

GP-SOP-T Formulary Transition

Key Points

- **This Standard Operating Procedure applies to Elixir (“The Organization”) and activities managed by the Government Programs, Benefit Design Administration, and Formulary departments.**
- **The scope of this document outlines the process for formulary transition**

1. General Transition Process.

- 1.1. If delegated by the Plan Sponsor, The Organization will ensure that enrollees who have used a transition benefit are provided with the appropriate assistance and information necessary to enable them to better understand the purpose of the transition process. Steps that would be considered to ensure a meaningful transition include:
 - 1.1.1. Analyzing claims data to determine which enrollees received a transition supply;
 - 1.1.2. If delegated by the Plan Sponsor, contacting those identified enrollees, via transition letters, to ensure they have the necessary information to enable them to switch to a formulary product or as an alternative to pursue necessary prior authorizations or formulary exception requests;
 - 1.1.3. Utilization of pharmacy/member customer service center to assist affected enrollee’s with questions regarding the Plan Sponsor’s transition process.

2. New Prescriptions vs. Ongoing Drug Therapy.

- 2.1. The Organization will ensure that all transition processes will apply to a brand-new prescription for a non-formulary Part D drug if it cannot make the distinction between a brand new prescription for a Part D non-formulary drug and an ongoing prescription for a Part D non-formulary drug at point of sale. In other words, 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.
- 2.2. Pursuant to the Plan Sponsor’s transition policy, The Organization will provide for an appropriate transition process for certain enrollees who are prescribed Part D drugs that are non-formulary in order to promote continuity of care and avoid interruptions in drug therapy while a switch to a therapeutically equivalent medication or the completion of an exception request to maintain coverage of an existing drug based on medical necessity reasons can be effectuated.
- 2.3. The Organization will ensure that if applicable to the benefit, all transition processes apply to requests of a refill of a non-Part D drug that is covered by Medicaid.

3. New Enrollee Transition.

3.1. Outpatient (Retail) Setting

3.1.1. Pursuant to the Plan Sponsor's transition policy, The Organization will ensure that in the retail setting, The Organization will provide at least a one time, temporary fill of at least a month's supply of medication (unless the enrollee presents a prescription written for less than a month's supply, in which case The Organization will allow multiple fills to provide up to a total of a month's supply of medication) anytime within the first 90 days of the beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage with the Plan Sponsor. If applicable to the benefit, at least a 90-day supply of a non-Part D drug that is covered by Medicaid will be provided. If the smallest available package size exceeds the Plan Sponsor's one month supply, a transition supply for an appropriate days supply exceeding one month will be provided.

3.1.2. To the extent that an enrollee is outside his or her 90-day transition period, The Organization will still provide an emergency supply of Part D covered non-formulary medications (including Part D covered drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules). This will occur on a case-by-case basis, when it has been identified that the enrollee's exception request or appeal has not been completed by the end of the transition period.

3.1.3. To the extent that the Plan Sponsor's transition policy differs from the above policy, The Organization will implement the Plan Sponsor's policy differences.

3.2. Long Term Care (LTC) Setting

3.2.1. In the LTC setting, The Organization will ensure:

3.2.1.1. The transition policy provides for a one time temporary fill of at least a month's supply (unless the enrollee presents a prescription written for less), which should be dispensed incrementally as applicable under 42 CFR §423.154 and with multiple fills provided if needed during the first 90 days of a beneficiary's enrollment in a plan, beginning on the enrollee's effective date of coverage;

3.2.1.2. After the transition period has expired, the transition policy provides for an up to one month emergency supply of Part D covered non-formulary medications, including Part D covered drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under a Plan Sponsor's utilization management rules (unless the enrollee presents with a prescription written for less than the Sponsor's one month supply), while an exception or prior authorization is requested or when it has been identified that the enrollee's exception request or appeal has not been completed by the end of the transition period; and

3.2.1.3. For enrollees being admitted to or discharged from a LTC facility, early refill edits will not be used to limit appropriate and necessary access to their Part D benefit, and such enrollees are allowed to access a refill upon admission or discharge. If the smallest available package size exceeds the month's supply, a transition supply for an appropriate days supply will be provided.

3.2.2. In the LTC setting, beneficiaries will be permitted to have a full outpatient supply available under Part D to continue therapy once their limited Part A supply is exhausted.

3.3. Transition Extension

3.3.1. The Organization may need to make arrangements to continue to provide necessary Part D drugs to an enrollee via an extension of the transition period, on a case-by-case basis, to the extent that his or her exception request or appeal has not been processed by the end of the minimum 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 an exception request).

3.3.2. To the extent that the Plan Sponsor's transition policy differs from the above policy, The Organization will implement the Plan Sponsor's policy differences.

4. Negative Formulary Changes for Current Enrollees.

4.1. Current Plan Sponsor enrollees receive their ANOC by September 30 of a given year. Plan Sponsors will select at least one of the following two options for effectuating an appropriate and meaningful transition for current enrollees whose drugs will be affected by negative formulary changes in the upcoming year or remain on the formulary but to which new prior authorization or step therapy restrictions are applied, or that have an approved Quantity Limit (QL) lower than the beneficiary's current dose. For the purposes of transition requirements, non-formulary Part D drugs are defined as: (1) Part D drugs that are not on a sponsor's formulary, and (2) Part D drugs that are on a sponsor's formulary but require prior authorization or step therapy, or that have an approved quantity limit lower than the beneficiary's current dose, under a plan's utilization management requirements. If the plan's quantity limit is equal to an FDA maximum dose limit, doses greater than this limit may not be allowed as part of a transition supply.

4.1.1. Provide a transition process for current enrollees consistent with the transition process required for new enrollees at the start of the new contract year. In order to prevent coverage gaps, The Organization will provide a transition supply of the requested Part D covered non-formulary prescription drug or the formulary prescription drug that is subject to new prior authorization or step therapy requirements beginning January 1 when the member has had a prescription for the medication filled within a minimum of the past 108 days (number of days to be decided by Plan Sponsor) from the date of the attempted fill. If delegated by Plan Sponsor, The Organization will provide enrollees with the required transition notice that they must either switch to a drug on the applicable Plan Sponsor formulary or get an exception (Coverage Determination) to continue taking the non-formulary medication; OR

4.1.2. Effectuate a transition for current enrollees prior to the start of the new contract year. In effectuating this transition, the Plan Sponsor will aggressively work to (1) prospectively transition current enrollees to a therapeutically equivalent formulary alternative; and (2) adjudicate any requests received for formulary and tier exceptions to the new formulary prior to the start of the contract year. If the Plan Sponsor approves such an exception request, the Plan Sponsor shall authorize The Organization to authorize payment prior to January 1 of the new contract year.

- 4.1.2.1. If, however, the Plan Sponsor has not successfully transitioned affected enrollees to a therapeutically equivalent formulary alternative or adjudicated an exception request prior to January 1, The Organization, at the direction of the Plan Sponsor, will provide a transition supply beginning January 1 and the required transition notice and until such time as a meaningful transition has been effectuated. If a sponsor approves an exception request, the Plan Sponsor shall authorize The Organization to authorize payment prior to January 1 of the new contract year.
 - 4.2. Additionally, The Organization will extend the transition policy across contract years should a beneficiary enroll into a Plan Sponsor's Plan with an effective enrollment date of either November 1 or December 1 and need access to a transition supply. It is the Plan Sponsor's responsibility to send enrollees with a November 1 or December 1 effective enrollment date and ANOC as soon as practical after the effective enrollment date to serve as advance notice of any formulary or benefit changes in the following contract year.
 - 4.3. To the extent that the Plan Sponsor's transition policy differs from the above policy, The Organization will implement the Plan Sponsor's policy differences.
5. Transition Fills for Coverage Exceptions.
 - 5.1. Enrollees who remain in the same plan they initially enrolled in for the new plan year and are on a drug as a result of a granted exception in the previous plan year may continue to receive that exception into the new plan year. Should the Plan Sponsor choose not to honor the exception beyond the end of the plan year, it will notify the enrollee in writing at least 60 days before the end of the current plan year and will do either of the following:
 - 5.1.1. Offer to process a prospective exception request for the next plan year.
 - 5.1.2. Provide the enrollee with a temporary supply of the requested prescription drug at the beginning of the plan year and then provide the enrollee with notice that they must either switch to a therapeutically appropriate drug on the formulary or get an exception to continue taking the requested drug.
 - 5.2. The Organization will make arrangements to continue to provide necessary Part D drugs to enrollees via an extension of the transition period, on a case by case basis, to the extent that their exception request or appeals have not been processed by the end of the minimum 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 an exception request). This will also apply if the Plan Sponsor has failed to issue a timely decision of an exception request by the end of the member's transition period.
 - 5.3. The Plan Sponsor is responsible for making available prior authorization or exceptions request forms upon request to both enrollees and prescribing physicians via a variety of mechanisms, including mail, fax, email, and on plan websites.
 - 5.4. To the extent that the Plan Sponsor's transition policy differs from the above policy, The Organization will implement the Plan Sponsor's policy differences.

6. Level of Care Changes / Emergency Fills.

- 6.1. For enrollees who are outside their transition period, and experience a level of care change in which an enrollee is changing from one treatment setting to another (example: LTC to hospital to LTC, hospitals to home, home to LTC), upon admission or discharge from a treatment setting or LTC, The Organization will allow the enrollee access to a refill equal to the Plan Sponsor's one-month supply for formulary medications and an emergency one month supply transition fill for non-formulary medications (including Part D drugs that are on Plan Sponsor's formulary but require prior authorization or step therapy).
- 6.2. This policy does not apply for short-term leaves of absences (i.e. holidays or vacations) from LTC or hospital facilities.
- 6.3. To the extent that an enrollee is outside his or her 90-day transition period, and is in the outpatient setting, The Organization will still provide an emergency supply of non-formulary medications (including Part D drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules), on a case by case basis, while an exception request is being processed. To the extent that an enrollee is outside his or her 90-day transition period, and is in the LTC setting, The Organization will still provide an emergency supply of Part D covered non-formulary medications (including Part D covered drugs that are on a Plan Sponsor's formulary that would otherwise require prior authorization or step therapy under Plan Sponsor's utilization management rules), while an exception request is being processed.
- 6.4. To the extent that the Plan Sponsor's transition policy differs from the above policy, The Organization will implement the Plan Sponsor's policy differences.

7. Edits for Transition Fills.

- 7.1. The Organization will only apply the following utilization management edits during transition at point of sale:
 - 1) Edits to determine Part A or B versus Part D coverage
 - 2) Edits to prevent coverage of non-Part D drugs (i.e. excluded drugs, drugs that are being used for non-medically accepted indications such as Transmucosal Fentanyl)
 - 3) Edits to promote safe utilization of a Part D drug (i.e. quantity limits based on FDA maximum recommended daily dose; early refill edits)
 - 4) Edits to determine Hospice vs. Part D coverage
- 7.2. The Organization will ensure that pharmacies can resolve step therapy and prior authorization edits during transition at point of sale
- 7.3. The Organization will provide refills for transition prescriptions dispensed for less than the written amount due to quantity limit safety edits or drug utilization edits that are based on approved product labeling.

8. Cost Sharing Considerations.

8.1. The Plan Sponsor may charge cost sharing for a temporary supply of drugs provided under its transition process. Cost sharing for transition supplies for low-income subsidy (LIS) eligible enrollees will never exceed the statutory maximum copayment amounts. For non-LIS enrollees, a sponsor must charge the same cost sharing for non-formulary Part D drugs provided during the transition that would apply for non-formulary drugs approved through a formulary exception in accordance with 42 CFR § 423.578(b) and the same cost sharing for formulary drugs subject to utilization management edits provided during the transition that would apply if the utilization management criteria are met.

9. Transition Notices.

9.1. The Plan Sponsor is responsible for making their transition policy available to enrollees via a link from the Medicare Prescription Drug Plan Finder to their Plan Sponsor website and including it in pre-and post-enrollment marketing materials as directed by CMS.

9.2. If so delegated by the Plan Sponsor, The Organization will send written notice consistent with the CMS transition requirements.

9.2.1. Written notice will be sent via U.S. first class mail to enrollee within three business days of adjudication of a temporary transition fill. The notice must include:

9.2.1.1. An explanation of the temporary nature of the transition supply an enrollee has received;

9.2.1.2. Instructions for working with the Plan Sponsor and the enrollee's prescriber to satisfy utilization management requirements or to identify appropriate therapeutic alternatives that are on the plan's formulary;

9.2.1.3. An explanation of the enrollee's right to request a formulary exception; and

9.2.1.4. A description of the procedures for requesting a formulary exception. For long-term care residents dispensed multiple supplies of a Part D drug in increments of 14-days-or-less, consistent with the requirements under 42 CFR 423.154,(a)(1)(i), the written notice must be provided within 3 business days after adjudication of the first temporary fill. For enrollees residing in LTC facilities, the Plan Sponsors may elect to send the beneficiary transition notice to the LTC pharmacy serving the beneficiary's LTC facility. The Organization will ensure that reasonable efforts are made to notify the LTC facility and the LTC pharmacy must ensure delivery of the notice to the beneficiary within 3 business days of adjudication of the fill.

9.3. The Plan Sponsor will provide The Organization the CMS model Transition Notice via the file-and-use process or submit a non-model Transition Notice to CMS for marketing review subject to a 45-day review. The Organization will ensure that reasonable efforts are made to notify prescribers of affected enrollees who receive a transition notice.

10. Identification of Issues Regarding Adherence to Transition Policy.

- 10.1. The Organization will perform transition fill configuration testing, transition letter generation testing, and pharmacy notification prior to the new plan year. The Organization will perform monitoring of the transition fill process and transition letter generation process throughout the current plan year.
- 10.2. In the event an issue is discovered during the plan year related to adherence to the transition policy, the Organization will immediately notify the Plan Sponsor.
- 10.3. It is the Plan Sponsor's responsibility to submit copies of its transition policy, and The Organization's transition policy if applicable, to CMS upon CMS' request unless CMS requests The Organization's transition policy directly from The Organization.

11. Implementation Statement.

- 11.1. The Organization will maintain in its transition policy a detailed explanation of how Part D Sponsors process transition requests within the adjudication system; how the pharmacy is notified when transition medication is processed at the point of sale; description of edits and explanation of the process pharmacies follow to resolve transition medication edits at the point of sale.

12. Procedure.

12.1. Commercial Plan Sponsors

12.1.1. When The Organization's formulary is implemented in a new Plan Sponsor-sponsored plan, the Plan Sponsor has two options regarding formulary transition for its plan members: A "hard conversion" or "grandfathering." A hard conversion is when the Elixir formulary becomes effective from the first day the new plan is effective. Grandfathering allows the most frequently used drugs to be processed at a lower copay level for a period of three to six months, or per Plan Sponsor specification. This allows the member time to discuss with their physician an alternative therapeutic equivalent in the new formulary, or to request prior authorization for medical necessity reasons.

12.1.2. Regardless of the Plan Sponsor's decision, The Organization will send letters to members two months prior, and again at one month prior to the effective date of the new plan, which informs the member of the hard conversion to the new formulary, or, in the alternative, the three-month grandfathering phase. If the grandfathering option was selected, reminder letters notifying members of their options are sent to members 30 days prior the end of the three to six month grandfather phase.

12.2. Medicare Part D (including Medicare-Medicaid/MMP) Plan Sponsors

12.2.1. The Organization shall obtain the Medicare Part D Plan Sponsor's transition policy on an annual basis, or more frequently as needed. Based on the transition period, minimum and maximum day supply specified in the Plan Sponsor's policy, the benefit will be configured accordingly.

- 12.2.2. For all new members to the plan who require transitional fills for non-formulary medication(s), or medications requiring a step therapy or prior authorization (or quantity limits if directed by the Plan Sponsor), the transitional fill will process automatically per the specifications of the Plan Sponsor's transition policy.
- 12.2.3. For all members that require additional transitional fills outside of the first 90 days of eligibility with the plan for non-formulary medications, or medications requiring prior authorization, or step therapy (or quantity limits if directed by the Plan Sponsor), these additional fills will require manual intervention for the transitional claim to process. The member, the member's appointed representative, or physician must call Customer Service to have a transition override placed into the pharmacy claims adjudication system (See Medicare Part D Transition Workflow and LTC Transition Workflow).
- 12.2.4. Existing members who require a transition across plan years will receive an automated transitional fill for up to a one month's supply using a feature that performs a minimum 120-day look-back in claims history based on drugs identified by the Plan Sponsor as being eligible for transition across plan years. The pharmacy claims adjudication system will be configured to review the member's history for the identified drugs per the Plan Sponsor's direction.
- 12.2.5. The following is a detailed explanation of how The Organization will process transition requests within the adjudication system, how the pharmacy is notified when transition medication is processed at point of sale, and a description of the edits and explanations of the process pharmacies will follow to resolve transition edits at point of sale.
- 12.2.5.1. The pharmacy claims adjudication system will be configured by The Organization to apply the following edits to occur during transition at point of sale (1) Edits to help determine Part A or B versus Part D coverage and Hospice vs. Part D coverage (2) Edits to prevent coverage of non-part D drugs (i.e. excluded drugs) (3) Edits to promote safe utilization of a Part D drug (i.e. quantity limits based on FDA maximum recommended daily dose, early refill edits)
- 12.2.5.1.1. The member's effective date on the enrollment file will be utilized to determine if they are within their first 90 days of initial enrollment with the Plan Sponsor.
- 12.2.5.1.2. Drugs will pay at their appropriate copay Tier. LIS members will not pay any more than their applicable LIS level copay. Non-LIS members will pay the same cost sharing for non-formulary drugs provided during the transition period as they would for non-formulary drugs approved through a formulary exception process. Non-LIS members will pay the same cost share for transition fills of formulary drugs subject to utilization management edits as they would once the utilization management criteria are met.
- 12.2.5.1.3. Refills will be authorized for transition prescriptions dispensed for less than the written amount due to quantity limits for safety purposes or drug utilization edits that are based on approved product labeling.

- 12.2.5.1.3.1. The Organization's Customer Service Representatives will place an override in the pharmacy claims adjudication system in the Member Prior Authorization (MPA) screen to allow the claim to pay for additional refills.
 - 12.2.5.1.3.1.1. The MPA will be set up to allow the remainder of refills to process by completing the date range on tab 1 of the MPA screen. The date range should be configured for the remaining day supply based on how many days the allowable fill is for.
 - 12.2.5.1.3.1.2. The MPA will be set up as a "Trans-D<insert tier of drug>" on tab 2 (Action tab) in the "Mark Script As" field of the MPA screen to indicate this transition override.
- 12.2.5.2. For (1) new enrollees into prescription drug plans following the annual coordinated election period, (2) newly eligible Medicare beneficiaries from other coverage, (3) enrollees who switch from one plan to another after the start of a contract year. (See Appendix A - Plan Adjudication Configuration by Plan Sponsor Benefit Design):
 - 12.2.5.2.1. The pharmacy claims adjudication system will be configured to automatically allow at least a month's supply (either in one fill or multiple fills for up to a one month supply) of a non-formulary medication if the member is within the first 90 days of their eligibility with the Plan Sponsor unless the Plan Sponsor's transition policy states something different. In the event the Plan Sponsor's transition policy has different parameters, the Plan Sponsor's transition policy differences will be implemented.
 - 12.2.5.2.1.1. The member's effective date on the enrollment file will be utilized to determine if they are within their first 90 days of initial enrollment with the Plan Sponsor.
 - 12.2.5.2.1.2. The claim will default to the non-preferred drug tier copay. LIS members will not pay any more than their applicable LIS level copay. Non-LIS members will pay the same cost sharing for non-formulary drugs provided during the transition period as they would for non-formulary drugs approved through a formulary exception process.
 - 12.2.5.2.1.3. 84-90 day supply claims will not be allowed
 - 12.2.5.2.2. Prior Authorization (PA) and Step Therapy (ST) overrides (or quantity limit overrides if directed by the Plan Sponsor) will be configured to automatically allow at least a month's supply (either in one fill or multiple fills for up to a one month supply)
 - 12.2.5.2.2.1. The member's effective date on the enrollment file will be utilized to determine if they are within their first 90 days of initial enrollment with the Plan Sponsor.

