

<b>Department:</b>	Pharmacy	<b>Original Approval:</b>	06/25/2008
<b>Policy #:</b>	PM555	<b>Last Approval:</b>	03/13/2019
<b>Title:</b>	Pharmacy Review of Coverage Redeterminations		
<b>Approved By:</b>	Medical Management Leadership Team		
<b>Dependencies:</b>	CHP Grievance & Appeals Policy MAPDPOL4 – Part D Standard Appeals CHP Grievance & Appeals Policy MAPDPOL5 – Part D Expedited Appeals		

## Purpose

This policy describes the manner in which Community Health Plan of Washington (CHPW) meets the Centers for Medicare and Medicaid Services (CMS) requirements for pharmacy coverage redeterminations.

## Policy

The CHPW Pharmacy Department is responsible for the initial review of all Part-D coverage redeterminations and follows CMS requirements governing coverage redeterminations. The CHPW Grievance Support Analyst (GSA) is responsible for forwarding the redetermination requests to the CHPW Medicare Grievance Coordinator (MGC). The MGC is responsible for gathering the supporting documentation and forwarding the information to the Pharmacy Department within the applicable timeframe to meet CMS requirements. A CHPW Pharmacist is responsible for the validation of expedited coverage redeterminations. Further details can be found in the Desk Procedure *DP 135 – Pharmacy Appeals Process*.

## INITIAL REVIEW

The initial review of the coverage redetermination is performed by a Washington State licensed pharmacist employed by CHPW. The pharmacist is to adhere to all applicable CMS requirements governing coverage redetermination. The pharmacist making the redetermination is not involved in the initial coverage determination, as initial coverage determinations are made by pharmacists employed by the Pharmacy Benefit Manager (PBM).

### Medicare Part-D Drugs

For a Part-D drug to be eligible for approval by the pharmacist for a coverage redetermination, the Part-D drug must meet the following basic requirements:

Not be a Medicare Part D excluded drug; AND

Be approved by the Food and Drug Administration for the prescribed indication; OR

Have one or more favorable citations for the prescribed indication in the following Medicare-approved compendium:

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American Hospital Formulary Service Drug Information  
United States Pharmacopeia Drug Information  
DrugDex Drug Information System

### **FAVORABLE COVERAGE REDETERMINATIONS FOR THE MEMBER**

If the pharmacist determines there is sufficient evidence to approve the request for coverage redetermination, the pharmacist will:

1. Document the justification electronically in JIVA for approval of the coverage redetermination request;

Immediately place the override into eSD and document the override number provided by eSD in JIVA;

Return the approved coverage redetermination request to the Community Health Plan of Washington MGC within the applicable timeframe to meet CMS requirements, allowing the MGC to inform the member (and prescribing physician or other involved authorized representative, as appropriate) verbally and /or in writing as expeditiously as the member's health condition requires, but no later than 7 calendar days from the date of receipt of the request for a standard redetermination or 3 calendar days for an expedited redetermination.

### **ADVERSE COVERAGE REDETERMINATIONS FOR THE MEMBER**

If the pharmacist recommends upholding the initial coverage determination, the pharmacist will:

1. Document the justification electronically in JIVA for upholding the coverage determination; and

Forward the request to the MGC within the applicable timeframe to meet CMS requirements, allowing the MGC to inform the member (and prescribing physician or other involved authorized representative, as appropriate) verbally and/ or in writing as expeditiously as the member's health condition requires, but no later than 7 calendar days from the date of receipt of the request for a standard redetermination or 3 calendar days for an expedited redetermination.

In the case of an adverse coverage redetermination, a *Request for Reconsideration* form will be included with the adverse redetermination notice and sent to the member (and prescribing physician or other authorized representative, as appropriate) as stated in CHPW Procedure MAPDPRO4 – Medicare Part D Standard Appeals.

The member may submit a request for reconsideration to the Independent Review Entity (IRE), an independent entity contracted by CMS.

## REVERSALS BY THE IRE OR HIGHER LEVEL ENTITY

If CHPW's coverage redetermination decision for a **benefit request** is reversed in whole or in part by the IRE or higher level entity, the Pharmacy department will enter an override in eSD to authorize the benefit under dispute within 72 hours after the date it receives notice reversing the redetermination.

If CHPW's coverage redetermination decision for a **payment request** is reversed in whole or in part by the IRE or higher level entity, the Pharmacy department will enter an override in eSD to authorize the payment under dispute within 72 hours and make payment no later than 30 calendar days from the date it receives notice reversing the redetermination.

If CHPW's expedited determination or expedited redetermination for a benefit request is reversed in whole or in part by the IRE or higher level entity, the Pharmacy department will enter an override in eSD to authorize the benefit under dispute within 24 hours after the date it receives notice reversing the determination.

## List of Appendices

None

## Citations & References

<b>CFR</b>		
<b>WAC</b>		
<b>RCW</b>		
<b>Contract Citation</b>	<input type="checkbox"/> WAH	
	<input type="checkbox"/> IMC	
	<input checked="" type="checkbox"/> MA	Prescription Drug Benefit Manual Chapter 18; Medicare Part D Audit Guide Chapter 13
<b>Other Requirements</b>		
<b>NCQA Elements</b>		

## Revision History

Revision Date	Revision Description	Revision Made By
06/25/2008	Original	Eric Guyette
01/09/2009	Review for style and formatting	Sunny Otake
08/20/2009	Content Update	Jennifer Mui
09/09/2009	Approval	MMLT
09/11/2009	Edit style and format	Jennifer Carlisle
04/21/2010	Minor content update	Maria Chan
04/30/2010	Approval	MMLT

04/19/2011	Review and No changes	Maria Chan
05/25/2011	Approval	MMLT
03/30/2012	Review. No changes	Eric Guyette
04/04/2012	Approval	MMLT
02/21/2013	Review. No changes	Maria Chan
04/19/2013	Approval	MMLT
03/25/2014	Review with minor changes	Annie Lam
04/23/2014	Approval	MMLT
04/13/2015	Review. No changes	Nonye Connor
4/23/2015	Approval	MMLT
03/15/2016	Added DP reference	Mary Eckhart
03/18/2016	Approval	MMLT
03/01/2017	Moved to new template. Minor text updates	Mary Eckhart
03/14/2017	Approval	MMLT
05/01/2017	Updated adverse decision section	Fran McGaugh
05/09/2017	Approval	MMLT
03/02/2018	Moved to new template	Mary Eckhart
03/13/2018	Approval	MMLT
03/12/2019	Reviewed, no changes	Yusuf Rashid
03/13/2019	Approval	MMLT