Q: Does the transition of care waiver apply to out-of-network facilities, in addition to providers?

A: Yes, when a transition of care waiver is approved it applies to the provider as well as the facility.

Q: What happens if I continue to visit an out-of-network provider or facility after my transition of care waiver has ended?

A: If you continue to see an out-of-network provider after your transition of care waiver has expired, you will be responsible for a higher portion of the cost, such as a higher coinsurance percentage.



Q: What if I am receiving durable medical equipment (DME) that requires prior authorization?

A: If you are in the middle of a rent to purchase arrangement for your DME, please call Medical Mutual Health Advocacy team at 1-800-233-2058.

Q: When will Medical Mutual begin accepting prior authorization requests for medical services?

A: If possible, you should try to avoid scheduling elective procedures during the first few weeks of your coverage to allow time for your provider to obtain the authorization. Prior authorization is not required for emergency services.

Prescription Drugs

Medical Mutual will not require any coverage management, such as prior authorizations, step therapy and quantity limits, for the first 90 days after you enroll in the plan. After September 30, 2022, coverage management will be in place.

Q: What is coverage management and how does it work?

A: Medical Mutual uses coverage management programs, or coverage reviews, to make sure you get the right medication for your condition at the best value. Coverage reviews allow us to request information from your doctor to determine if your prescription drug plan will cover certain medications. Here are some examples of coverage management:

- **Prior authorization (PA)** rules check if a drug is prescribed appropriately and proven effective and safe for your condition. If you do not get prior authorization before filling your prescription, your plan may not cover the medication and it will cost you more.
- **Step therapy (ST)** rules promote the use of lower-cost generic drugs and preferred brand-name alternatives in place of more costly medications. Members are required to try the lower-cost generic drug first, before switching to a brand-name drug.
- **Quantity limit (QL)** rules define the amount of the medication your plan will cover. Your plan may only cover a certain quantity per fill (such as six tablets at a time) or a certain quantity over a specific time (for example, 30 tablets within a 90-day period).

Q: How will I know if a drug I am taking will be subject to coverage management?

A: During the first 90 days of enrollment, whenever you fill a prescription that would have been subject to the coverage management rules, you will receive a letter from Express Scripts, our pharmacy benefit manager. The letter will explain what steps you need to take to continue to receive the medication when the coverage management rules take effect on October 1, 2022.

Q: How can I find out if my medication requires coverage management prior to my effective date with Medical Mutual?

A: You can use the [Price a Medication](#) tool to obtain the cost of your medication and find out whether any coverage management processes will be required. You can also reference the [formulary guidebook](#) to see whether your medication is subject to any prior authorization, step therapy or quantity limit rules.



Q: I am currently receiving my medications via mail order through my prior carrier. Will my prescriptions automatically transfer over to the new pharmacy benefit manager?

A: When you are ready for your next refill after July 1, 2022, you will need to log in to the Express Scripts website to request your 90-day refill. You can access the Express Scripts website through My Health Plan, Medical Mutual's secure member website. Visit medmutual.com/member and click on Register for an Account. Once you have a My Health Plan account, follow these instructions to request refills of your mail order prescriptions:

1. Log in to My Health plan.
2. Click on the Benefits & Coverage tab.
3. Select Prescription Drug Benefits.
4. Click the Sign on to Express Scripts button.
5. You will be securely re-directed to the Express Scripts website.

From here, there are two ways you can view your transferred prescriptions:

Option 1:

- On the home page, you will see a category called Available Refills.
- Click on Available Refills and any transferred open refills will be labeled with a "Transferred" notation.

Option 2:

- Click on Prescriptions, then select Order History from the drop-down menu.
- From there, you'll be able to view a list of your medications that are eligible for refills.

You can also call the Rx information number on your ID card to speak with a representative who can help you request your mail order prescription refill.

Q: I have automatic prescription refills set up for my mail order medications. Will that carry over to Express Scripts?

A: If you would like to enroll in automatic refills, you will need to set that up with Express Scripts after July 1, 2022.

To set up automatic refills of your medication, you can access the Express Scripts website through My Health Plan, Medical Mutual's secure member website. Visit medmutual.com/member and click on Register for an Account. Once you have a My Health Plan account, follow these instructions to request automatic refills of your medications:

1. Log in to My Health plan.
2. Click on the Benefits & Coverage tab.
3. Select Prescription Drug Benefits.
4. Click the Sign on to Express Scripts button.
5. You will be securely re-directed to the Express Scripts website.
6. From there, click on Prescriptions.
7. Then select Automatic Refills to view a list of your eligible medications.



Q: I fill my prescriptions at the retail pharmacy. Is there anything I need to do differently starting on July 1, 2022?

A: Bring your new Medical Mutual ID card with you to any in-network pharmacy when you fill your prescription after July 1, 2022, so they can update your insurance coverage.

To find an in-network pharmacy, you can access the Express Scripts website through My Health Plan, Medical Mutual's secure member website. Visit medmutual.com/member and click on Register for an Account. Once you have a My Health Plan account, follow these instructions:

1. Log in to My Health plan.
2. Click on the Benefits & Coverage tab.
3. Select Prescription Drug Benefits.
4. Click the Sign on to Express Scripts button.
5. You will be securely re-directed to the Express Scripts website.
6. From there, click on Prescriptions.
7. Then select Find a Pharmacy from the drop-down menu.