- 12.2.5.2.2.2. Drugs requiring ST or PA (or quantity limits if directed by the Plan Sponsor) will pay at their appropriate copay Tier. LIS members will not pay any more than their applicable LIS level copay. Non-LIS members will pay the same cost share for transition fills of formulary drugs subject to utilization management edits as they would once the utilization management criteria are met.
- 12.2.5.2.2.3. 84-90 day supply claims will not be allowed
- 12.2.5.2.3. Unbreakable/Smallest package size drugs will be configured to automatically allow a claim that is dispensed as the smallest package size available and whose day supply calculation based on prescribed directions exceed the day supply limitation set by the Plan.
 - 12.2.5.2.3.1. The member's effective date on the enrollment file will be utilized to determine if they are within their first 90 days of initial enrollment with the Plan Sponsor.
 - 12.2.5.2.3.2. Drugs will pay at the appropriate copay Tier. LIS members will not pay any more than their applicable LIS level copay.
 - 12.2.5.2.3.3. If the Plan allows for 30 day and 90 day supplies, claims processed with a day supply of 31-83 will pay during transition.
- 12.2.5.3. For New Enrollees that are LTC residents (See Appendix A-Plan Adjudication Configuration by Plan Sponsor Benefit Design)
 - 12.2.5.3.1. The pharmacy claims adjudication system will be configured to allow a one-time temporary fill of at least a month's supply, dispensed incrementally as applicable under 42 CFR §423.154 and with multiple fills provided if needed, of a non-formulary medication, or a medication that requires prior authorization or step therapy (or quantity limits if directed by the Plan Sponsor) to process automatically when submitted by a LTC pharmacy within the Organization's pharmacy network if the member is within the first 90 days of their eligibility with the Plan Sponsor unless the Plan Sponsor's transition policy states something different. Transition fills of at least a month's supply, dispensed incrementally as applicable under 42 CFR §423.154 and with multiple fills provided if needed, will be allowed for the member during the entire 90 days of their initial eligibility with the Plan Sponsor via the following (in the event the Plan Sponsor's transition policy has different parameters, the Plan Sponsor's transition policy differences will be implemented).
 - 12.2.5.3.1.1. The member's effective date on the enrollment file will be utilized to determine if they are within their first 90 days of initial enrollment with the Plan Sponsor.

- 12.2.5.3.1.2. The pharmacy must submit the claim for up to a one month supply of medication and must submit the number 3,4 or 9 in the patient residence field of the claim for the claim for non-formulary medications (including those medications with ST/PA edits) to automatically process.
- 12.2.5.3.1.3. If the pharmacy does not submit a 3, 4 or 9 in the patient residence field of the claim, and the claim is for greater than a one month supply, the claim will reject and the pharmacy will receive a message that only a one month supply of the medication is allowed for a transitional fill.
- 12.2.5.3.1.4. For Non-LIS members, the paid claim will default to the non-preferred drug tier copay for non-formulary medications and drugs requiring ST or PA (or quantity limits if directed by the Plan Sponsor) will pay at their appropriate copay Tier. LIS members will not pay any more than their applicable LIS level copay.
- 12.2.5.3.1.5. 84-90 day supply claims will not be allowed.
- 12.2.5.4. If the member is within the first 90 days of their initial eligibility with the Plan Sponsor and The Organization cannot determine if a prescription is a new prescription, they will be instructed to follow the processes set forth in items 12.2.5.1, 12.2.5.2 and 12.2.5.3 above.
- 12.2.5.5. Level of Care Changes / Emergency Supplies
 - 12.2.5.5.1. If a current member experiences a level of care change, is a hospice patient who is receiving a Part D drug that is not eligible for hospice coverage, enters the LTC setting from another care setting, or is in LTC and requires an emergency fill of a non-formulary drug, including those medications on the formulary subject to PA or ST (or quantity limits if directed by the Plan Sponsor), or requires an extension of their transition period for any other reason (i.e. the member is either outside of their transition period or previously has received the transition fill)
 - 12.2.5.5.1.1. Pharmacies may submit certain Submission Clarification Codes (SCC) indicating a level of care change or the need for an emergency override. Upon submission of the appropriate SCC and identification of the LTC setting, applicable claims will adjudicate accordingly.
 - 12.2.5.5.1.2. If a SCC is not submitted, the Organization will message to pharmacies to call for a transition override for all claims rejected for non-formulary status or requiring a PA or ST (or quantity limits if directed by the Plan Sponsor).
 - 12.2.5.5.1.3. When a member/pharmacy calls the Organization, these inquiries will be handled and approved on a case-by-case basis by the Organization's Clinical Pharmacy staff.

- 12.2.5.5.1.4. Once the Clinical staff approves a transition fill for one of these circumstances (Non-Formulary Exception (NFE), ST or PA override (or quantity limits if directed by the Plan Sponsor)
 - 12.2.5.5.1.4.1. The member's effective date on the enrollment file will be utilized to verify that they fall outside of their first 90 days of initial enrollment with the Plan Sponsor
 - 12.2.5.5.1.4.2. NFE, PA and ST overrides (or quantity limit overrides if directed by the Plan Sponsor) will be configured at point of sale
 - 12.2.5.5.1.4.2.1. The Organization's Customer Service Representative will place an override in the adjudication system to allow the claim to pay without completing the PA or ST requirements (or quantity limit requirements if directed by the Plan Sponsor)
 - 12.2.5.5.1.4.2.2. The member prior auth screen in the adjudication system will be set up as a "Trans D <insert tier of drug>" on tab 2 (Action tab) in the "Mark Script As" field of the prior authorization screen to indicate that this is a NFE/ST/PA transition override (or quantity limit override if directed by the Plan Sponsor).
 - 12.2.5.5.1.4.2.3. The override will be set up to expire no later than 72 hours from the time it was entered.
 - 12.2.5.5.1.4.2.4. The override will only allow a one month supply of the medication (as defined by Plan Sponsor's one month supply).
 - 12.2.5.5.1.4.2.5. Drugs requiring ST or PA (or quantity limits if directed by the Plan Sponsor) will pay at their appropriate copay Tier for Non LIS members. LIS members will not pay any more than their applicable LIS level copay.
 - 12.2.5.5.1.4.2.6. The Organization's Customer Service Representative will then initiate the coverage determination process.
 - 12.2.5.5.1.4.3. Non-Formulary claims will be configured to be overridden at point of sale
 - 12.2.5.5.1.4.3.1. The Organization's Customer Service Representative will place an override in the system to allow the claim to pay for the non- formulary drug.
 - 12.2.5.5.1.4.3.2. The member prior auth screen in the adjudication system will be set up as a "Trans D <insert tier of non- preferred drug>" on tab 2 (Action tab) in the "Mark Script As" field of the prior authorization screen to indicate that this is a NFE/ST/PA transition override (or quantity limit transition override if directed by the Plan Sponsor).

- 12.2.5.5.1.4.3.3. The override will be set up to expire no later than 72 hours from the time it was entered.
 - 12.2.5.5.1.4.3.4. The override will only allow a one month supply of the medication (as defined by Plan Sponsor).
 - 12.2.5.5.1.4.3.5. For Non LIS members, the claim will default to the non-preferred drug tier copay. LIS members will not pay any more than their applicable LIS level copay.
 - 12.2.5.5.1.4.3.6. The Organization's Customer Service Representative will then initiate the coverage determination process.
 - 12.2.5.5.1.4.4. All manual override claims will be reviewed on a daily basis by a Clinical Coordinator to ensure the override was configured properly and the member was charged the appropriate copay.
 - 12.2.5.5.1.4.4.1. Any overrides identified as being incorrect will be provided to an Elixir Help Desk Supervisor for correction and adjudication within 24 hours of receipt of notice.
 - 12.2.5.5.1.4.5. In the event the Plan Sponsor's transition policy has different parameters, the Plan Sponsor's transition policy differences will be implemented.
- 12.2.5.6. Transition Across Plan Years
- 12.2.5.6.1. For drugs that are removed from the formulary from plan year to plan year, or drugs that remain on the formulary but are subject to new prior authorization or step therapy requirements in the upcoming plan year, The Organization will do the following (See Transition Across Plan Years for Negative Formulary Changes for Current Members Pharmacy claims adjudication Detail-Appendix A). In the event the Plan Sponsor's transition policy has different parameters, the Plan Sponsor's transition policy differences will be implemented. Plan Sponsors may choose to allow a transition fill for drugs that remain on the formulary from plan year to plan year but are subject to new or more restrictive Quantity Limits. Plan Sponsors are responsible for effectuation of a transition prior to the beginning of the contract year.
 - 12.2.5.6.1.1. Allow members who have been on one of these impacted drugs, and who are outside of the Plan Sponsor's initial 90-day eligibility timeframe, to receive up to an accumulated one month supply (as defined by Plan Sponsor's one month supply). The pharmacy claims adjudication platform shall be configured by the Organization to allow this to occur without point of sale intervention.

- 12.2.5.6.1.2. To determine if a member is eligible for one of these transition fills, the Organization shall look back a minimum of 120 days (unless number of days determined by the Plan Sponsor differs) from the date of service back in the enrollee's paid claim history for a paid claim. (Since this has to do with Formulary changes from one year to the next, we assume the member was with the Sponsor the previous benefit year. Thus the historical look back is a minimum of 120 days prior to the start of the plan year and not the member's start date.)
- 12.2.5.6.1.3. If a paid claim is present within the look back timeframe, the transition fill will automatically process.
 - 12.2.5.6.1.3.1. For drugs that are non-formulary in the new Plan Year, the claim will default to the non-preferred brand drug tier copay for Non-LIS members. LIS members will not pay any more than their applicable LIS level copay.
 - 12.2.5.6.1.3.2. Drugs requiring ST or PA will pay at their appropriate copay Tier for Non-LIS members. LIS members will not pay any more than their applicable LIS level copay.
 - 12.2.5.6.1.3.3. 84-90 day supply claims will not be allowed.
- 12.2.5.7. Transition Fills for Coverage Exceptions
 - 12.2.5.7.1. The Organization will allow a transition fill for enrollees who request an exception but the Plan Sponsor has failed to issue a timely decision on the request by the end of the transition period by performing the following;
 - 12.2.5.7.1.1. The member's effective date on the enrollment file will be utilized to verify that they fall outside of their first 90 days of initial enrollment with the Plan Sponsor.
 - 12.2.5.7.1.2. The enrollee's claims history will be reviewed to determine that a previous transition fill has been issued.
 - 12.2.5.7.1.3. The Organization's clinical staff will be contacted to verify that a Coverage Determination request is in process.
 - 12.2.5.7.1.4. PA and ST overrides (or quantity limit overrides if directed by the Plan Sponsor) will be configured at point of sale
 - 12.2.5.7.1.4.1. The Organization's Customer Service Representative will place an override in the system to allow the claim to pay without completing the PA or ST requirements.
 - 12.2.5.7.1.4.2. The member prior auth screen in the adjudication system will be set up as a "Trans D <insert tier of drug>" on tab 2 (Action tab) in the "Mark Script As" field of the prior authorization screen to indicate that this a ST/PA transition override (or quantity limit transition override if directed by the Plan Sponsor).

- 12.2.5.7.1.4.3. The override will be set up to expire no later than 72 hours from the time it was entered. The override will only allow a one month supply of the medication (as defined by Plan Sponsor's one month supply).
- 12.2.5.7.1.4.4. Drugs requiring ST or PA (or quantity limits if directed by the Plan Sponsor) will pay at their appropriate copay Tier for Non-LIS members. LIS members will not pay any more than their applicable LIS level copay.
- 12.2.5.7.1.5. Non-Formulary claims will be configured to be overridden at point of sale
 - 12.2.5.7.1.5.1. The Organization's Customer Service Representative will place an override in the system to allow the claim to pay for the non-formulary drug.
 - 12.2.5.7.1.5.2. The PA will be set up as a "Trans D <insert tier of non-preferred drug>" on tab 2 (Action tab) in the "Mark Script As" field of the prior authorization screen to indicate that this a non-formulary transition override.
 - 12.2.5.7.1.5.3. The override will be set up to expire no later than 72 hours from the time it was entered.
 - 12.2.5.7.1.5.4. The override will only allow a one month supply of the medication, as defined by the Plan Sponsor's one month supply.
 - 12.2.5.7.1.5.5. The claim will default to the non-preferred drug tier copay for Non-LIS members. LIS members will not pay any more than their applicable LIS level copay.
- 12.2.5.7.1.6. All manual override claims will be reviewed on a daily basis by a Clinical Coordinator to ensure the override was configured properly and the member was charged the appropriate copay.
 - 12.2.5.7.1.6.1.1. Any overrides identified as being incorrect will be provided to an Elixir Help Desk Supervisor for correction and adjudication within 24 hours of receipt of notice.
- 12.2.5.7.2. The Organization will honor exceptions that were approved in the previous plan year in the new plan year upon direction from the Plan Sponsor.
 - 12.2.5.7.2.1. During the last quarter of the current plan year, all approved coverage determinations will be reviewed for continuance into the new plan year by the Plan Sponsor.
 - 12.2.5.7.2.2. If it is determined by the Plan Sponsor that the coverage determination will be extended into the new plan year, The Organization's staff shall update the term date on the member prior authorization screen in the pharmacy claims adjudication system.

12.2.5.7.2.3. In the event that the Plan Sponsor should choose to no longer honor exceptions approved during the previous plan year in the new plan year, the Organization will provide the enrollee with a temporary supply of the requested prescription drug at the beginning of the new plan year as it does for new enrollees. The enrollee will not be sent a 60 day notice letter prior to the end of the year as all enrollees who receive an approved coverage determination or redetermination receive an approval letter that clearly identifies the date the coverage will end.

12.2.5.8. Transition Notification

12.2.5.8.1. If delegated, The Organization will mail Transition letters on behalf of the Medicare Part D Plan Sponsor consistent with the CMS transition requirements (See Medicare Part D Transition Letter Work Flow).

12.2.5.8.1.1. Enrollees will be notified of a prescription fill that was subject to the transition process via the model transition letter provided by the Plan Sponsor to the Organization.

12.2.5.8.1.2. An automated Crystal report will be ran Monday through Friday each week to generate an enrollee specific transition letter and will be sent to the print vendor. Report logic will pull transition claims based on the adjudication date.

12.2.5.8.1.2.1. Letters will be mailed on a daily basis

12.2.5.8.1.2.2. Copies of the transition letters will be available online in a searchable database located at:

<https://envisionrx.convergenceweb.com/Login/tabid/2879//Default.aspx?returnurl=%2default.aspx>

12.2.5.8.1.2.3. Upon request, monthly reports from The Organization can be provided to Plan Sponsor summarizing transition letters mailed for the previous month.

12.2.5.8.1.3. Unless directed to do so by the Plan Sponsor, LTC pharmacies will not be notified of prescription fills that are subject to the transition process.

12.2.5.8.1.4. The Organization shall message to pharmacies the correct phone number to call to obtain a transition override.

12.2.5.8.1.5. The prescribing physician will receive a copy of the member's transition letter marked "PRESCRIBER COPY"

12.2.5.8.1.5.1. A member of The Organization's fulfillment department will run a Crystal report on a daily basis Monday through Friday each week to generate an enrollee specific transition letter.

12.2.5.8.1.5.2. Report logic will pull transition claims based on the adjudication date

12.2.5.8.1.5.3. Letters will be mailed on a daily basis.

12.2.5.8.1.5.4. Copies of the transition letters will be kept by The Organization for Plan Sponsor and will be available upon request.

12.2.5.8.1.5.5. Upon request, monthly reports from The Organization can be provided to Plan Sponsor summarizing transition letters mailed for prescribing providers for the previous month.

12.2.5.9. Identification of Issues Regarding Adherence to Transition Policy

12.2.5.9.1. PBM shall offer to provide testing of the transition fill configuration to Plan Sponsor prior to the beginning of the new plan year.

12.2.5.9.2. PBM shall offer to provide testing of the transition letter generation process to Plan Sponsor prior to the beginning of the new plan year. Refer to Policy and Procedure GP-01 for more detail.

12.2.5.9.3. On a monthly basis, PBM shall offer to provide Plan Sponsor results of ongoing transition process monitoring regarding transition fill configuration and transition letter generation.

12.2.5.9.4. In the event an issue is identified, the Account Manager for the Plan Sponsor will notify the Plan Sponsor within 3 business days of discovery of the issue.

12.2.5.10. Implementation Statement

12.2.5.10.1. The Organization will maintain a detailed explanation related to transition configuration in the adjudication system in Appendix A

12.2.5.10.2. The Organization will maintain a detailed explanation related to how pharmacies are notified when a transition fill is processed at point of sale in Appendix A

12.2.5.10.3. The Organization will maintain a detailed explanation of the process pharmacies follow to resolve transition medication edits at point of sale in Appendix A and in sections 12.2.5, 12.2.2.5.5 and 12.2.5.7 above.

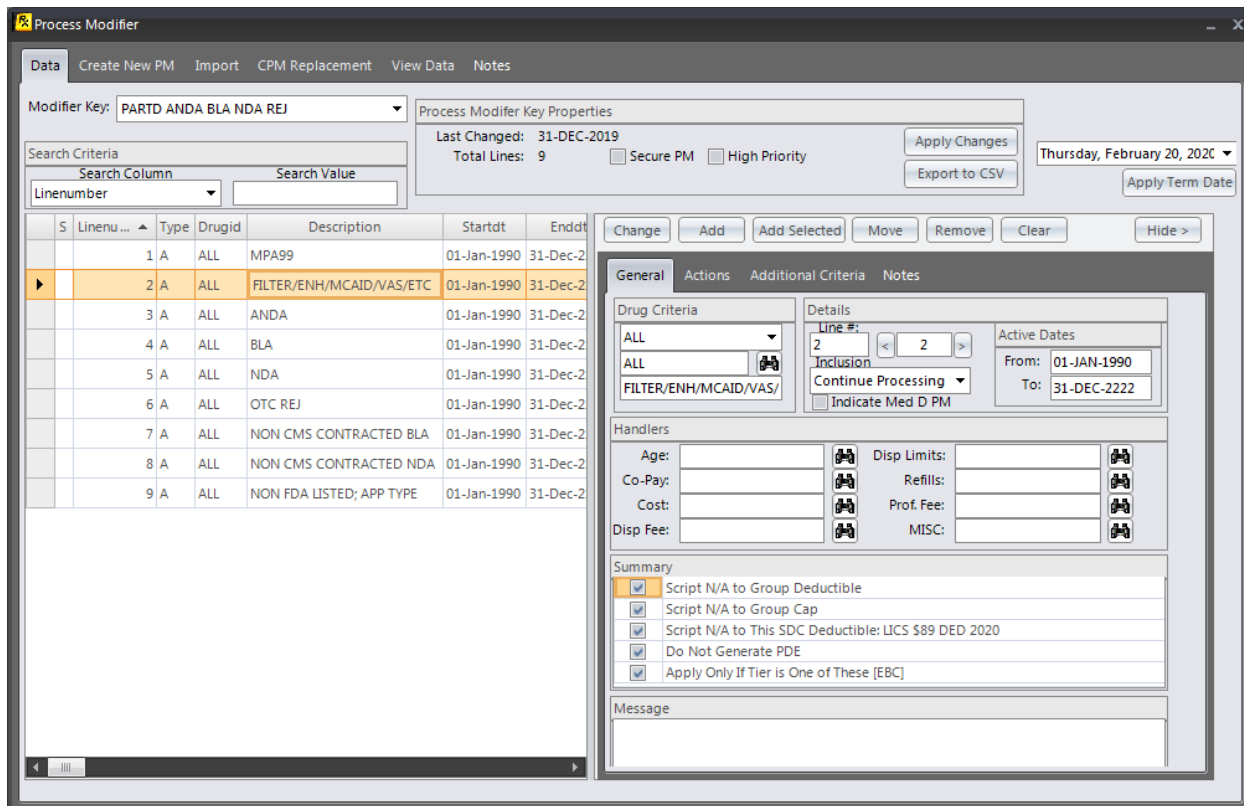
Resources

- Center for Medicare and Medicaid Services Prescription Drug Benefit Manual Chapter 13 – Premium and Cost-Sharing Subsidies for Low-Income Individuals, Section 70.3.1
- Center for Medicare and Medicaid Services Prescription Drug Benefit Manual Chapter 6 – Part D Drugs and Formulary Requirements, Section 30.4
- 42 CFR §423.154
- 42 CFR § 423.578(b)

Appendix A-Plan Adjudication Configuration by Plan Sponsor Benefit Design: Adjudication

Configuration for Clients with benefit design without lookback on Step Therapy Medications for a one time temporary fill of at least a month’s supply (unless the enrollee presents with a prescription written for less than a month’s supply) of automated_transition fills for non-formulary, step therapy and prior authorization medications.

