

<b>Department:</b>	Pharmacy	<b>Original Approval:</b>	01/28/2013
<b>Policy #:</b>	PM515	<b>Last Approval:</b>	03/13/2019
<b>Title:</b>	Transition Process		
<b>Approved By:</b>	Medical Management Leadership Team		
<b>Dependencies:</b>	None		

## Purpose

This policy defines the manner in which Community Health Plan of Washington (CHPW) transitions new members into its Washington State health program to ensure continuity of care for the Medicaid line of business.

## Policy

CHPW's Transition Process policy accommodates the immediate prescription needs of qualified members. It allows sufficient time to ensure a smooth transition to a therapeutically equivalent medication with the prescriber, or the completion of an exception request to maintain coverage of an existing drug based on medical necessity.

### TEMPORARY FILL

CHPW allows a temporary supply of a non-formulary drug. Also allowed is a formulary drug that remains on formulary, but to which new prior authorization or step therapy restrictions have been added, for members who are eligible for transition.

### TRANSITION TERMS

CHPW will cover a temporary supply of medication for newly enrolled members in Apple Health during their first 90 days of enrollment, or less if the prescription is written for fewer days. If needed, CHPW will cover additional refills after the initial 90 days in the plan.

### WRITTEN NOTICE

CHPW will provide members with written notice regarding transition process within 45 days of the temporary fill.

### ADMINISTRATION

The administration of this transition policy, including transition notices to members and physicians, is a collaborative process between CHPW's Pharmacy Department and Pharmacy Benefit Manager (PBM).

The transition policy is administered by a collaborative effort between CHPW's Pharmacy Department and CHPW's Pharmacy Benefit Manager (PBM) as described in the following PBM transition procedures:

### **GENERAL PROCEDURES**

1. The transition procedures will apply to non-formulary medications and formulary medications that require prior authorization.
2. PBM will implement soft edits in the claims adjudication process to enable temporary transition fills for eligible drugs. Enrollee's eligibility will be determined based on an eligibility days element. If an enrollee is not eligible, the claim will not meet transition fill criteria and it will be appropriately rejected. The pharmacy will receive appropriate messaging at the point of sale corresponding to the rejection. If a claim is approved under transition fill criteria, it will include messaging indicating that the claim was paid pursuant to transition fill requirements at the point of sale and an approved letter will be sent to the enrollee as specified in this procedure.
3. CHPW will be responsible for making prior authorization, formulary exception request forms, and the plan's transition fill policy available upon request to enrollees, authorized representatives, and prescribing physicians by mail, fax, and plan web sites.

### **PROCEDURES FOR NEW ENROLLEES**

1. A brand-new prescription for a non-formulary drug will not be treated any differently than an ongoing prescription for a non-formulary drug when a distinction cannot be made at the point of sale. The transition period extends for the first 90 days of eligibility in the plan. PBM will implement soft edits to verify that the new enrollee is in the transition period and allow claims for non-formulary or prior-authorization-required eligible medications to process without hard edits.
2. If the prescribed medication is non-formulary or requires prior authorization, the new enrollee may receive a single fill or multiple fills up to the 30 days supply permitted. PBM will implement soft edits to verify that the new enrollee is in the transition period and allow claims to process without hard edits. Note, however, that transition refills may be rejected or dispensed for less than the prescribed amount for safety reasons including quantity level limits or drug utilization edits based on approved product labeling. In such cases, messaging will instruct the pharmacy to lower the quantity and to resubmit the claim using a code for a quantity level limit. The code will enable a unique notification to be sent to the new enrollee advising them of the quantity level limit or drug utilization edit as may be required.
  - Quantity overrides will be available for members who are transferring in or out of an IP facility to prevent breaks in treatment.

3. Once the claim adjudicates, a transition letter will be mailed within 45 days from processing date. The text of the letter will include:
  - An explanation that the transition supply provided is temporary and may not be refilled unless a formulary exception is approved;
  - That the enrollee should work with CHPW as well as his or her health care provider to identify appropriate therapeutic alternatives that are on CHPW's formulary; and
  - That the member has the right to request a formulary exception.
4. There may be patient cost sharing for a temporary supply of drugs provided under this transition process. Cost-sharing for a temporary supply of drugs will be based on approved cost-sharing tiers and consistent with cost-sharing that the plan would charge for non-formulary drugs approved under a coverage exception. This is done based on IT logic to assess the enrollee's status and apply the appropriate cost sharing.

### **TRANSITION PERIOD EXTENSIONS**

CHPW supports the Washington State Health Care Authority requirement to continue to provide necessary drugs to enrollees via an extension of the transition period. This will be done on a case-by-case basis, to the extent that their prior authorization, formulary exception requests, or appeals have not been processed by the end of the transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on a prior authorization or exception request). This process is managed by the PBM prior authorization advocates where PBM manages prior authorizations on behalf of CHPW.

### **REQUESTS FOR EXCEPTIONS OR PRIOR AUTHORIZATION**

CHPW delegates prior authorization or exception requests to PBM.

1. PBM processes exception requests made by the enrollee or the enrollee's authorized representative, prescribing physician or other prescriber. PBM will make a coverage determination as to whether to approve or deny the request. Should PBM deny the request, the enrollee may appeal the decision.

### **PROCEDURE FOR TRANSITION LETTER GENERATION**

1. PBM automatically generates a weekly report of transition fill claims and distributes to CHPW. CHPW will identify members and generate letters to enrollees within 45 days from the date of adjudication. The letters include (1) an explanation that the transition supply provided is temporary and may not be refilled unless a formulary exception is approved; (2) that the enrollee should work with CHPW as well as his or her health care provider to identify appropriate therapeutic alternatives that are on the CHPW's formulary; (3) that the

member has the right to request a formulary exception. See Desk Procedure *DP – 125 Medicaid Transition Fill Mail* for further details. In addition, Desk Procedure *DP – 126 Medicaid Transition Oversight Monitoring* details the transition fill oversight process.

## List of Appendices

None

## Citations & References

<b>CFR</b>	
<b>WAC</b>	
<b>RCW</b>	
<b>Contract Citation</b>	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC
	<input type="checkbox"/> MA
<b>Other Requirements</b>	
<b>NCQA Elements</b>	

## Revision History

Revision Date	Revision Description	Revision Made By
01/28/2013	Original	Reid Yamamoto, PharmD
04/19/2013	Approval	MMLT
04/23/2014	Approval	MMLT
03/27/2015	Minor grammatical changes	Mary Eckhart
04/07/2015	Approval	MMLT
03/04/2016	Updated citations table. Minor text edits	Mary Eckhart
03/18/2016	Approval	MMLT
03/01/2017	Moved to new template. Minor text updates.	Mary Eckhart
03/14/2017	Approval	MMLT
03/02/2018	Moved to new template	Mary Eckhart
03/13/2018	Approval	MMLT
03/12/2019	Reviewed, no changes	Erin Riddle
03/13/2019	Approval	Erin Riddle