Non-Formulary Transitional Configuration:



- Non-Part D Drugs (i.e. Medicaid covered drugs) are assigned a tier of “C” or other non-numerical tier to ensure appropriate transition logic is applied to these drugs which could differ from Part D eligible drugs.

Standard Operating Procedure

Process Modifier

Data Create New PM Import CPM Replacement View Data Notes

Modifier Key: MPDCD 0000 NFTD SGL 2020

Process Modifier Key Properties
Last Changed: 17-JUL-2019
Total Lines: 33 Secure PM High Priority

Search Criteria
Search Column Search Value
Linenumbr

Apply Changes
Export to CSV
Thursday, February 20, 2020
Apply Term Date

S	Linenu...	Type	Drugid	Description	
	1	A	ALL	MPA1-PRIOR AUTH OVERRIDE	0
	2	A	ALL	MPA5-PA/QL OVERRIDE	0
	3	A	ALL	MPA6-PA/ST OVERRIDE	0
	4	A	ALL	MPA8-PA/QL/ST OVERRIDE	0
	5	A	ALL	MPA12-PA/MAXS OVERRIDE	0
	6	A	ALL	MPA15-PA/QL/MAXS OVERRIDE	0
	7	A	ALL	MPA16-PA/ST/MAXS OVERRIDE	0
	8	A	ALL	MPA18-PA/QL/ST/MAXS OVERRIDE	0
	9	A	ALL	TRANSPA-MCARE TRAN PA OVERRIDE	0
	10	A	ALL	MPA99	0
	11	G	40304080000302	CIALIS TAB 2.5 MG	0
	12	G	40304080000305	CIALIS TAB 5 MG	0
	13	A	ALL	MPDCD T1-6	0
	14	A	ALL	FILTER/ENH/MCAID/VAS/ETC	0
	15	G	908500600005930	Lidocaine Patch 5%	0
	16	G	40304080000302	CIALIS TAB 2.5 MG	0
	17	G	40304080000305	CIALIS TAB 5 MG	0

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria Details
Line #: Inclusion: Indicate Med D PM

Active Dates
From: To:

Handlers
Age: Disp Limits:
Co-Pay: Refills:
Cost: Prof. Fee:
Disp Fee: MISC:

Summary

Message

Process Modifier

Data Create New PM Import CPM Replacement View Data Notes

Modifier Key: MPDCD 0000 NFTD SEL 2020

Process Modifier Key Properties
Last Changed: 18-JUL-2019
Total Lines: 33 Secure PM High Priority

Search Criteria
Search Column Search Value
Linenumbr

Apply Changes
Export to CSV
Thursday, February 20, 2020
Apply Term Date

S	Linenu...	Type	Drugid	Description	
	1	A	ALL	MPA1-PRIOR AUTH OVERRIDE	0
	2	A	ALL	MPA5-PA/QL OVERRIDE	0
	3	A	ALL	MPA6-PA/ST OVERRIDE	0
	4	A	ALL	MPA8-PA/QL/ST OVERRIDE	0
	5	A	ALL	MPA12-PA/MAXS OVERRIDE	0
	6	A	ALL	MPA15-PA/QL/MAXS OVERRIDE	0
	7	A	ALL	MPA16-PA/ST/MAXS OVERRIDE	0
	8	A	ALL	MPA18-PA/QL/ST/MAXS OVERRIDE	0
	9	A	ALL	TRANSPA-MCARE TRAN PA OVERRIDE	0
	10	A	ALL	MPA99	0
	11	G	40304080000302	CIALIS TAB 2.5 MG	0
	12	G	40304080000305	CIALIS TAB 5 MG	0
	13	A	ALL	MPDCD T1-6	0
	14	A	ALL	FILTER/ENH/MCAID/VAS/ETC	0
	15	G	908500600005930	Lidocaine Patch 5%	0
	16	G	40304080000302	CIALIS TAB 2.5 MG	0
	17	G	40304080000305	CIALIS TAB 5 MG	0

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria Details
Line #: Inclusion: Indicate Med D PM

Active Dates
From: To:

Handlers
Age: Disp Limits:
Co-Pay: Refills:
Cost: Prof. Fee:
Disp Fee: MISC:

Summary

Message

GP-SOP-T Formulary Transition
Owner: Government Programs

Issued: 05/26/2017
Revised: 05/20/2020
Reviewed: 05/20/2020
Page 19 of 53

Uncontrolled document-printed version only reliable for 24 hours.

- The Rx is then sent through a series of Formulary List filters to remove drugs from non-formulary transition consideration such as Medicaid, Enhanced, BVD, and actual formulary drugs. If it hits, then the claim is satisfied and it moves on to the next level of processing.
- If it is not part of one of the Formulary filters then the Rx is sent through a series of All Drugs lines setting transition tiers and day supply limitations.
 - The first 2 for exceptions based on level of care changes.
 - Then Smallest package size transition.
 - Then LTC, Assisted Living, and intermediate care.
 - The last line is set up to account for non-LTC.
- Transition lines are set up to indicate a specific tier (Set Tier to this → T), where the letter T is equal to the appropriate tier copayment/co-insurance for a non-formulary transitional drug.
- Each All Drugs line is set up to also account for the Rx Date in comparison to the member's Start date: *Apply Only If Match during GF days after Mem Start [90]*.
- Based on the service code submitted and the relation in dates, the Rx will hit the appropriate line and the related actions/handlers will be applied.
- The duplication of all drug lines allows us to account for the following:
 - Day supply variations (Note: For MMPs, a 90 DS dispensing limit will be applied for Medicaid-covered drugs which are indicated by a tier "C").
- If the RX is not part of one of the Formulary filters and the Rx Date is not within the first 90 days of members Start Date, the claim will pass through subsequent CPM's and reject with NCPDP reject code MR, as well as with additional messaging that states "NON-FORMULARY DRUG. TRANSITIONAL PERIOD OVER. USE FORMULARY PRODUCT. Call ###-###-#### or log on to <https://envision.promptpa.com> to initiate exception request." This additional messaging is located on the XXXX20 NONFORM REJ common process modifier.

Prior Authorization and Step Therapy Transitional & Transitional LTC Accommodations

- The Prior Authorizations (PA) filters are created on the Plan Year 20## Prior Authorization List Process Modifier that looks at the member's start date.
- If the system does not find a GPI match within 90 days of the start date of the member, then the claim hits the filter line and allows the Rx to go thru without requiring a PA.
- For medications that require a type 2 PA or ST, and are protected class drugs, the system will look for a GPI match within a minimum of 108 days of the start date of the member.
- For Transitional PA and Step Therapy (ST) non-LTC Claims, the member is allowed up to an accumulated one month supply within their first 90 days. This is done with a MISC Handler (handler name = **TRANS3 SEL PA/TRANS3 SGL PA**) that is attached to all transitional PA/ST non-LTC claims. This handler allows the member up to a max of the Plan Sponsor's one month supply within a non-LTC setting regardless of the number of prescriptions processed.
 - Each fill however is limited to a one month supply.
- For Transitional PA and Step Therapy LTC Claims, the member is allowed up to an accumulated one month supply within their first 90 days. This is done with a MISC Handler (handler name = **TRANS331 SEL PA/TRANS331 SGL PA**) that is attached to all transitional PA/ST LTC claims.
- If the smallest available package size exceeds a one month supply), a transition fill for an appropriate day supply that exceeds these limits will be provided. Once outside of the member's initial 90 days, the filter lines will no longer apply and the system will resume with the normal Prior Authorization/Step Therapy functionality if a prior authorization was not already obtained. (see section titled "CMS Notice of Appeal Rights" for additional information regarding Prior Authorization/Step Therapy functionality outside of members initial 90 days)
- If the member's start date is different than 01/01/20XX, the 90 days can refresh from the new start date:
- If today the member start date is 4.1.2010, the filters will be active for the script(s) thru 6.30.2010.
- Each PA and ST criteria will need 5 lines.

Line 1 of PA logic:

Process Modifier

Modifier Key: 0000 PART D PA LIST SGL 2020

Process Modifier Key Properties

Last Changed: 20-FEB-2020
Total Lines: 47

Search Criteria

S	Linenu...	Type	Drugid	Description	
	31	L	0000 PA GF	0000 GRAND NC PA LTC	3
	32	L	0000 PA GF	0000 GRAND NC PA AL	3
	33	L	0000 PA GF	0000 GRAND NC PA ICF	3
	34	L	0000 PA GF	0000 GRAND NC PA STD	3
	35	L	0000 PA	SAPS PA LTC	0
	36	L	0000 PA	SAPS PA LTC TRAN TABLE	0
	37	L	0000 PA	SAPS PA STD	0
	38	L	0000 PA	SAPS PA STD TRAN TABLE	0
	39	L	0000 PA	STANDARD PAS (TYPE 1) LTC	0
	40	L	0000 PA	STANDARD PAS (TYPE 1) LTC TRAN...	0
	41	L	0000 PA	STANDARD PAS (TYPE 1) AL	0
	42	L	0000 PA	STANDARD PAS (TYPE 1) AL TRAN T...	0
	43	L	0000 PA	STANDARD PAS (TYPE 1) ICF	0
	44	L	0000 PA	STANDARD PAS (TYPE 1) ICF TRAN T...	0
	45	L	0000 PA	STANDARD PAS (TYPE 1) STD	0
	46	L	0000 PA	STANDARD PAS (TYPE 1) STD TRAN...	0
	47	L	0000 PA	STANDARD PAS (TYPE 1)	0

Drug Criteria

List Formulary: 0000 PA

Inclusion: STANDARD PAS (TYPE 1) L

Details

Line #: 39

Active Dates: From: 01-JAN-1990 To: 31-DEC-2222

Continue Processing

Indicate Med D PM

Handlers

Age: Co-Pay: Cost: Disp Fee: Disp Limits: Refills: Prof. Fee: MISC:

Summary

- Set Script Tag To[TRNSPA3]
- Write Script Tag to Claim
- Apply Only If Match During GF Days After SGL/PBP Start (90)
- Apply Only If Service Code [F384:3]

Message

PA REQUIRED. IF ADDITIONAL TRANSITION FILLS NEEDED

Process Modifier

Modifier Key: 0000 PART D PA LIST SEL 2020

Process Modifier Key Properties

Last Changed: 20-FEB-2020
Total Lines: 47

Search Criteria

S	Linenu...	Type	Drugid	Description	
	31	L	0000 PA GF	0000 GRAND NC PA LTC	3
	32	L	0000 PA GF	0000 GRAND NC PA AL	3
	33	L	0000 PA GF	0000 GRAND NC PA ICF	3
	34	L	0000 PA GF	0000 GRAND NC PA STD	3
	35	L	0000 PA	SAPS PA LTC	0
	36	L	0000 PA	SAPS PA LTC TRAN TABLE	0
	37	L	0000 PA	SAPS PA STD	0
	38	L	0000 PA	SAPS PA STD TRAN TABLE	0
	39	L	0000 PA	STANDARD PAS (TYPE 1) LTC	0
	40	L	0000 PA	STANDARD PAS (TYPE 1) LTC TRAN...	0
	41	L	0000 PA	STANDARD PAS (TYPE 1) AL	0
	42	L	0000 PA	STANDARD PAS (TYPE 1) AL TRAN T...	0
	43	L	0000 PA	STANDARD PAS (TYPE 1) ICF	0
	44	L	0000 PA	STANDARD PAS (TYPE 1) ICF TRAN T...	0
	45	L	0000 PA	STANDARD PAS (TYPE 1) STD	0
	46	L	0000 PA	STANDARD PAS (TYPE 1) STD TRAN...	0
	47	L	0000 PA	STANDARD PAS (TYPE 1)	0

Drug Criteria

List Formulary: 0000 PA

Inclusion: STANDARD PAS (TYPE 1) L

Details

Line #: 39

Active Dates: From: 01-JAN-1990 To: 31-DEC-2222

Continue Processing

Indicate Med D PM

Handlers

Age: Co-Pay: Cost: Disp Fee: Disp Limits: Refills: Prof. Fee: MISC:

Summary

- Set Script Tag To[TRNSPA3]
- Write Script Tag to Claim
- Apply Only If Match During GF Days After Mem Start [90]
- Apply Only If Service Code [F384:3]

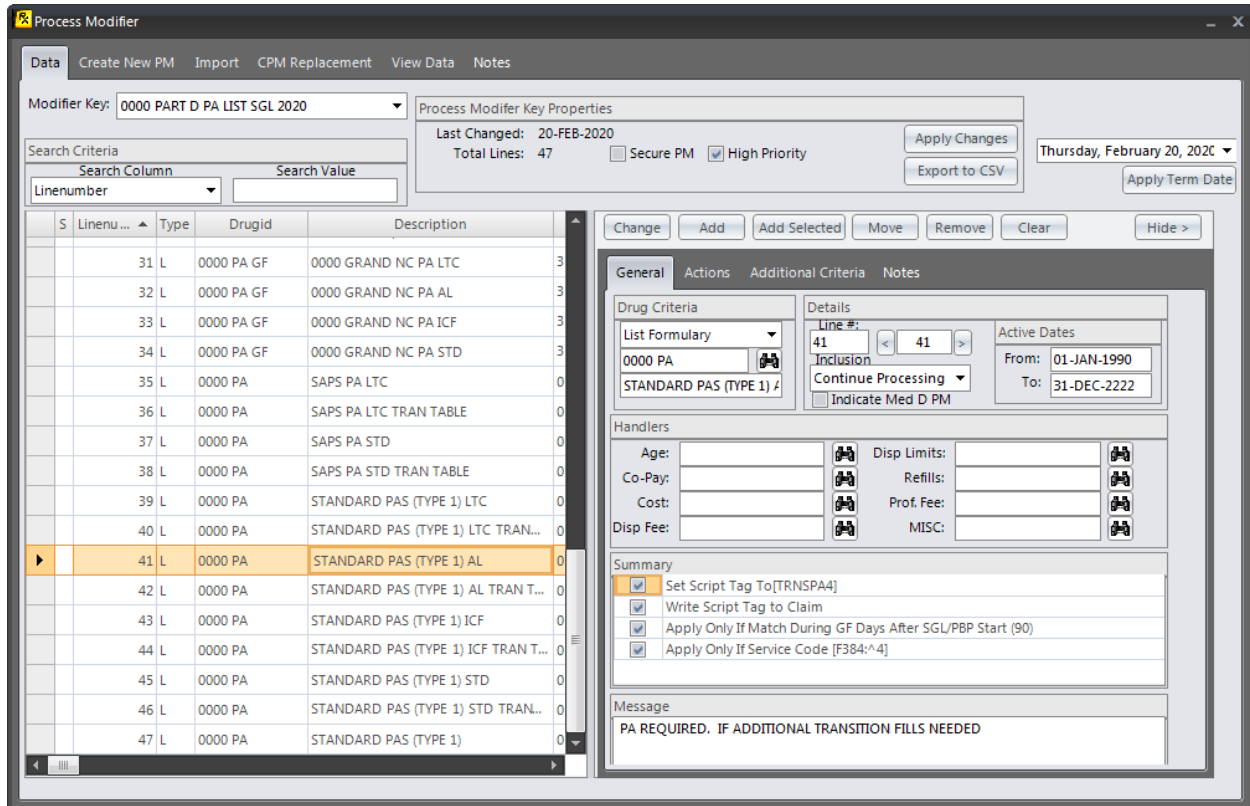
Message

PA REQUIRED. IF ADDITIONAL TRANSITION FILLS NEEDED

Standard Operating Procedure

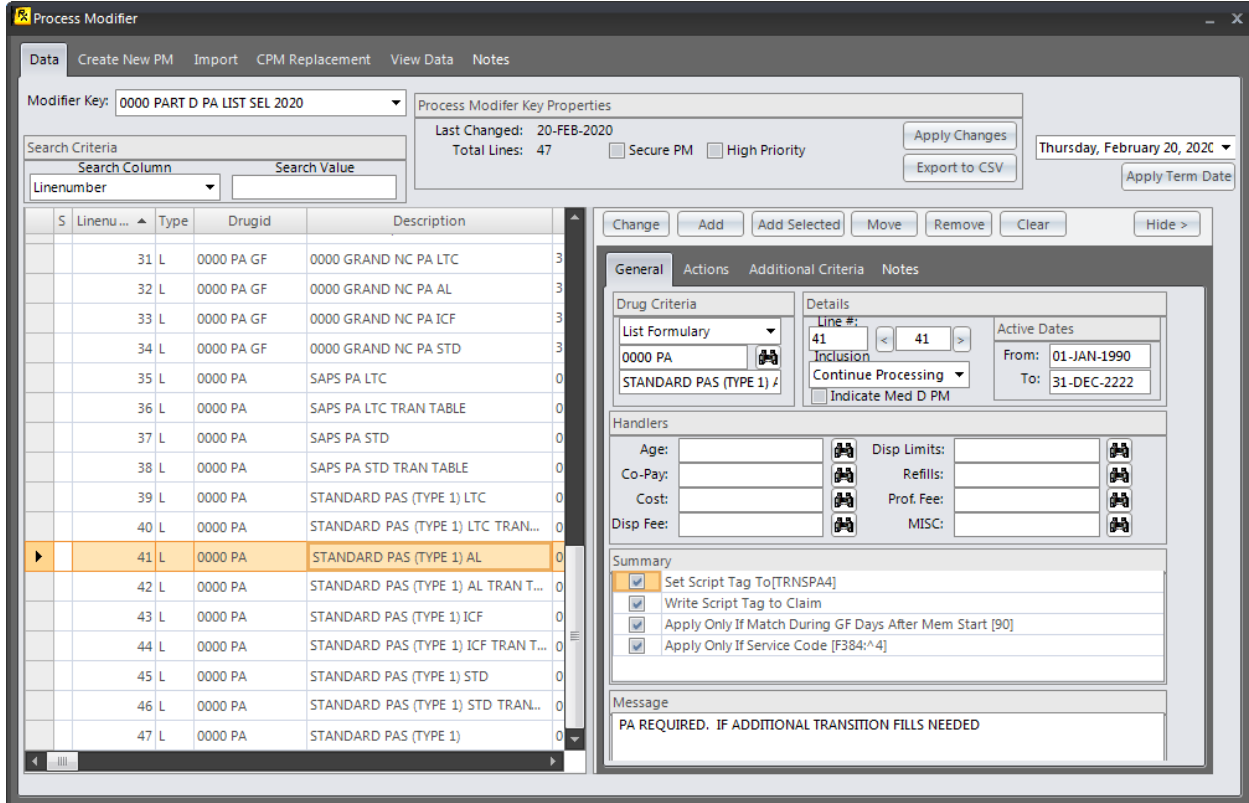
- The first line accounts for a LTC service code of 3 (*Apply Only if Service Code [F384:~3]*) and the fact that the member is within the first 90 days of their start date (*Apply Only if Match During GF days after Mem Start [90]*).
 - The MISC Handler **MUST** start with **TRANSD**,

Line 2 of PA logic:



The screenshot shows the 'Process Modifier' application window. The 'Modifier Key' is '0000 PART D PA LIST SGL 2020'. The 'Process Modifier Key Properties' section shows 'Last Changed: 20-FEB-2020' and 'Total Lines: 47'. The 'Search Criteria' section is empty. The main table lists 47 lines with columns for S, Linenum, Type, Drugid, and Description. Line 41 is highlighted in orange. The right-hand pane shows the 'General' tab for line 41, with 'Drug Criteria' set to 'STANDARD PAS (TYPE 1) AL', 'Line #' set to 41, and 'Active Dates' from 01-JAN-1990 to 31-DEC-2222. The 'Summary' section includes checkboxes for 'Set Script Tag To[TRNSPA4]', 'Write Script Tag to Claim', 'Apply Only If Match During GF Days After SGL/PBP Start (90)', and 'Apply Only If Service Code [F384:~4]'. The 'Message' section contains the text 'PA REQUIRED. IF ADDITIONAL TRANSITION FILLS NEEDED'.

S	Linenum	Type	Drugid	Description	
	31	L	0000 PA GF	0000 GRAND NC PA LTC	3
	32	L	0000 PA GF	0000 GRAND NC PA AL	3
	33	L	0000 PA GF	0000 GRAND NC PA ICF	3
	34	L	0000 PA GF	0000 GRAND NC PA STD	3
	35	L	0000 PA	SAPS PA LTC	0
	36	L	0000 PA	SAPS PA LTC TRAN TABLE	0
	37	L	0000 PA	SAPS PA STD	0
	38	L	0000 PA	SAPS PA STD TRAN TABLE	0
	39	L	0000 PA	STANDARD PAS (TYPE 1) LTC	0
	40	L	0000 PA	STANDARD PAS (TYPE 1) LTC TRAN...	0
	41	L	0000 PA	STANDARD PAS (TYPE 1) AL	0
	42	L	0000 PA	STANDARD PAS (TYPE 1) AL TRAN T...	0
	43	L	0000 PA	STANDARD PAS (TYPE 1) ICF	0
	44	L	0000 PA	STANDARD PAS (TYPE 1) ICF TRAN T...	0
	45	L	0000 PA	STANDARD PAS (TYPE 1) STD	0
	46	L	0000 PA	STANDARD PAS (TYPE 1) STD TRAN...	0
	47	L	0000 PA	STANDARD PAS (TYPE 1)	0



- The second line accounts for a LTC service code of 4 (Apply Only if Service Code [F384:~4]) and the fact that the member is within the first 90 days of their start date (Apply Only if Match During GF days after Mem Start [90]).
 - The MISC Handler MUST start with TRANSD.

Line 3 of PA logic:

Process Modifier

Modifier Key: 0000 PART D PA LIST SGL 2020

Process Modifier Key Properties

Last Changed: 20-FEB-2020
Total Lines: 47

Search Criteria

S	Linenu...	Type	Drugid	Description
	31	L	0000 PA GF	0000 GRAND NC PA LTC
	32	L	0000 PA GF	0000 GRAND NC PA AL
	33	L	0000 PA GF	0000 GRAND NC PA ICF
	34	L	0000 PA GF	0000 GRAND NC PA STD
	35	L	0000 PA	SAPS PA LTC
	36	L	0000 PA	SAPS PA LTC TRAN TABLE
	37	L	0000 PA	SAPS PA STD
	38	L	0000 PA	SAPS PA STD TRAN TABLE
	39	L	0000 PA	STANDARD PAS (TYPE 1) LTC
	40	L	0000 PA	STANDARD PAS (TYPE 1) LTC TRAN...
	41	L	0000 PA	STANDARD PAS (TYPE 1) AL
	42	L	0000 PA	STANDARD PAS (TYPE 1) AL TRAN T...
	43	L	0000 PA	STANDARD PAS (TYPE 1) ICF
	44	L	0000 PA	STANDARD PAS (TYPE 1) ICF TRAN T...
	45	L	0000 PA	STANDARD PAS (TYPE 1) STD
	46	L	0000 PA	STANDARD PAS (TYPE 1) STD TRAN...
	47	L	0000 PA	STANDARD PAS (TYPE 1)

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria

List Formulary: 0000 PA

Details

Line #: 43

Inclusion: STANDARD PAS (TYPE 1) I

Active Dates

From: 01-JAN-1990

To: 31-DEC-2222

Handlers

Age: Co-Pay: Cost: Disp Fee: Disp Limits: Refills: Prof. Fee: MISC:

Summary

- Set Script Tag To[TRNSPA9]
- Write Script Tag to Claim
- Apply Only If Match During GF Days After SGL/PBP Start (90)
- Apply Only If Service Code [F384:~9]

Message

PA REQUIRED. IF ADDITIONAL TRANSITION FILLS NEEDED

Process Modifier

Modifier Key: 0000 PART D PA LIST SEL 2020

Process Modifier Key Properties

Last Changed: 20-FEB-2020
Total Lines: 47

Search Criteria

S	Linenu...	Type	Drugid	Description
	31	L	0000 PA GF	0000 GRAND NC PA LTC
	32	L	0000 PA GF	0000 GRAND NC PA AL
	33	L	0000 PA GF	0000 GRAND NC PA ICF
	34	L	0000 PA GF	0000 GRAND NC PA STD
	35	L	0000 PA	SAPS PA LTC
	36	L	0000 PA	SAPS PA LTC TRAN TABLE
	37	L	0000 PA	SAPS PA STD
	38	L	0000 PA	SAPS PA STD TRAN TABLE
	39	L	0000 PA	STANDARD PAS (TYPE 1) LTC
	40	L	0000 PA	STANDARD PAS (TYPE 1) LTC TRAN...
	41	L	0000 PA	STANDARD PAS (TYPE 1) AL
	42	L	0000 PA	STANDARD PAS (TYPE 1) AL TRAN T...
	43	L	0000 PA	STANDARD PAS (TYPE 1) ICF
	44	L	0000 PA	STANDARD PAS (TYPE 1) ICF TRAN T...
	45	L	0000 PA	STANDARD PAS (TYPE 1) STD
	46	L	0000 PA	STANDARD PAS (TYPE 1) STD TRAN...
	47	L	0000 PA	STANDARD PAS (TYPE 1)

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria

List Formulary: 0000 PA

Details

Line #: 43

Inclusion: STANDARD PAS (TYPE 1) I

Active Dates

From: 01-JAN-1990

To: 31-DEC-2222

Handlers

Age: Co-Pay: Cost: Disp Fee: Disp Limits: Refills: Prof. Fee: MISC:

Summary

- Set Script Tag To[TRNSPA9]
- Write Script Tag to Claim
- Apply Only If Match During GF Days After Mem Start [90]
- Apply Only If Service Code [F384:~9]

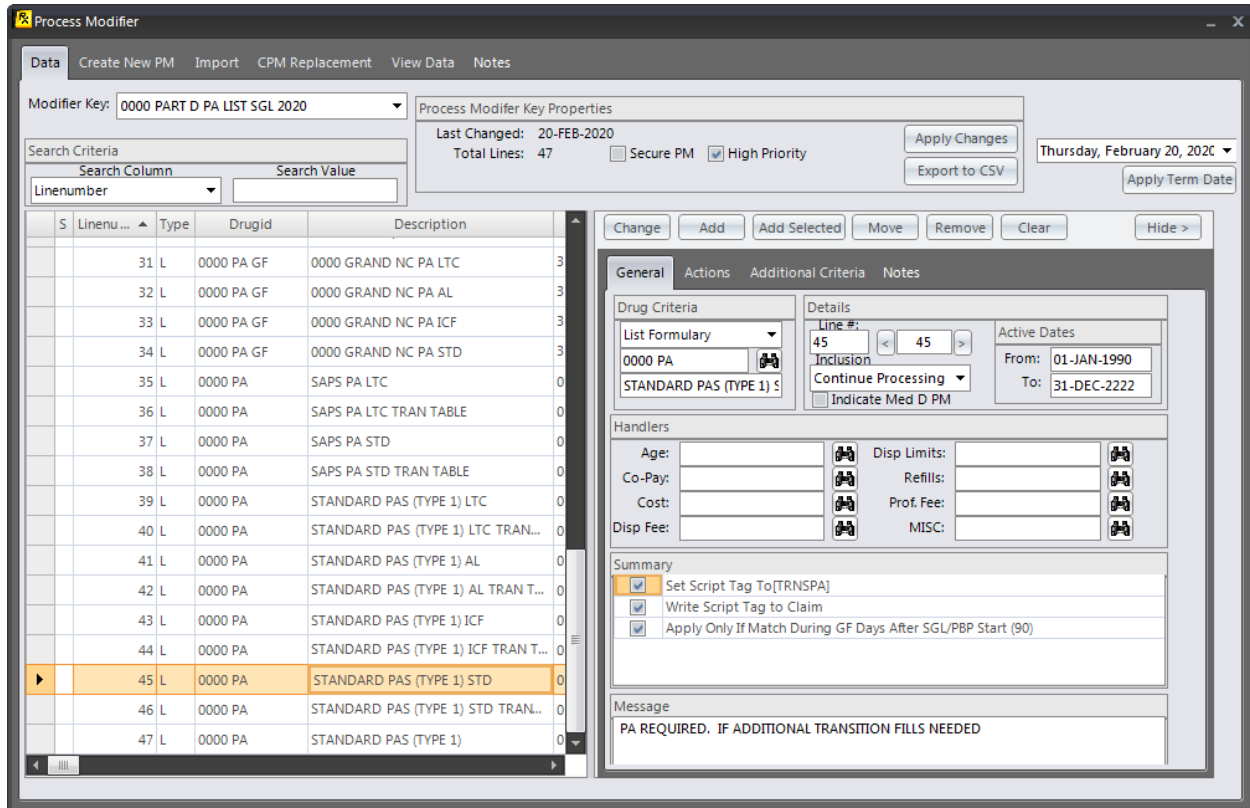
Message

PA REQUIRED. IF ADDITIONAL TRANSITION FILLS NEEDED

Standard Operating Procedure

- The third line accounts for a LTC service code of 9 (Apply Only if Service Code [F384:~9]) and the fact that the member is within the first 90 days of their start date (Apply Only If Match during GF days after Mem Start [90]).
 - The MISC Handler MUST start with TRANSD.

Line 4 of PA logic:



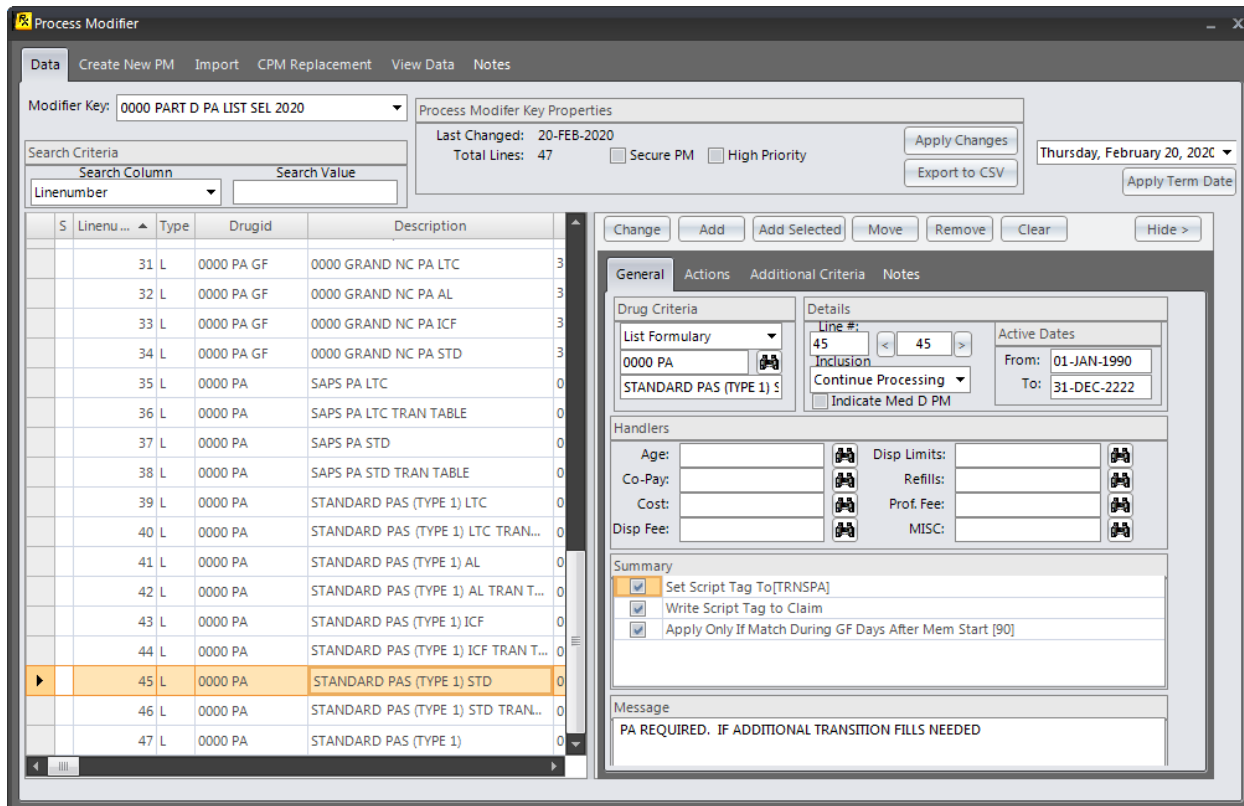
The screenshot shows the 'Process Modifier' application window. The main window has a menu bar with 'Data', 'Create New PM', 'Import', 'CPM Replacement', 'View Data', and 'Notes'. Below the menu is a 'Modifier Key' dropdown set to '0000 PART D PA LIST SGL 2020'. To the right, 'Process Modifier Key Properties' shows 'Last Changed: 20-FEB-2020' and 'Total Lines: 47'. There are buttons for 'Apply Changes' and 'Export to CSV'. A date dropdown shows 'Thursday, February 20, 2020' and an 'Apply Term Date' button.

The main area contains a table with columns: S, Linenu..., Type, Drugid, Description, and a rightmost column. The table lists 17 lines (31-47). Line 45 is highlighted in orange. The details for line 45 are shown in a pop-up window on the right.

S	Linenu...	Type	Drugid	Description	
	31	L	0000 PA GF	0000 GRAND NC PA LTC	3
	32	L	0000 PA GF	0000 GRAND NC PA AL	3
	33	L	0000 PA GF	0000 GRAND NC PA ICF	3
	34	L	0000 PA GF	0000 GRAND NC PA STD	3
	35	L	0000 PA	SAPS PA LTC	0
	36	L	0000 PA	SAPS PA LTC TRAN TABLE	0
	37	L	0000 PA	SAPS PA STD	0
	38	L	0000 PA	SAPS PA STD TRAN TABLE	0
	39	L	0000 PA	STANDARD PAS (TYPE 1) LTC	0
	40	L	0000 PA	STANDARD PAS (TYPE 1) LTC TRAN...	0
	41	L	0000 PA	STANDARD PAS (TYPE 1) AL	0
	42	L	0000 PA	STANDARD PAS (TYPE 1) AL TRAN T...	0
	43	L	0000 PA	STANDARD PAS (TYPE 1) ICF	0
	44	L	0000 PA	STANDARD PAS (TYPE 1) ICF TRAN T...	0
	45	L	0000 PA	STANDARD PAS (TYPE 1) STD	0
	46	L	0000 PA	STANDARD PAS (TYPE 1) STD TRAN...	0
	47	L	0000 PA	STANDARD PAS (TYPE 1)	0

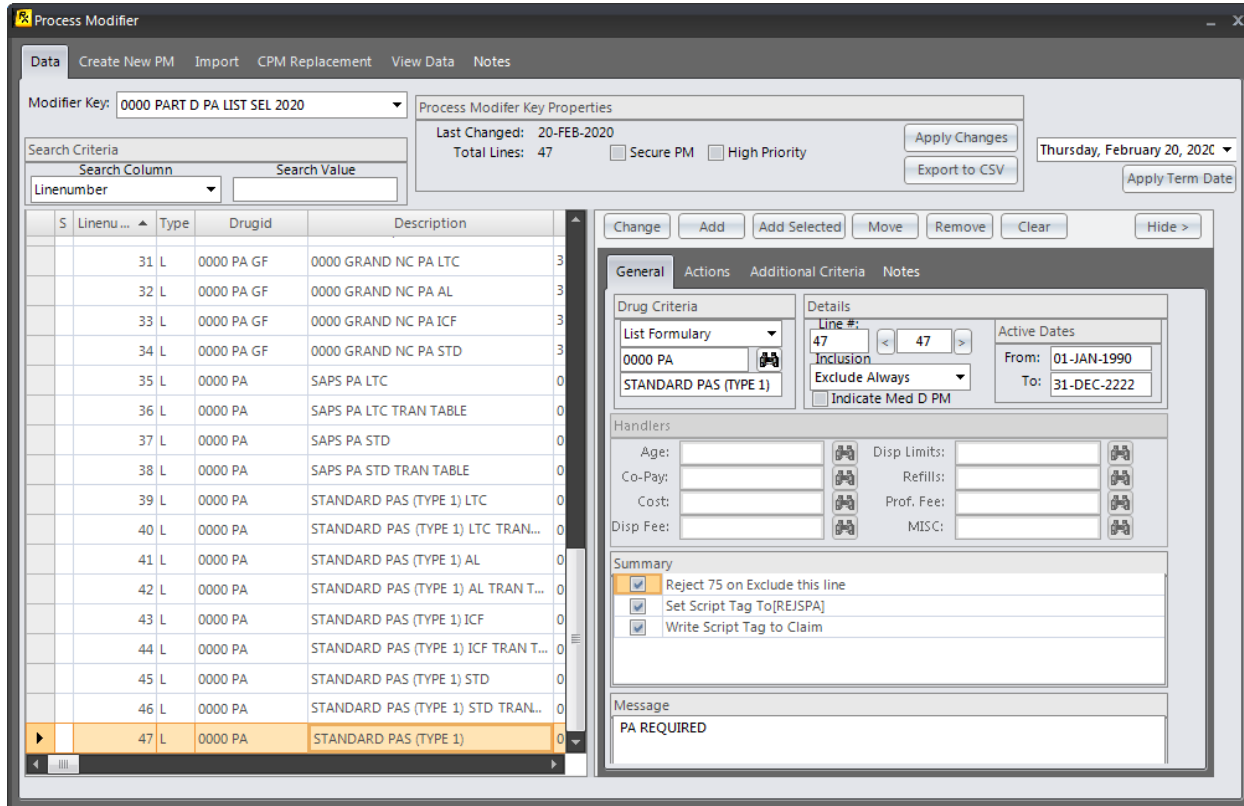
The details window for line 45 shows the following information:

- General** tab is active.
- Drug Criteria**: List Formulary (dropdown), 0000 PA (input), STANDARD PAS (TYPE 1) (dropdown).
- Details**: Line # (45), Inclusion (Continue Processing), Indicate Med D PM (checkbox).
- Active Dates**: From (01-JAN-1990), To (31-DEC-2222).
- Handlers**: Age, Co-Pay, Cost, Disp Fee, Disp Limits, Refills, Prof. Fee, MISC (all with icons).
- Summary**:
 - Set Script Tag To[TRNSPA]
 - Write Script Tag to Claim
 - Apply Only If Match During GF Days After SGL/PBP Start (90)
- Message**: PA REQUIRED. IF ADDITIONAL TRANSITION FILLS NEEDED



- The fourth line accounts for non - LTC claims that are within the first 90 days of the member's start date (*Apply Only if Match During GF days after Mem Start [90]*).
 - The MISC Handler **MUST** start with **TRANSD**.

Line 5 of PA logic:



- The fifth line accounts for all claims (regardless of LTC status) that are outside of the first 90 days of the member’s start date.
 - This line provides back a reject 75 with the configured PA messaging.
 - See section titled “CMS Notice of Appeal Rights” for additional information regarding Prior Authorization/Step Therapy functionality outside of members initial 90 days.

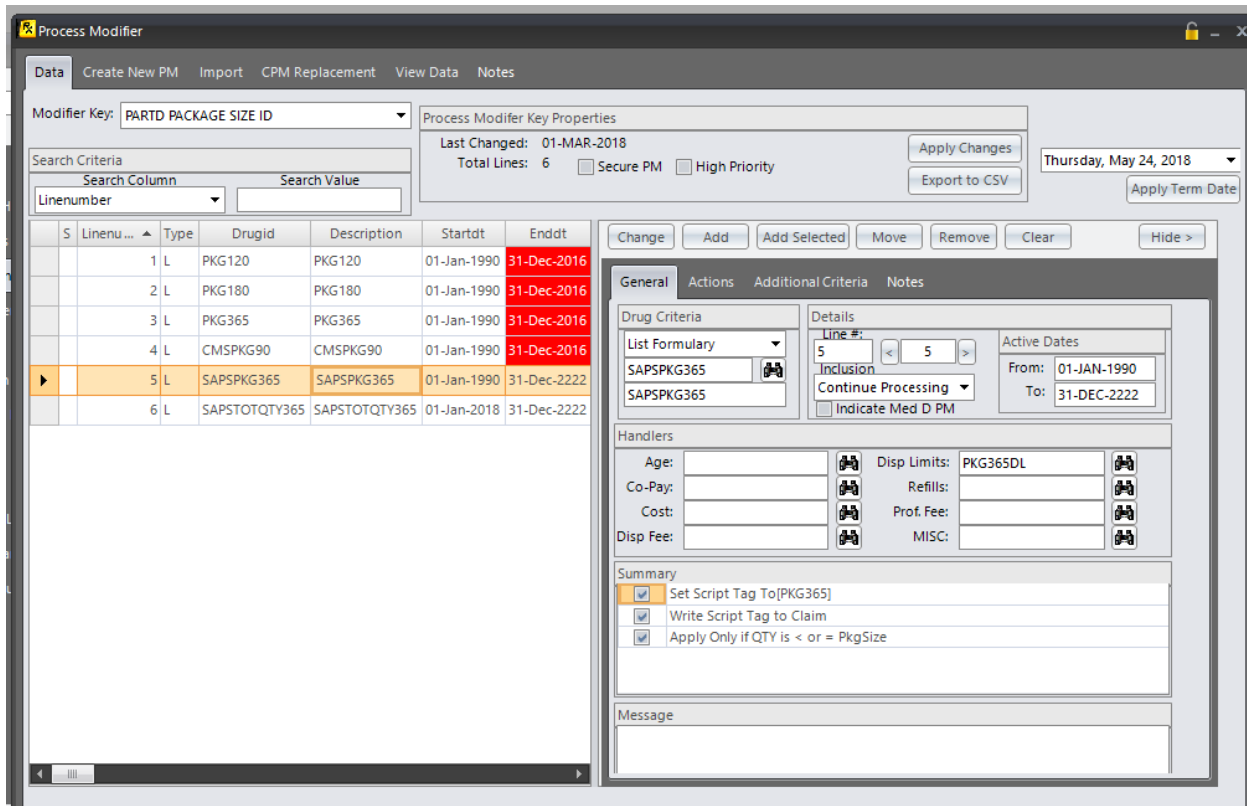
Smallest Available Package Size (SAPS)

- Unbreakable/Smallest package size drug logic is configured to automatically allow a claim that is dispensed as the smallest package size available and whose day supply calculation based on prescribed directions exceed the day supply limitation set by the Plan.
- Formulary lists are used to identify drugs whose smallest available package size is commonly dispensed for a certain days supply:
 - SAPSPKG365 - SAPS where the total package quantity is commonly less than or equal to the package size
 - SAPSTOTQTY365 - SAPS where the quantity submitted is commonly less than or equal to the total package quantity
- The member’s effective date on the enrollment file will be utilized to determine if they are within their first 90 days of initial enrollment with the Plan Sponsor and qualify for a transition fill.

Standard Operating Procedure

- If the claim picks up a transitional script tag, it will be filtered through the plan and bypass other UM edits (NF, PA, ST, and QL) to allow the claim to pay. These fills will count as their own transition fill and will be assigned a unique Misc. Handler (**TRANS3PKGxx**).
- UM edits are not overridden for SAPS outside of the transition period.
- SAPS claims will process up to 365 days. The 30 day transition limitation will be met if the SAPS transition claim pays for 30-365 day supply,
- Drugs that require a B vs D determination will reject to allow Payer determination to occur before granting a member the SAPS Dispensing Limit and transition logic.

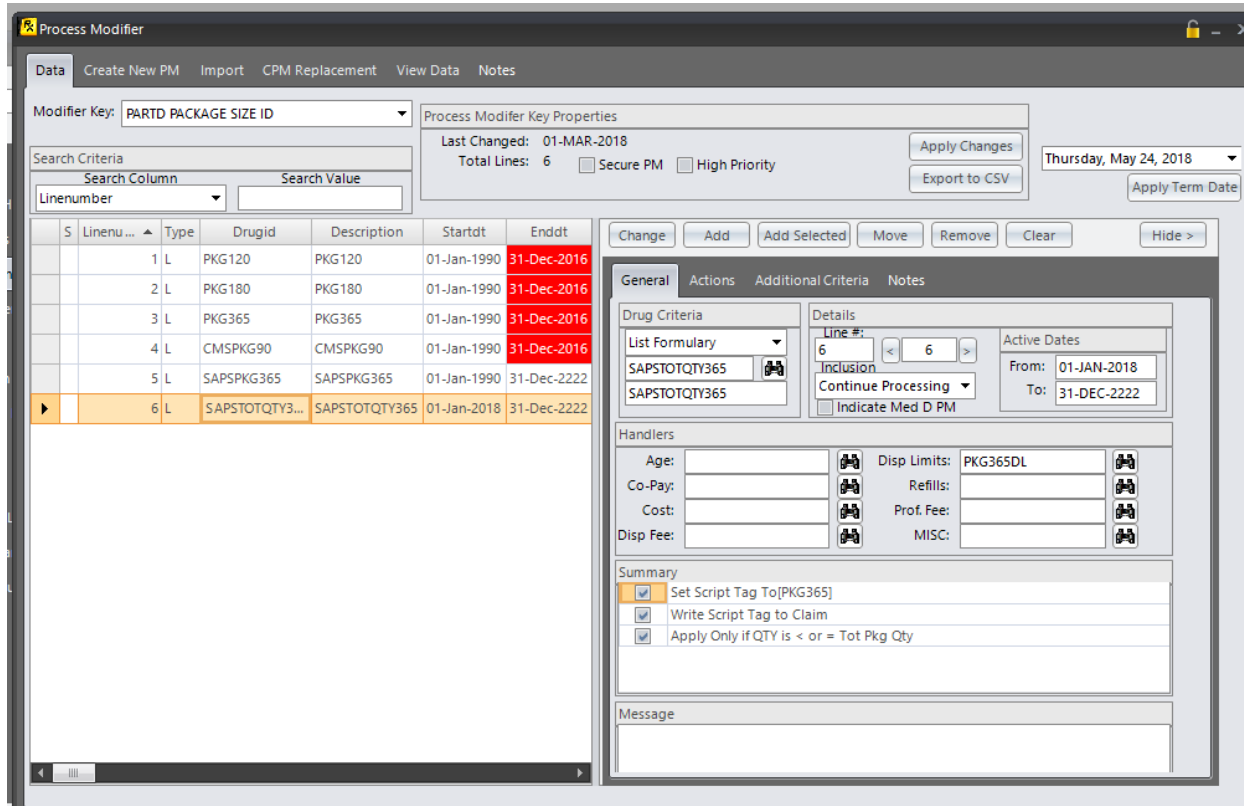
Line 1:



The screenshot shows the 'Process Modifier' application window. At the top, the 'Modifier Key' is set to 'PARTD PACKAGE SIZE ID'. The 'Process Modifier Key Properties' section shows 'Last Changed: 01-MAR-2018' and 'Total Lines: 6'. The 'Search Criteria' section includes a 'Search Column' dropdown and a 'Search Value' input field. Below this is a table with columns: S, Linenu..., Type, Drugid, Description, Startdt, and Enddt. The table contains six rows, with the fifth row (Line 5) highlighted in orange. The fifth row details are: S, 5, L, SAPSPKG365, SAPSPKG365, 01-Jan-1990, 31-Dec-2222. To the right of the table is a 'Details' panel for the selected line. The 'Details' panel includes 'Drug Criteria' (List Formulary, SAPSPKG365), 'Active Dates' (Line #: 5, From: 01-JAN-1990, To: 31-DEC-2222), 'Inclusion' (Continue Processing), and 'Indicate Med D PM'. Below the details is a 'Handlers' section with fields for Age, Co-Pay, Cost, Disp Fee, Disp Limits (PKG365DL), Refills, Prof. Fee, and MISC. At the bottom of the details panel is a 'Summary' section with three checked items: 'Set Script Tag To[PKG365]', 'Write Script Tag to Claim', and 'Apply Only if QTY is < or = PkgSize'. A 'Message' field is located at the very bottom of the details panel.

S	Linenu...	Type	Drugid	Description	Startdt	Enddt
	1	L	PKG120	PKG120	01-Jan-1990	31-Dec-2016
	2	L	PKG180	PKG180	01-Jan-1990	31-Dec-2016
	3	L	PKG365	PKG365	01-Jan-1990	31-Dec-2016
	4	L	CMSPKG90	CMSPKG90	01-Jan-1990	31-Dec-2016
	5	L	SAPSPKG365	SAPSPKG365	01-Jan-1990	31-Dec-2222
	6	L	SAPSTOTQTY365	SAPSTOTQTY365	01-Jan-2018	31-Dec-2222

Line 2:



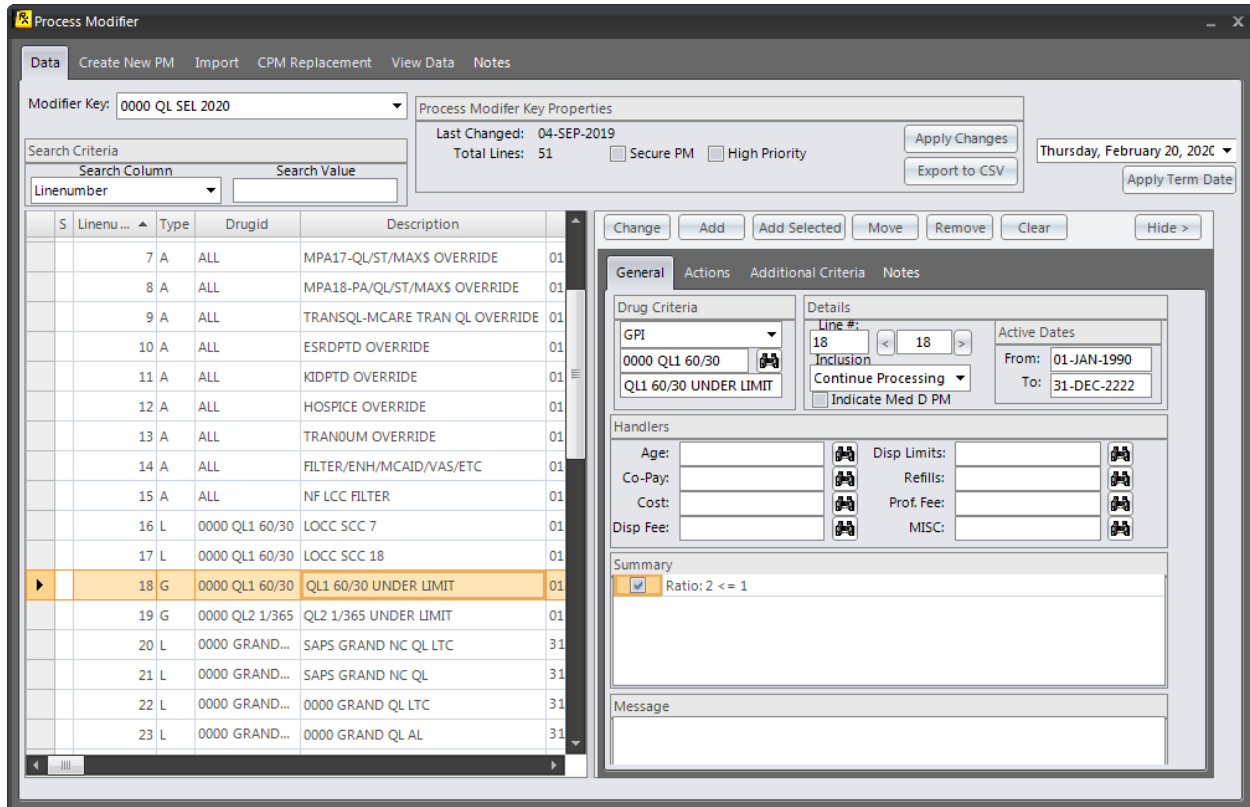
Quantity Limit (QL) Transitional Fills

- Quantity limit filters are created on the Plan Year 20## QL Process Modifier (0000 QL SEL 2020/ 0000 QL SGL 2020) that looks at the member’s start date.
- If the system does not find a GPI match within 90 days of the start date of the member, or the claim is equal to or less than the filed QL the claim hits the appropriate filter line and allows the Rx to go thru without enforcing the filed QL.
- For Transitional QL non-LTC Claims, the member is allowed up to an accumulated one month’s supply within their first 90 days. This is done with a MISC Handler (handler name = **TRANS D3 SEL QL/ TRANS D3 SGL QL**) that is attached to all transitional QL non-LTC claims. This handler allows the member up to a max of the Plan Sponsor’s one month supply within a non-LTC setting regardless of the number of prescriptions processed.
- Once outside of the member’s initial 90 days, the filter lines will no longer apply and the system will resume enforcing the filed QLs (see section titled “CMS Notice of Appeal Rights” for additional information regarding QL functionality outside of members initial 90 days)
- If the member’s start date is different than 01/01/20XX, the 90 days can refresh from the new start date
- If today the member start date is 4.1.2010, the filters will be active for the script(s) thru 6.30.2010.

Standard Operating Procedure

- Each QL criteria will need 6 lines.

Line 1 of the QL logic:



The screenshot shows the 'Process Modifier' application window. The main table lists various lines with columns for S, Linenumber, Type, Drugid, Description, and a rightmost column. Line 18 is highlighted in orange. The right-hand pane shows the configuration for the selected line (Line # 18). The 'Drug Criteria' section includes 'GPI' and '0000 QL1 60/30' with a 'QL1 60/30 UNDER LIMIT' button. The 'Details' section shows 'Line #: 18', 'Active Dates' from 01-JAN-1990 to 31-DEC-2222, and 'Inclusion' set to 'Continue Processing'. The 'Summary' section shows a checked box for 'Ratio: 2 <= 1'.

S	Linenumber	Type	Drugid	Description	
	7	A	ALL	MPA17-QL/ST/MAXS OVERRIDE	01
	8	A	ALL	MPA18-PA/QL/ST/MAXS OVERRIDE	01
	9	A	ALL	TRANSQ-MCARE TRAN QL OVERRIDE	01
	10	A	ALL	ESRDPTD OVERRIDE	01
	11	A	ALL	KIDPTD OVERRIDE	01
	12	A	ALL	HOSPICE OVERRIDE	01
	13	A	ALL	TRANQUUM OVERRIDE	01
	14	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01
	15	A	ALL	NF LCC FILTER	01
	16	L	0000 QL1 60/30	LOCC SCC 7	01
	17	L	0000 QL1 60/30	LOCC SCC 18	01
	18	G	0000 QL1 60/30	QL1 60/30 UNDER LIMIT	01
	19	G	0000 QL2 1/365	QL2 1/365 UNDER LIMIT	01
	20	L	0000 GRAND...	SAPS GRAND NC QL LTC	31
	21	L	0000 GRAND...	SAPS GRAND NC QL	31
	22	L	0000 GRAND...	0000 GRAND QL LTC	31
	23	L	0000 GRAND...	0000 GRAND QL AL	31

- The first line accounts for claims submitted with a quantity/day supply that is equal to or less than the filed QL and will allow the Rx to go through without enforcing the filed QL or transition rules.

Line 2 of the QL logic:

Process Modifier

Modifier Key: 0000 QL SEL 2020

Process Modifier Key Properties

Last Changed: 04-SEP-2019

Total Lines: 51

Thursday, February 20, 2020

S	Linenu...	Type	Drugid	Description	
	21	L	0000 GRAND...	SAPS GRAND NC QL	31
	22	L	0000 GRAND...	0000 GRAND QL LTC	31
	23	L	0000 GRAND...	0000 GRAND QL AL	31
	24	L	0000 GRAND...	0000 GRAND QL ICF	31
	25	L	0000 GRAND...	0000 GRAND QL STD	31
	26	L	0000 QL1 60/30	SAPS NEW MBR LTC	01
	27	L	0000 QL1 60/30	SAPS NEW MBR LTC TRAN TABLE	01
	28	L	0000 QL1 60/30	SAPS NEW MBR	01
	29	L	0000 QL1 60/30	SAPS NEW MBR TRAN TABLE	01
	30	L	0000 QL1 60/30	LTC	01
	31	L	0000 QL1 60/30	LTC TRAN TABLE	01
	32	L	0000 QL1 60/30	AL	01
	33	L	0000 QL1 60/30	AL TRAN TABLE	01
	34	L	0000 QL1 60/30	ICF	01
	35	L	0000 QL1 60/30	ICF TRAN TABLE	01
	36	L	0000 QL1 60/30	STD	01
	37	L	0000 QL1 60/30	STD TRAN TABLE	01

Drug Criteria: List Formulary: 0000 QL1 60/30, Inclusion: LTC

Details: Line #: 30, Active Dates: From: 01-JAN-1990, To: 31-DEC-2222

Summary:

- Set Script Tag To[TRNQL3]
- Write Script Tag to Claim
- Apply Only If Match During GF Days After Mem Start [90]
- Apply Only If Service Code [F384^3]

Message: QTY LIMIT OF x PER y DAYS. IF ADDITIONAL TRANSITION FILLS NEEDED

Process Modifier

Modifier Key: 0000 QL SGL

Process Modifier Key Properties

Last Changed: 12-DEC-2018

Total Lines: 51

Monday, May 13, 2019

S	Linenu...	Type	Drugid	Description	
	20	L	0000 GRAND...	SAPS GRAND NC QL LTC	31
	21	L	0000 GRAND...	SAPS GRAND NC QL	31
	22	L	0000 GRAND...	0000 GRAND QL LTC	31
	23	L	0000 GRAND...	0000 GRAND QL AL	31
	24	L	0000 GRAND...	0000 GRAND QL ICF	31
	25	L	0000 GRAND...	0000 GRAND QL STD	31
	26	L	0000 QL1 60/30	SAPS NEW MBR LTC	01
	27	L	0000 QL1 60/30	SAPS NEW MBR LTC TRAN TABLE	01
	28	L	0000 QL1 60/30	SAPS NEW MBR	01
	29	L	0000 QL1 60/30	SAPS NEW MBR TRAN TABLE	01
	30	L	0000 QL1 60/30	LTC	01
	31	L	0000 QL1 60/30	LTC TRAN TABLE	01
	32	L	0000 QL1 60/30	AL	01
	33	L	0000 QL1 60/30	AL TRAN TABLE	01
	34	L	0000 QL1 60/30	ICF	01
	35	L	0000 QL1 60/30	ICF TRAN TABLE	01
	36	L	0000 QL1 60/30	STD	01

Drug Criteria: List Formulary: 0000 QL1 60/30, Inclusion: LTC

Details: Line #: 30, Active Dates: From: 01-JAN-1990, To: 31-DEC-2222

Summary:

- Set Script Tag To[TRNQL3]
- Write Script Tag to Claim
- Apply Only If Match During GF Days After SGL/PBP Start (90)
- Apply Only If Service Code [F384^3]

Message: LTC/TRANSITIONAL FILL; QTY LIMIT OF 60 PER 30 DAYS

GP-SOP-T Formulary Transition
 Owner: Government Programs

Issued: 05/26/2017
 Revised: 05/20/2020
 Reviewed: 05/20/2020
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- The second line accounts for a LTC service code of 3 (Apply Only if Service Code [F384:~3]) and the fact that the member is within the first 90 days of their start date.

Line 3 of the QL logic:

S	Linenu...	Type	Drugid	Description	
	21	L	0000 GRAND...	SAPS GRAND NC QL	31
	22	L	0000 GRAND...	0000 GRAND QL LTC	31
	23	L	0000 GRAND...	0000 GRAND QL AL	31
	24	L	0000 GRAND...	0000 GRAND QL ICF	31
	25	L	0000 GRAND...	0000 GRAND QL STD	31
	26	L	0000 QL1 60/30	SAPS NEW MBR LTC	01
	27	L	0000 QL1 60/30	SAPS NEW MBR LTC TRAN TABLE	01
	28	L	0000 QL1 60/30	SAPS NEW MBR	01
	29	L	0000 QL1 60/30	SAPS NEW MBR TRAN TABLE	01
	30	L	0000 QL1 60/30	LTC	01
	31	L	0000 QL1 60/30	LTC TRAN TABLE	01
	32	L	0000 QL1 60/30	AL	01
	33	L	0000 QL1 60/30	AL TRAN TABLE	01
	34	L	0000 QL1 60/30	ICF	01
	35	L	0000 QL1 60/30	ICF TRAN TABLE	01
	36	L	0000 QL1 60/30	STD	01
	37	L	0000 QL1 60/30	STD TRAN TABLE	01

Process Modifier Key Properties
 Last Changed: 04-SEP-2019
 Total Lines: 51

Line # 32 Configuration:
 Drug Criteria: 0000 QL1 60/30
 Inclusion: AL
 Active Dates: From: 01-JAN-1990 To: 31-DEC-2222
 Summary:
 Set Script Tag To[TRNQL4]
 Write Script Tag to Claim
 Apply Only If Match During GF Days After Mem Start [90]
 Apply Only If Service Code [F384:~4]
 Message: QTY LIMIT OF x PER y DAYS. IF ADDITIONAL TRANSITION FILLS NEEDED

S	Linenu...	Type	Drugid	Description	Start
	25	L	0000 GRAND...	0000 GRAND QL STD	31-Dec-
	26	L	0000 QL1 60/30	SAPS NEW MBR LTC	01-Jan-1
	27	L	0000 QL1 60/30	SAPS NEW MBR LTC TRAN TABLE	01-Jan-1
	28	L	0000 QL1 60/30	SAPS NEW MBR	01-Jan-1
	29	L	0000 QL1 60/30	SAPS NEW MBR TRAN TABLE	01-Jan-1
	30	L	0000 QL1 60/30	LTC	01-Jan-1
	31	L	0000 QL1 60/30	LTC TRAN TABLE	01-Jan-1
	32	L	0000 QL1 60/30	AL	01-Jan-1
	33	L	0000 QL1 60/30	AL TRAN TABLE	01-Jan-1
	34	L	0000 QL1 60/30	ICF	01-Jan-1
	35	L	0000 QL1 60/30	ICF TRAN TABLE	01-Jan-1
	36	L	0000 QL1 60/30	STD	01-Jan-1
	37	L	0000 QL1 60/30	STD TRAN TABLE	01-Jan-1
	38	L	0000 QL1 60/30	LIMIT	01-Jan-1
	39	L	0000 QL2 1/365	SAPS NEW MBR LTC	01-Jan-1
	40	L	0000 QL2 1/365	SAPS NEW MBR TRAN TABLE LTC	01-Jan-1
	41	L	0000 QL2 1/365	SAPS NEW MBR	01-Jan-1

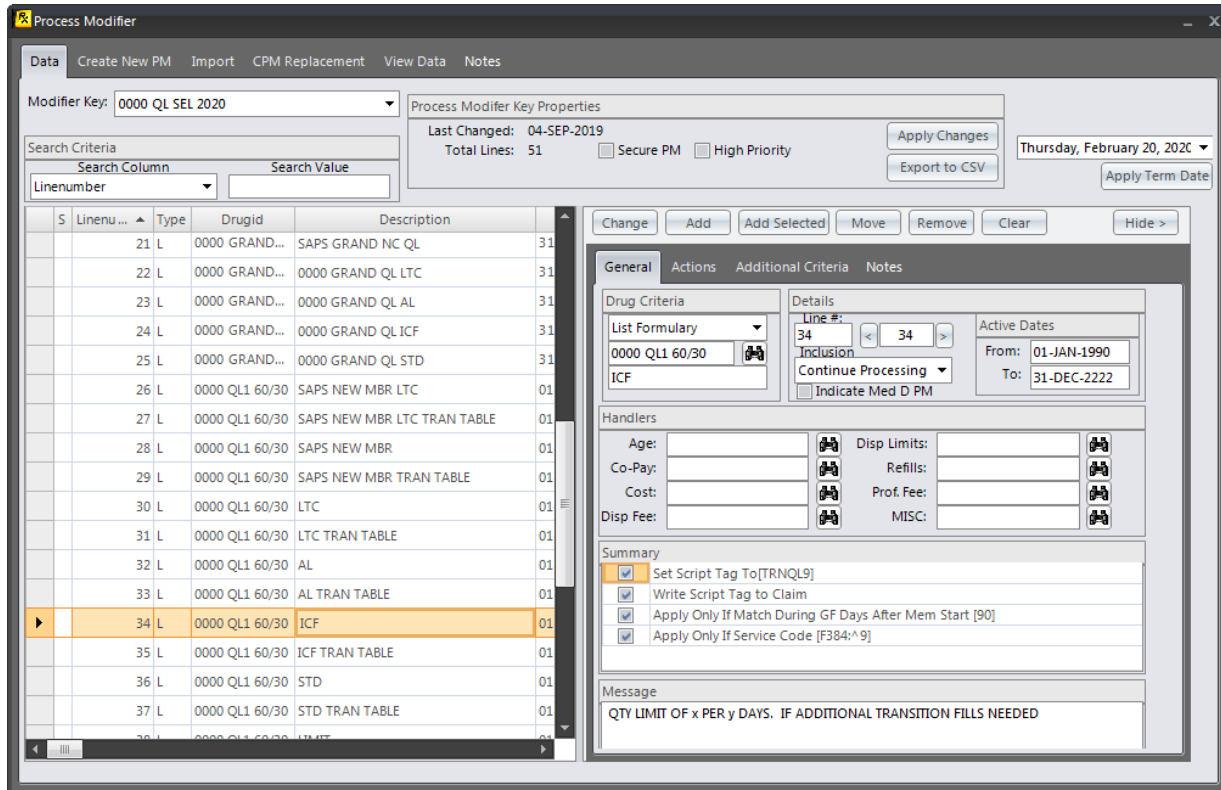
Process Modifier Key Properties
 Last Changed: 23-JUL-2019
 Total Lines: 51

Line # 32 Configuration:
 Drug Criteria: 0000 QL1 60/30
 Inclusion: AL
 Active Dates: From: 01-JAN-1990 To: 31-DEC-2222
 Summary:
 Set Script Tag To[TRNQL4]
 Write Script Tag to Claim
 Apply Only If Match During GF Days After SGL/PBP Start (90)
 Apply Only If Service Code [F384:~4]
 Message: QTY LIMIT OF x PER y DAYS. IF ADDITIONAL TRANSITION FILLS NEEDED

Standard Operating Procedure

- The third line accounts for a LTC service code of 4 (*Apply Only if Service Code [F384:~4]*) and the fact that the member is within the first 90 days of their start date.

Line 4 of the QL logic:



The screenshot shows the 'Process Modifier' application window. The main table lists various lines with columns for S, Linenum, Type, Drugid, Description, and a final column. Line 34 is highlighted in orange. The right-hand pane shows the configuration for Line 4, including drug criteria, details, handlers, and a summary of logic rules.

S	Linenum	Type	Drugid	Description	
	21	L	0000 GRAND...	SAPS GRAND NC QL	31
	22	L	0000 GRAND...	0000 GRAND QL LTC	31
	23	L	0000 GRAND...	0000 GRAND QL AL	31
	24	L	0000 GRAND...	0000 GRAND QL ICF	31
	25	L	0000 GRAND...	0000 GRAND QL STD	31
	26	L	0000 QL1 60/30	SAPS NEW MBR LTC	01
	27	L	0000 QL1 60/30	SAPS NEW MBR LTC TRAN TABLE	01
	28	L	0000 QL1 60/30	SAPS NEW MBR	01
	29	L	0000 QL1 60/30	SAPS NEW MBR TRAN TABLE	01
	30	L	0000 QL1 60/30	LTC	01
	31	L	0000 QL1 60/30	LTC TRAN TABLE	01
	32	L	0000 QL1 60/30	AL	01
	33	L	0000 QL1 60/30	AL TRAN TABLE	01
	34	L	0000 QL1 60/30	ICF	01
	35	L	0000 QL1 60/30	ICF TRAN TABLE	01
	36	L	0000 QL1 60/30	STD	01
	37	L	0000 QL1 60/30	STD TRAN TABLE	01
	38	L	0000 QL1 60/30	STD	01

Process Modifier Key Properties:
 Modifier Key: 0000 QL SEL 2020
 Last Changed: 04-SEP-2019
 Total Lines: 51
 Secure PM High Priority
 Apply Changes, Export to CSV, Thursday, February 20, 2020, Apply Term Date

Line 4 Configuration:
 Drug Criteria: List Formulary: 0000 QL1 60/30, ICF
 Details: Line #: 34, Inclusion: 0000 QL1 60/30, Continue Processing: [dropdown], Indicate Med D PM:
 Active Dates: From: 01-JAN-1990, To: 31-DEC-2222
 Handlers: Age, Co-Pay, Cost, Disp Fee, Disp Limits, Refills, Prof. Fee, MISC
 Summary:
 Set Script Tag To[TRNQL9]
 Write Script Tag to Claim
 Apply Only If Match During GF Days After Mem Start [90]
 Apply Only If Service Code [F384:~9]
 Message: QTY LIMIT OF x PER y DAYS. IF ADDITIONAL TRANSITION FILLS NEEDED

The screenshot shows the 'Process Modifier' application window. The 'Modifier Key' is '0000 QL SGL 2020'. The 'Process Modifier Key Properties' section shows 'Last Changed: 23-JUL-2019' and 'Total Lines: 51'. The 'Search Criteria' section has 'Search Column' set to 'Linenumbr' and 'Search Value' empty. The main table lists lines 25 through 41. Line 34 is highlighted in orange. The right-hand pane shows the 'General' tab for line 34, with 'Drug Criteria' set to '0000 QL1 60/30' and 'ICF'. The 'Details' section shows 'Line #:' 34, 'Active Dates' from '01-JAN-1990' to '31-DEC-2222', and 'Inclusion' set to 'Continue Processing'. The 'Summary' section has several checked options: 'Set Script Tag To[TRNQL9]', 'Write Script Tag to Claim', 'Apply Only If Match During GF Days After SGL/PBP Start (90)', and 'Apply Only If Service Code [F384:~9]'. The 'Message' section contains the text: 'QTY LIMIT OF x PER y DAYS. IF ADDITIONAL TRANSITION FILLS NEEDED'.

- The fourth line accounts for a LTC service code of 9 (*Apply Only if Service Code [F384:~9]*) and the fact that the member is within the first 90 days of their start date.

Line 5 of the QL logic:

The screenshot shows the 'Process Modifier' application window. The 'Modifier Key' is '0000 QL SEL 2020'. The 'Process Modifier Key Properties' section shows 'Last Changed: 04-SEP-2019' and 'Total Lines: 51'. The 'Search Criteria' section has 'Search Column' set to 'Linenumbr' and 'Search Value' empty. The main table lists lines 32 through 48. Line 36 is highlighted in orange. The right-hand pane shows the 'General' tab for line 36, with 'Drug Criteria' set to '0000 QL1 60/30' and 'STD'. The 'Details' section shows 'Line #:' 36, 'Active Dates' from '01-JAN-1990' to '31-DEC-2222', and 'Inclusion' set to 'Continue Processing'. The 'Summary' section has several checked options: 'Set Script Tag To[TRNQLS]', 'Write Script Tag to Claim', and 'Apply Only If Match During GF Days After Mem Start [90]'. The 'Message' section contains the text: 'QTY LIMIT OF x PER y DAYS. IF ADDITIONAL TRANSITION FILLS NEEDED'.

The screenshot displays the 'Process Modifier' application. The main table lists 41 lines with columns for 'S', 'Linenu...', 'Type', 'Drugid', 'Description', and 'Start...'. Line 36 is highlighted in orange. The right-hand pane shows the configuration for line 36, including drug criteria (0000 QL1 60/30 STD), active dates (01-JAN-1990 to 31-DEC-2222), and a summary of script tags.

S	Linenu...	Type	Drugid	Description	Start...
	25	L	0000 GRAND...	0000 GRAND QL STD	31-Dec-
	26	L	0000 QL1 60/30	SAPS NEW MBR LTC	01-Jan-1
	27	L	0000 QL1 60/30	SAPS NEW MBR LTC TRAN TABLE	01-Jan-1
	28	L	0000 QL1 60/30	SAPS NEW MBR	01-Jan-1
	29	L	0000 QL1 60/30	SAPS NEW MBR TRAN TABLE	01-Jan-1
	30	L	0000 QL1 60/30	LTC	01-Jan-1
	31	L	0000 QL1 60/30	LTC TRAN TABLE	01-Jan-1
	32	L	0000 QL1 60/30	AL	01-Jan-1
	33	L	0000 QL1 60/30	AL TRAN TABLE	01-Jan-1
	34	L	0000 QL1 60/30	ICF	01-Jan-1
	35	L	0000 QL1 60/30	ICF TRAN TABLE	01-Jan-1
	36	L	0000 QL1 60/30	STD	01-Jan-1
	37	L	0000 QL1 60/30	STD TRAN TABLE	01-Jan-1
	38	L	0000 QL1 60/30	LIMIT	01-Jan-1
	39	L	0000 QL2 1/365	SAPS NEW MBR LTC	01-Jan-1
	40	L	0000 QL2 1/365	SAPS NEW MBR TRAN TABLE LTC	01-Jan-1
	41	L	0000 QL2 1/365	SAPS NEW MBR	01-Jan-1

- The fifth line accounts for non-LTC claims that are within the first 90 days of the member's start date.

Line 6 of the QL logic:

- The sixth line accounts for all claims (regardless of LTC status) that are outside of the first 90 days of the member’s start date.
 - This line provides back a reject 9G with the configured PA messaging, if the claim is above the filed quantity limit.
 - See section titled “CMS Notice of Appeal Rights” for additional information regarding QL functionality outside of members initial 90 days).

Please Note:

- Any MISC Handler created for transitional purposes MUST have a naming convention that starts with **TRANSD3**. This handler will NOT drive Copays.
- The pharmacy is notified when transition medication is processed at the point of sale via pharmacy messaging placed in the claims adjudication system.
 - For Paid Claims
 - Actual pharmacy Messaging placed in the pharmacy claims adjudication system for 2016 and forward for drugs subject to prior authorization will be: **PA REQUIRED, OR FOR ADDITIONAL LTC/TRANSITIONAL OVERRIDES CALL ###-###-####**
 - Actual pharmacy Messaging placed in the pharmacy claims adjudication system for 2016 and forward for drugs subject to step therapy will be: **MUST HAVE TRIED & FAILED DRUG ____ BEFORE DRUG ____ . CALL ###-###-#### FOR ADDITIONAL LTC FILLS**
 - Actual pharmacy Messaging placed in the pharmacy claims adjudication system for 2016 and forward for drugs that are non-formulary will be: **TRANSITIONAL FILLS/DRUGS ONLY ALLOWED ## DAY SUPPLY. CALL ###-###-#### FOR ADDITIONAL TRANSITION or LTC TRANSITIONAL FILLS/DRUGS ONLY ALLOWED ONE MONTH SUPPLY. CALL ###-###-#### FOR ADDITIONAL TRANSITION FILLS.**
 - For Rejected Claims
 - Actual pharmacy Messaging placed in the pharmacy claims adjudication system for 2016 and forward for drugs subject to prior authorization will be: **PA REQUIRED. Call ###-###-#### or log on to <https://envision.promptpa.com> to initiate exception request.**
 - Actual pharmacy Messaging placed in the pharmacy claims adjudication system for 2016 and forward for drugs subject to step therapy will be: **MUST HAVE TRIED & FAILED ____ BEFORE ____ . Call ###-###-#### or log on to <https://envision.promptpa.com> to initiate exception request.**
 - Actual pharmacy Messaging placed in the pharmacy claims adjudication system for 2016 and forward for drugs that are non-formulary will be: **NON-FORMULARY DRUG. TRANSITIONAL PERIOD OVER. USE FORMULARY PRODUCT. Call ###-###-#### or log on to <https://envision.promptpa.com> to initiate exception request.**

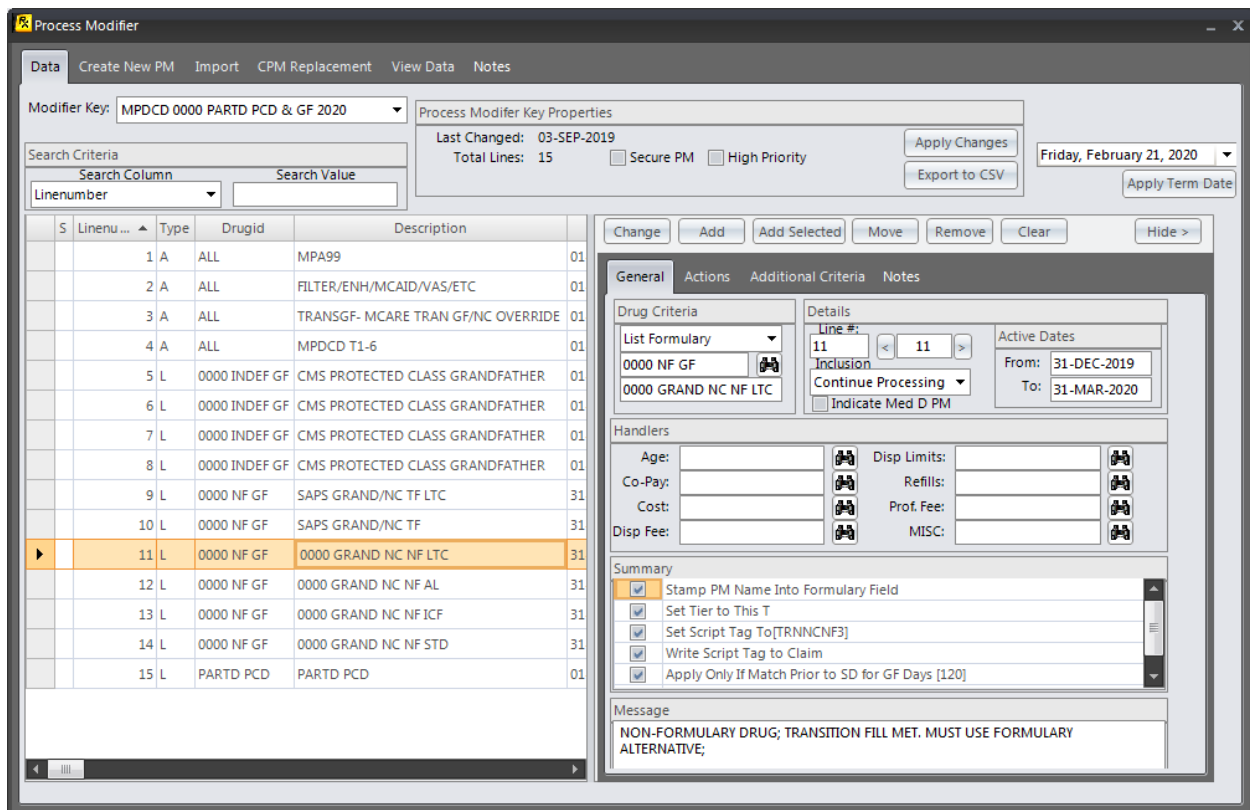
TRANSITION ACROSS PLAN YEARS FOR NEGATIVE FORMULARY CHANGES FOR CURRENT MEMBERS PHARMACY CLAIMS ADJUDICATION DETAIL

- For any drugs that become non-formulary from one plan year to the next or require a new step therapy or prior authorization within the new plan year, programming for grandfathering will be configured to allow existing members who had these drugs in their history to get up to an accumulated one month's supply transitional fill within the first 90 days of the benefit year.
- A formulary list is created and named 0000 NF GF for the drugs that have become non-formulary or have a new prior authorization or step therapy for the new-year. A formulary list should be created for each type of negative change. These formulary lists become filters within the MPDCD 0000 PARTD PCD & GF XXY process modifier. The filters built within, allow the drugs to be treated as formulary for a transitional fill for any existing member with this drug in their history prior to the new-year.
- The tier assigned for non-formulary medications is defined by the plan and is indicated on this Common Process Modifier for non-formulary transitional fills along with the accumulated one month's supply only dispensing limits.
- The Grandfathering list is attached to a Common Process Modifier with specified rules to allow up to an accumulated one month's supply fill and indicates messaging that this is a transitional fill for the transitional period for these members.
- If the system finds a match for a drug on the Grandfathered List within the window or days going back in history (look-back period is a minimum of 108 days or as defined by the Plan Sponsor) of the new benefit year or the GF start Date go back in history, then the claim hits the transitional GF PM (filter line) and allows the Rx to go thru.
- The drug will have been be flagged as the plan's designated tier on the grandfather formulary list. This will allow the drug to continue processing within the Gross Covered Drug Cost (PPP) and TrOOP amount (PTR) Process Modifiers on the plan and attribute to the PPP (see #2) and PTR (see #3) values for this fill and include it as a PART D covered drug.
- When a transitional fill is adjudicated, a transitional letter is generated via a crystal report. This is accomplished by selecting a "Stamp PM Name into Formulary Field" checkbox edit. All claims that are "flagged" by this edit are pulled for transitional letters (see Stamp PM Name into Formulary Field shown below) (#1 D)
- Script tags are used to identify the type of transition fill (e.g. Prior Authorization, Step Therapy, Quantity Limit, Non-Formulary Part D drug) as well as LTC or non-LTC. These script tags are included on the crystal report and used to identify the appropriate transition letter language.
- Once outside of the member's initial 90 days, the filter line will no longer apply and the system will resume with the rejection for NON-formulary Drug not covered (rej MR). – also see section titled "CMS Notice of Appeal Rights" for additional information)

Standard Operating Procedure

- Remember, if the member's history does not go back the allotted window, they are not eligible for this grandfathering fill.
 - The start date is 1.1.20**, for this rule to look back in history.
 - This will only allow a 1 time fill within the first 90 days of the benefit year and terms as of 3/31/20**
- In the LTC setting, additional transition fills outside of the accumulated one month's supply automated fill at this time will require the pharmacy to call Customer Service to request additional manual overrides.
- The logic in the system and looks like this:

#1-Process Modifiers showing Grandfather lists (negative changes – current members):



The screenshot shows the 'Process Modifier' application window. The main table lists 15 modifiers. Modifier 11 is highlighted in orange. The right-hand pane shows the details for modifier 11, including drug criteria, active dates, handlers, and a summary of actions.

S	Linenu...	Type	Drugid	Description	
	1	A	ALL	MPA99	01
	2	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01
	3	A	ALL	TRANSGF- MCARE TRAN GF/NC OVERRIDE	01
	4	A	ALL	MPDCD T1-6	01
	5	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	6	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	7	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	8	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	9	L	0000 NF GF	SAPS GRAND/NC TF LTC	31
	10	L	0000 NF GF	SAPS GRAND/NC TF	31
	11	L	0000 NF GF	0000 GRAND NC NF LTC	31
	12	L	0000 NF GF	0000 GRAND NC NF AL	31
	13	L	0000 NF GF	0000 GRAND NC NF ICF	31
	14	L	0000 NF GF	0000 GRAND NC NF STD	31
	15	L	PARTD PCD	PARTD PCD	01

Modifier 11 Details:

- Drug Criteria:** List Formulary, 0000 NF GF, 0000 GRAND NC NF LTC
- Details:** Line #: 11, Inclusion: Continue Processing, Indicate Med D PM, Active Dates: From: 31-DEC-2019, To: 31-MAR-2020
- Handlers:** Age, Co-Pay, Cost, Disp Fee, Disp Limits, Refills, Prof. Fee, MISC
- Summary:**
 - Stamp PM Name Into Formulary Field
 - Set Tier to This T
 - Set Script Tag To[TRNNCNF3]
 - Write Script Tag to Claim
 - Apply Only If Match Prior to SD for GF Days [120]
- Message:** NON-FORMULARY DRUG; TRANSITION FILL MET. MUST USE FORMULARY ALTERNATIVE;

Standard Operating Procedure

Process Modifier

Data Create New PM Import CPM Replacement View Data Notes

Modifier Key: MPDCD 0000 PARTD PCD & GF 2020

Process Modifier Key Properties
Last Changed: 03-SEP-2019
Total Lines: 15 Secure PM High Priority

Apply Changes
Export to CSV

Friday, February 21, 2020
Apply Term Date

S	Linenu...	Type	Drugid	Description	
	1	A	ALL	MPA99	01
	2	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01
	3	A	ALL	TRANSGF- MCARE TRAN GF/NC OVERRIDE	01
	4	A	ALL	MPDCD T1-6	01
	5	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	6	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	7	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	8	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	9	L	0000 NF GF	SAPS GRAND/NC TF LTC	31
	10	L	0000 NF GF	SAPS GRAND/NC TF	31
	11	L	0000 NF GF	0000 GRAND NC NF LTC	31
	12	L	0000 NF GF	0000 GRAND NC NF AL	31
	13	L	0000 NF GF	0000 GRAND NC NF ICF	31
	14	L	0000 NF GF	0000 GRAND NC NF STD	31
	15	L	PARTD PCD	PARTD PCD	01

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
List Formulary
0000 NF GF
0000 GRAND NC NF ICF

Details
Line #: 13
Inclusion
Continue Processing
 Indicate Med D PM

Active Dates
From: 31-DEC-2019
To: 31-MAR-2020

Handlers
Age: Disp Limits:
Co-Pay: Refills:
Cost: Prof. Fee:
Disp Fee: MISC:

Summary
 Stamp PM Name Into Formulary Field
 Set Tier to This T
 Set Script Tag To [TRNNCNF9]
 Write Script Tag to Claim
 Apply Only If Match Prior to SD for GF Days [120]

Message
NON-FORMULARY DRUG; TRANSITION FILL MET. MUST USE FORMULARY ALTERNATIVE;

Process Modifier

Data Create New PM Import CPM Replacement View Data Notes

Modifier Key: MPDCD 0000 PARTD PCD & GF 2020

Process Modifier Key Properties
Last Changed: 03-SEP-2019
Total Lines: 15 Secure PM High Priority

Apply Changes
Export to CSV

Friday, February 21, 2020
Apply Term Date

S	Linenu...	Type	Drugid	Description	
	1	A	ALL	MPA99	01
	2	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01
	3	A	ALL	TRANSGF- MCARE TRAN GF/NC OVERRIDE	01
	4	A	ALL	MPDCD T1-6	01
	5	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	6	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	7	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	8	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	9	L	0000 NF GF	SAPS GRAND/NC TF LTC	31
	10	L	0000 NF GF	SAPS GRAND/NC TF	31
	11	L	0000 NF GF	0000 GRAND NC NF LTC	31
	12	L	0000 NF GF	0000 GRAND NC NF AL	31
	13	L	0000 NF GF	0000 GRAND NC NF ICF	31
	14	L	0000 NF GF	0000 GRAND NC NF STD	31
	15	L	PARTD PCD	PARTD PCD	01

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
List Formulary
0000 NF GF
0000 GRAND NC NF AL

Details
Line #: 12
Inclusion
Continue Processing
 Indicate Med D PM

Active Dates
From: 31-DEC-2019
To: 31-MAR-2020

Handlers
Age: Disp Limits:
Co-Pay: Refills:
Cost: Prof. Fee:
Disp Fee: MISC:

Summary
 Stamp PM Name Into Formulary Field
 Set Tier to This T
 Set Script Tag To [TRNNCNF4]
 Write Script Tag to Claim
 Apply Only If Match Prior to SD for GF Days [120]

Message
NON-FORMULARY DRUG; TRANSITION FILL MET. MUST USE FORMULARY ALTERNATIVE;

GP-SOP-T Formulary Transition
Owner: Government Programs

Uncontrolled document-printed version only reliable for 24 hours.

Issued: 05/26/2017
Revised: 05/20/2020
Reviewed: 05/20/2020
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Process Modifier

Modifier Key: MPDCD 0000 PARTD PCD & GF 2020

Process Modifier Key Properties
 Last Changed: 03-SEP-2019
 Total Lines: 15

Search Criteria
 Search Column: Linenumber

S	Linenu...	Type	Drugid	Description	
	1	A	ALL	MPA99	01
	2	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01
	3	A	ALL	TRANSGF- MCARE TRAN GF/NC OVERRIDE	01
	4	A	ALL	MPDCD T1-6	01
	5	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	6	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	7	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	8	L	0000 INDEF GF	CMS PROTECTED CLASS GRANDFATHER	01
	9	L	0000 NF GF	SAPS GRAND/NC TF LTC	31
	10	L	0000 NF GF	SAPS GRAND/NC TF	31
	11	L	0000 NF GF	0000 GRAND NC NF LTC	31
	12	L	0000 NF GF	0000 GRAND NC NF AL	31
	13	L	0000 NF GF	0000 GRAND NC NF ICF	31
	14	L	0000 NF GF	0000 GRAND NC NF STD	31
	15	L	PARTD PCD	PARTD PCD	01

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
 List Formulary: 0000 NF GF, 0000 GRAND NC NF STD

Details
 Line #: 14
 Inclusion: Continue Processing
 Active Dates: From: 31-DEC-2019, To: 31-MAR-2020

Handlers
 Age, Co-Pay, Cost, Disp Fee, Disp Limits, Refills, Prof. Fee, MISC

Summary
 Stamp PM Name Into Formulary Field
 Set Tier to This T
 Set Script Tag To[TRNNCNFS]
 Write Script Tag to Claim
 Apply Only If Match Prior to SD for GF Days [120]

Message
 NON-FORMULARY DRUG; TRANSITION FILL MET. MUST USE FORMULARY ALTERNATIVE;

#2 PPP Process Modifier (cap):

Process Modifier

Modifier Key: PARTD PPP \$4020

Process Modifier Key Properties
 Last Changed: 10-JUL-2019
 Total Lines: 1

Search Criteria
 Search Column: Linenumber

S	Linenu...	Type	Drugid	Description	Startdt	Enddt	Covered	Ag
	1	A	ALL	MPDCD T...	01-Jan-1990	31-Dec-2222	C	

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
 ALL, MPDCD T1-6

Details
 Line #: 1
 Inclusion: Continue Processing
 Active Dates: From: 01-JAN-1990, To: 31-DEC-2222

Handlers
 Age, Co-Pay, Cost, Disp Fee, Disp Limits, Refills, Prof. Fee, MISC

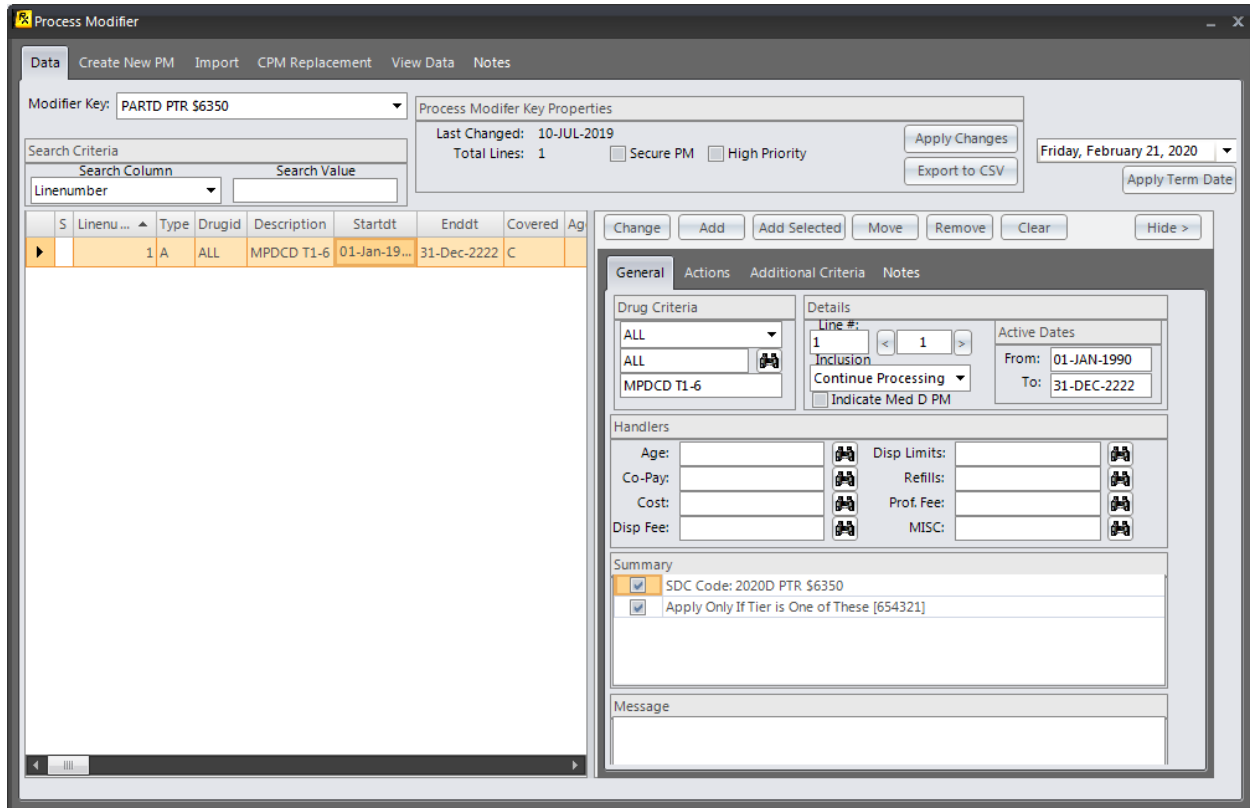
Summary
 SDC Code: 2020D PPP \$4020
 Apply Only If Tier is One of These [654321]

Message

GP-SOP-T Formulary Transition
 Owner: Government Programs

Issued: 05/26/2017
 Revised: 05/20/2020
 Reviewed: 05/20/2020
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#3 PTR Process Modifier (TrOOP):



- In order to obtain additional transition refills for emergency situations or for additional LTC transitional fills that fall outside of the transition or grandfathering period, pharmacies may submit applicable Submission Clarification Codes or call the toll-free 1-800 phone number listed in the messaging and state that additional transitional refills are required.
 - **Actual pharmacy Messaging placed in the pharmacy claims adjudication system for 2016 forward will be: GRANDFATHER FILL MET MUST USE FORMULARY ALTERNATIVE CALL ###.###.####**
- In the event the request is for a new member in the LTC setting, the additional transitional overrides will be authorized for the remaining portion of the 90 days left in the member’s transition period. The Customer Service Representative will then enter an override in the pharmacy claims adjudication system to allow the members to receive their additional transition fills to occur as described in the procedures section.

CMS Notice of Appeal Rights:

If a member fills a non-formulary drug and is no longer in their transition period, has exhausted their allowable transition fills or grandfathered supply, the claim is flagged via use of a script tag and sent through a series of filters. The filters allow for proper identification of these claims and ensure the return of a reject code “569” and message “Provide Beneficiary with CMS Notice of Appeal Rights”.

- All drugs will filter through the process modifier 0000 NONFORM D TIER SGL/SEL (see example #1)
 - First, the claim is sent through a series of formulary filters. If it hits, then the claim is satisfied and it moves on to the next level of processing outside of the process modifier XXXX20 NONFORM D TIER SGL/ XXXX20 NONFORM D TIER SEL
 - If it is not part of one of the Formulary filters then the Rx is sent through a series of All Drugs lines.
 - Each All Drugs line is set up to account for the Rx Date in comparison to the member’s Start date: *Apply Only If Match during GF days after Mem Start [90]*. If this criteria is satisfied, the claim is flagged with a script tag of *[NFTDREJ]* or *[R]*, which identifies the claim as a non-formulary drug being filled when the member is no longer in their transition period
- The claim then filters through the process modifier MED D 569 APPLY (see example #2)
 - First, the claim is sent through a series of formulary filters. If it hits, then the claim is satisfied and it moves on to the next level of processing outside of the process modifier MED D 569 APPLY
 - If it is not part of one of the Formulary filters then the Rx is sent through a series of All Drugs lines.
 - Each All Drugs line is set up to apply only if the claim was flagged with a script tag of *[NFTDREJ]* or *[R]*, which identifies the claim as a non-formulary drug being filled when the member is no longer in their transition period
 - If the All Drugs line is applicable, the message “Provide Beneficiary with CMS Notice of Appeal Rights” will be returned to the pharmacy on the adjudicated claim.
- A reject code “569” and message “Provide Beneficiary with CMS Notice of Appeal Rights” is returned in the following instances:
 - Along with reject codes 70, 75, 9G, MR, 608, A3, A4, 828 and 7X
 - Any denied claims/drugs subject to a transition requirement

Example #1:

The screenshot shows the 'Process Modifier' application window. At the top, there is a menu bar with options: Data, Create New PM, Import, CPM Replacement, View Data, Notes. Below the menu, the 'Modifier Key' is set to 'XXXX20 NONFORM D TIER SGL'. The 'Process Modifier Key Properties' section shows 'Last Changed: 10-JUL-2019' and 'Total Lines: 7'. There are checkboxes for 'Secure PM' and 'High Priority', along with 'Apply Changes' and 'Export to CSV' buttons. A date dropdown is set to 'Friday, February 21, 2020'.

The main table lists 7 lines of data:

S	Linenu...	Type	Drugid	Description	Startdt
	1	A	ALL	MPA99	01-Jan-2011
	2	A	ALL	MPDCP TIERS 1-6	01-Sep-2009
	3	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01-Sep-2009
	4	A	ALL	All Drugs	01-Sep-2009
	5	A	ALL	Level of Care Change SCC 7 Override	01-Jan-1990
	6	A	ALL	Level of Care Change SCC 18 Override	01-Jan-1990
	7	A	ALL	All Drugs	01-Sep-2009

The right-hand panel is titled 'General' and contains several sections:

- Drug Criteria:** Includes dropdowns for 'ALL', 'ALL', and 'All Drugs'.
- Details:** Shows 'Line #' as 4, 'Active Dates' from 01-SEP-2009 to 31-DEC-2222, and a 'Continue Processing' dropdown.
- Handlers:** Fields for Age, Co-Pay, Cost, Disp Fee, Disp Limits, Refills, Prof. Fee, and MISC.
- Summary:** A list of checkboxes: 'Set Script Tag To[NFTDREJ]', 'Write Script Tag to Claim', and 'Apply Only If Match During GF Days After SGL/PBP Start (90)'. The first two are checked.
- Message:** An empty text area for notes.

Standard Operating Procedure

Process Modifier

Modifier Key: XXXX20 NONFORM D TIER SGL

Search Criteria: Linenumber

Process Modifier Key Properties: Last Changed: 10-JUL-2019, Total Lines: 7

S	Linenu...	Type	Drugid	Description	Startdt
	1	A	ALL	MPA99	01-Jan-2011
	2	A	ALL	MPDCP TIERS 1-6	01-Sep-2009
	3	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01-Sep-2009
	4	A	ALL	All Drugs	01-Sep-2009
	5	A	ALL	Level of Care Change SCC 7 Override	01-Jan-1990
	6	A	ALL	Level of Care Change SCC 18 Override	01-Jan-1990
	7	A	ALL	All Drugs	01-Sep-2009

Apply Changes, Export to CSV, Friday, February 21, 2020

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria: ALL, Level of Care Change SC

Details: Line #: 5, Inclusion, Continue Processing, Indicate Med D PM

Active Dates: From: 01-JAN-1990, To: 31-DEC-2222

Handlers: Age, Co-Pay, Cost, Disp Fee, Disp Limits, Refills, Prof. Fee, MISC

Summary: Apply Only If Script Tag is[LCCSCC7]

Message

Process Modifier

Modifier Key: XXXX20 NONFORM D TIER SGL

Search Criteria: Linenumber

Process Modifier Key Properties: Last Changed: 10-JUL-2019, Total Lines: 7

S	Linenu...	Type	Drugid	Description	Startdt
	1	A	ALL	MPA99	01-Jan-2011
	2	A	ALL	MPDCP TIERS 1-6	01-Sep-2009
	3	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01-Sep-2009
	4	A	ALL	All Drugs	01-Sep-2009
	5	A	ALL	Level of Care Change SCC 7 Override	01-Jan-1990
	6	A	ALL	Level of Care Change SCC 18 Overri...	01-Jan-1990
	7	A	ALL	All Drugs	01-Sep-2009

Apply Changes, Export to CSV, Friday, February 21, 2020

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria: ALL, Level of Care Change SC

Details: Line #: 6, Inclusion, Continue Processing, Indicate Med D PM

Active Dates: From: 01-JAN-1990, To: 31-DEC-2222

Handlers: Age, Co-Pay, Cost, Disp Fee, Disp Limits, Refills, Prof. Fee, MISC

Summary: Apply Only If Script Tag is[LCCSCC18]

Message

Standard Operating Procedure

Process Modifier

Modifier Key: XXXX20 NONFORM D TIER SGL

Process Modifier Key Properties
 Last Changed: 10-JUL-2019
 Total Lines: 7 Secure PM High Priority

Search Criteria
 Search Column: Linenumber Search Value:

Friday, February 21, 2020

S	Linenu...	Type	Drugid	Description	Startdt
	1	A	ALL	MPA99	01-Jan-2011
	2	A	ALL	MPDCP TIERS 1-6	01-Sep-2009
	3	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01-Sep-2009
	4	A	ALL	All Drugs	01-Sep-2009
	5	A	ALL	Level of Care Change SCC 7 Override	01-Jan-1990
	6	A	ALL	Level of Care Change SCC 18 Override	01-Jan-1990
	7	A	ALL	All Drugs	01-Sep-2009

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
 ALL
 ALL
 All Drugs

Details
 Line #: 7
 Inclusion
 Continue Processing
 Indicate Med D PM

Active Dates
 From: 01-SEP-2009
 To: 31-DEC-2222

Handlers
 Age: Disp Limits:
 Co-Pay: Refills:
 Cost: Prof. Fee:
 Disp Fee: MISC:

Summary
 Set Tier to This R

Message

Process Modifier

Modifier Key: XXXX20 NONFORM D TIER SEL

Process Modifier Key Properties
 Last Changed: 10-JUL-2019
 Total Lines: 7 Secure PM High Priority

Search Criteria
 Search Column: Linenumber Search Value:

Friday, February 21, 2020

S	Linenu...	Type	Drugid	Description	Startdt
	1	A	ALL	MPA99	01-Jan-2011
	2	A	ALL	MPDCP TIERS 1-6	01-Sep-2009
	3	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01-Sep-2009
	4	A	ALL	All Drugs	01-Sep-2009
	5	A	ALL	Level of Care Change SCC 7 Override	01-Jan-1990
	6	A	ALL	Level of Care Change SCC 18 Override	01-Jan-1990
	7	A	ALL	All Drugs	01-Sep-2009

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
 ALL
 ALL
 All Drugs

Details
 Line #: 4
 Inclusion
 Continue Processing
 Indicate Med D PM

Active Dates
 From: 01-SEP-2009
 To: 31-DEC-2222

Handlers
 Age: Disp Limits:
 Co-Pay: Refills:
 Cost: Prof. Fee:
 Disp Fee: MISC:

Summary
 Set Script Tag To[NFTDREJ]
 Write Script Tag to Claim
 Apply Only If Match During GF Days After Mem Start [90]

Message

Standard Operating Procedure

Process Modifier

Modifier Key: XXXX20 NONFORM D TIER SEL

Process Modifier Key Properties
Last Changed: 10-JUL-2019
Total Lines: 7

Search Criteria
Search Column: Linenumber Search Value: []

Apply Changes Export to CSV Friday, February 21, 2020 Apply Term Date

S	Linenumber	Type	Drugid	Description	Startdt
	1	A	ALL	MPA99	01-Jan-2011
	2	A	ALL	MPDCP TIERS 1-6	01-Sep-2009
	3	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01-Sep-2009
	4	A	ALL	All Drugs	01-Sep-2009
	5	A	ALL	Level of Care Change SCC 7 Override	01-Jan-1990
	6	A	ALL	Level of Care Change SCC 18 Override	01-Jan-1990
	7	A	ALL	All Drugs	01-Sep-2009

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
ALL
Level of Care Change SC

Details
Line #: 5
Inclusion
Continue Processing
Indicate Med D PM

Active Dates
From: 01-JAN-1990
To: 31-DEC-2222

Handlers
Age: [] Co-Pay: [] Cost: [] Disp Fee: []
Disp Limits: [] Refills: [] Prof. Fee: [] MISC: []

Summary
 Apply Only If Script Tag is[LCCSCC7]

Message

Process Modifier

Modifier Key: XXXX20 NONFORM D TIER SEL

Process Modifier Key Properties
Last Changed: 10-JUL-2019
Total Lines: 7

Search Criteria
Search Column: Linenumber Search Value: []

Apply Changes Export to CSV Friday, February 21, 2020 Apply Term Date

S	Linenumber	Type	Drugid	Description	Startdt
	1	A	ALL	MPA99	01-Jan-2011
	2	A	ALL	MPDCP TIERS 1-6	01-Sep-2009
	3	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01-Sep-2009
	4	A	ALL	All Drugs	01-Sep-2009
	5	A	ALL	Level of Care Change SCC 7 Override	01-Jan-1990
	6	A	ALL	Level of Care Change SCC 18 Overri...	01-Jan-1990
	7	A	ALL	All Drugs	01-Sep-2009

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
ALL
Level of Care Change SC

Details
Line #: 6
Inclusion
Continue Processing
Indicate Med D PM

Active Dates
From: 01-JAN-1990
To: 31-DEC-2222

Handlers
Age: [] Co-Pay: [] Cost: [] Disp Fee: []
Disp Limits: [] Refills: [] Prof. Fee: [] MISC: []

Summary
 Apply Only If Script Tag is[LCCSCC18]

Message

Process Modifier

Modifier Key: XXXX20 NONFORM D TIER SEL

Process Modifier Key Properties
 Last Changed: 10-JUL-2019
 Total Lines: 7 Secure PM High Priority

Search Criteria
 Search Column: Linenumber Search Value: []

S	Linenumber	Type	Drugid	Description	Startdt
	1	A	ALL	MPA99	01-Jan-2011
	2	A	ALL	MPDCP TIERS 1-6	01-Sep-2009
	3	A	ALL	FILTER/ENH/MCAID/VAS/ETC	01-Sep-2009
	4	A	ALL	All Drugs	01-Sep-2009
	5	A	ALL	Level of Care Change SCC 7 Override	01-Jan-1990
	6	A	ALL	Level of Care Change SCC 18 Override	01-Jan-1990
	7	A	ALL	All Drugs	01-Sep-2009

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
 ALL
 ALL
 All Drugs

Details
 Line #: 7
 Inclusion: Continue Processing
 Indicate Med D PM

Active Dates
 From: 01-SEP-2009
 To: 31-DEC-2222

Handlers
 Age: [] Co-Pay: [] Cost: [] Disp Fee: []
 Disp Limits: [] Refills: [] Prof. Fee: [] MISC: []

Summary
 Set Tier to This R

Message

Example #2:

Process Modifier

Modifier Key: MED D 569 APPLY

Process Modifier Key Properties
 Last Changed: 03-DEC-2019
 Total Lines: 4 Secure PM High Priority

Search Criteria
 Search Column: Linenumber Search Value: []

S	Linenumber	Type	Drugid	Description	Startdt
	1	L	PARTD DIAB FINAL FILTER	PARTD DIAB FINAL FILTER	01-Jan-2
	2	A	ALL	OTC REJ 70 FILTER	01-Jan-2
	3	A	ALL	MPDCD TIERS 1-6,R	01-Jan-1
	4	A	ALL	NFTD REJ	01-Jan-1

Change Add Add Selected Move Remove Clear Hide >

General Actions Additional Criteria Notes

Drug Criteria
 ALL
 ALL
 MPDCD TIERS 1-6,R

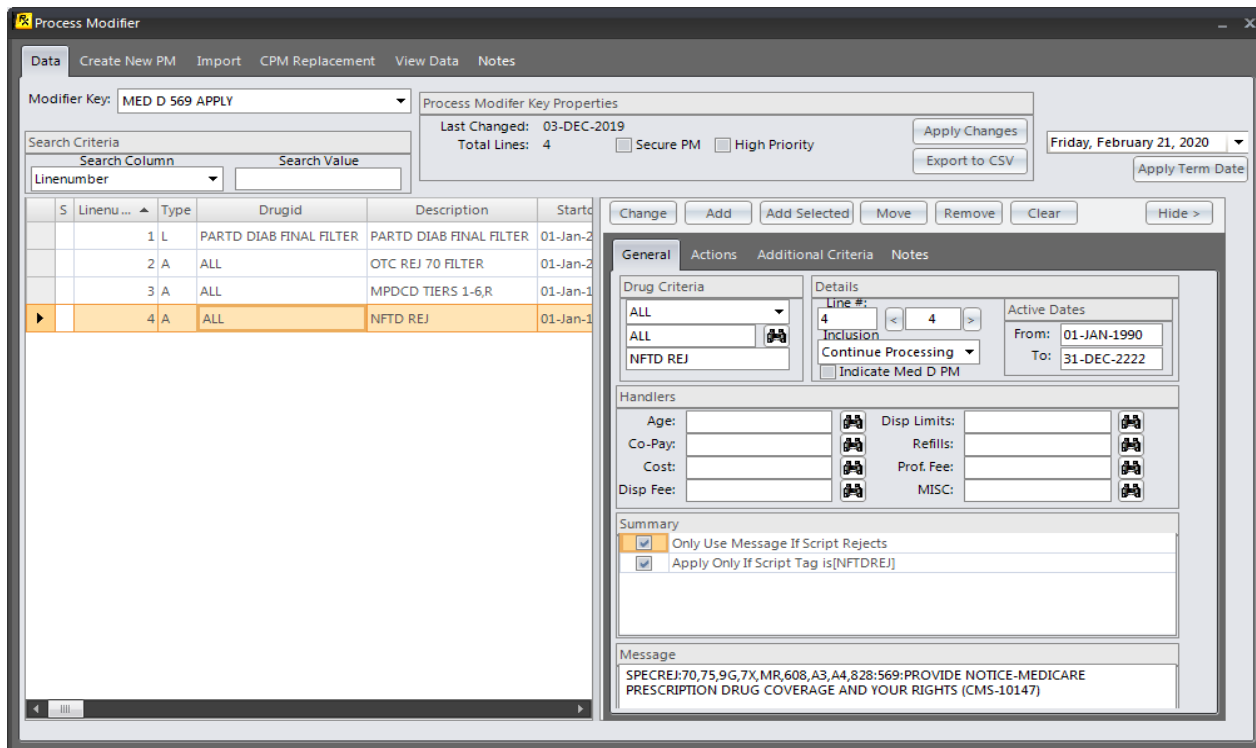
Details
 Line #: 3
 Inclusion: Continue Processing
 Indicate Med D PM

Active Dates
 From: 01-JAN-1990
 To: 31-DEC-2222

Handlers
 Age: [] Co-Pay: [] Cost: [] Disp Fee: []
 Disp Limits: [] Refills: [] Prof. Fee: [] MISC: []

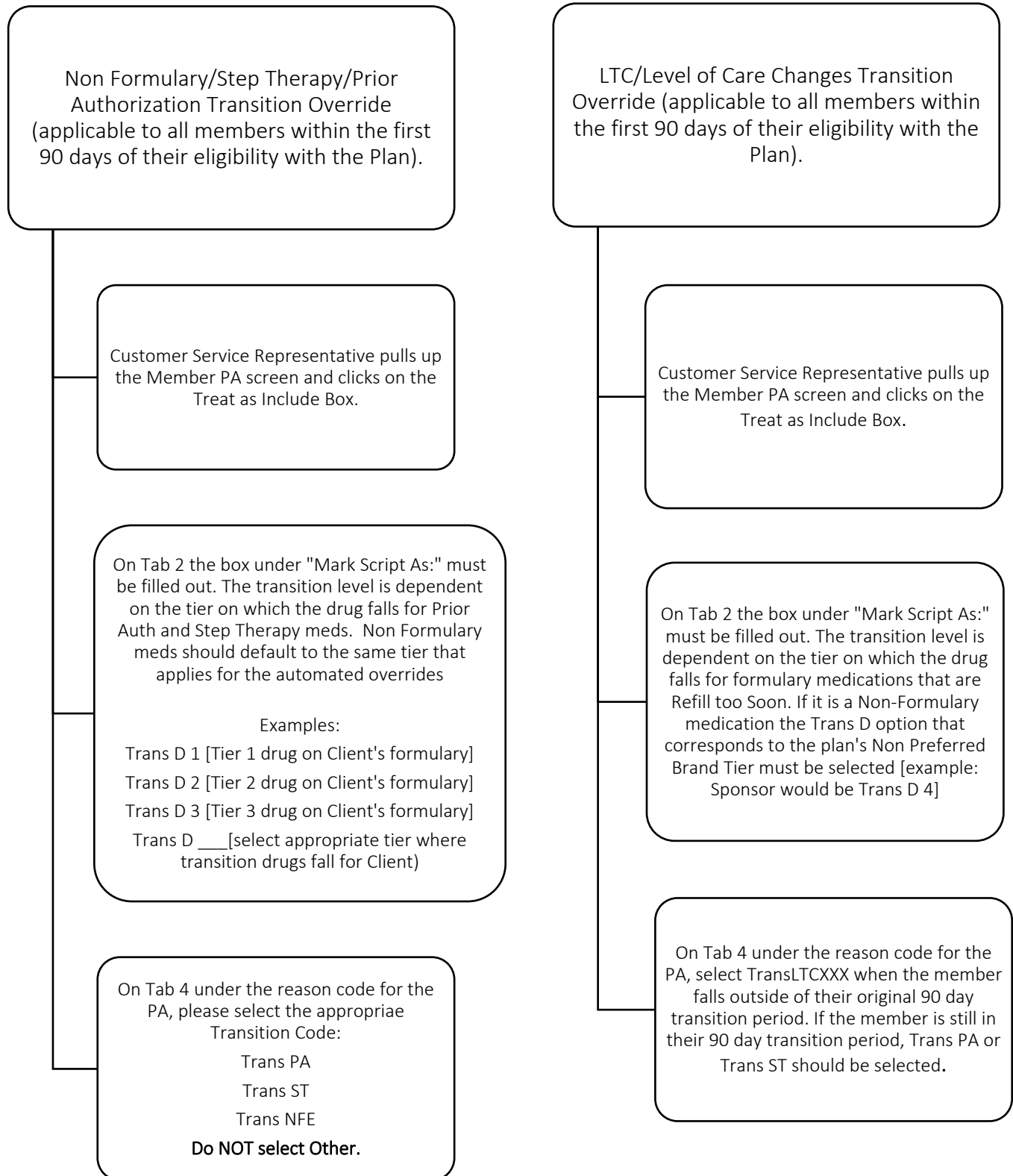
Summary
 Only Use Message If Script Rejects
 Apply Only If Tier is One of These [123456R]

Message
 SPECREJ:70,75,9G,7X,MR,608,A3,A4,828:569:PROVIDE NOTICE-MEDICARE PRESCRIPTION DRUG COVERAGE AND YOUR RIGHTS (CMS-10147)



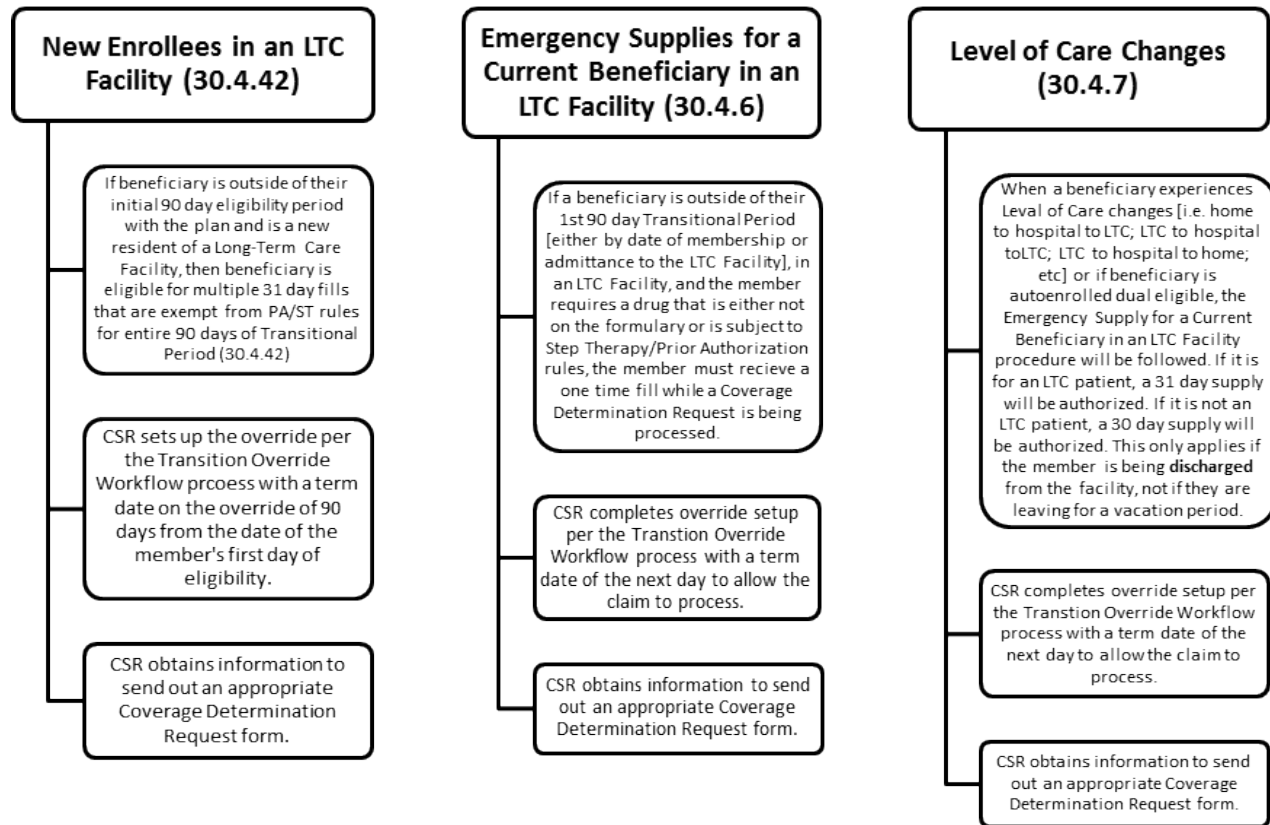
Medicare Part D Transition Override Workflow:

Plan Sponsor Services obtains transition policy from the Plan Sponsor. Transition fills for non-formulary medications and medications subject to quantity limits, prior authorization and step therapy will automatically process in the pharmacy claims adjudication system. In circumstances where the transition will not automatically process, such as in the LTC setting when an additional Step Therapy, Prior Authorization, or non-formulary medication Long Term Care override is needed, the pharmacy, physician, or member will need to contact the Envision Customer Service Help Desk. If a member is outside of their first 90 days of eligibility with the Plan, please see the LTC/Level of Care Change transition workflow located on page 55 of this policy and procedure.



LTC/Level of Care Change Transition Workflow

Chapter 6 Section 30.4 is the basis for this workflow regarding the LTC Transition workflow process. Since we have no way to automate the LTC Transition process, the LTC Pharmacy will need to call the Pharmacy Help Desk to initiate the LTC Transition process.



Medicare Part D Transition Letter Workflow Process

