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| <b>Department:</b>   | Pharmacy Management  | <b>Original Approval:</b> | 06/25/2008 |
| <b>Policy No:</b>    | PM555  | <b>Last Approval:</b>     | 02/28/2022 |
| <b>Policy Title:</b> | Pharmacy Review of Coverage Redeterminations Policy  |                           |            |
| <b>Approved By:</b>  | CMO Cabinet  |                           |            |
| <b>Dependencies:</b> | Medicare Part D Expedited Appeals Policy – GM228<br>Medicare Part D Expedited Appeals Procedure – GM229<br>Medicare Part D Standard Appeals Policy – GM226<br>Medicare Part D Standard Appeals Procedure – GM227 |                           |            |

## Purpose

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

## Policy

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

## Initial Review

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

## Medicare Part-D Drugs

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

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Not be a Medicare Part D excluded drug; AND

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

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

American Hospital Formulary Service Drug Information

United States Pharmacopeia Drug Information

DrugDex Drug Information System

### **Favorable Coverage Redeterminations For The Member**

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

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

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

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

### **Adverse Coverage Redeterminations For The Member**

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

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

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

### Reversals By The Ire Or Higher Level Entity

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

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

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

### List of Appendices

Attach the appendices themselves on separate pages at the end of the document. If no appendices are attached, replace content in this section and type, “None.”

- A. Detailed Revision History

### Citations & References

|                                |   |  |
|--------------------------------|---|--|
| <b>CFR</b>                     | 42 CFR 423.120b; 42 CFR Subpart M             |  |
| <b>WAC</b>                     |   |  |
| <b>RCW</b>                     |   |  |
| <b>LOB / Contract Citation</b> | <input type="checkbox"/> <b>WAHIMC</b>        | §  |
|                                | <input type="checkbox"/> <b>BHSO</b>          |  |
|                                | <input checked="" type="checkbox"/> <b>MA</b> | Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals |
|                                | <input type="checkbox"/> <b>CS</b>            |  |
| <b>Other Requirements</b>      |   |  |
| <b>NCQA Elements</b>           | UM 11   |  |

### Revision History

|                    |   |
|--------------------|---|
| <b>SME Review:</b> | 06/25/2008; 01/09/2008; 08/20/2009; 09/11/2009; 04/21/2010; 04/19/2011; 03/30/2012; 02/21/2013; 03/25/2014; 04/13/2015; |
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|                  | 03/15/2016; 03/01/2017; 05/01/2017; 03/02/2018; 03/12/2019;<br>03/05/2020; 02/22/2021; 02/22/2022  |
| <b>Approval:</b> | 09/09/2009; 04/30/2010; 05/25/2011; 04/04/2012; 04/09/2013;<br>04/23/2014; 04/23/2015; 03/18/2016; 03/14/2017; 05/09/2017;<br>03/13/2018; 03/13/2019; 03/27/2020; 03/02/2021; 02/28/2022 |

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## Appendix A: Detailed Revision History

| Revision Date | Revision Description                           | Revision Made By  |
|---------------|--|-------------------|
| 06/25/2008    | Original                                       | Eric Guyette      |
| 01/09/2009    | Review for style and formatting                | Sunny Otake       |
| 08/20/2009    | Content Update                                 | Jennifer Mui      |
| 09/09/2009    | Approval                                       | MMLT              |
| 09/11/2009    | Edit style and format                          | Jennifer Carlisle |
| 04/21/2010    | Minor content update                           | Maria Chan        |
| 04/30/2010    | Approval                                       | MMLT              |
| 04/19/2011    | Review and No changes                          | Maria Chan        |
| 05/25/2011    | Approval                                       | MMLT              |
| 03/30/2012    | Review. No changes                             | Eric Guyette      |
| 04/04/2012    | Approval                                       | MMLT              |
| 02/21/2013    | Review. No changes                             | Maria Chan        |
| 04/19/2013    | Approval                                       | MMLT              |
| 03/25/2014    | Review with minor changes                      | Annie Lam         |
| 04/23/2014    | Approval                                       | MMLT              |
| 04/13/2015    | Review. No changes                             | Nonye Connor      |
| 04/23/2015    | Approval                                       | MMLT              |
| 03/15/2016    | Added DP reference                             | Mary Eckhart      |
| 03/18/2016    | Approval                                       | MMLT              |
| 03/01/2017    | Moved to new template. Minor text updates      | Mary Eckhart      |
| 03/14/2017    | Approval                                       | MMLT              |
| 05/01/2017    | Updated adverse decision section               | Fran McGaugh      |
| 05/09/2017    | Approval                                       | MMLT              |
| 03/02/2018    | Moved to new template                          | Mary Eckhart      |
| 03/13/2018    | Approval                                       | MMLT              |
| 03/12/2019    | Reviewed, no changes                           | Yusuf Rashid      |
| 03/13/2019    | Approval                                       | MMLT              |
| 03/05/2020    | Citations table updated. Reviewed, no changes. | Rebecka Braband   |
| 03/06/2020    | Reviewed                                       | Omar Daoud        |
| 03/10/2020    | Department Approval                            | Yusuf Rashid      |
| 03/27/2020    | Approval                                       | CMO Cabinet       |
| 02/22/2021    | Reviewed.                                      | Omar Daoud        |
| 03/01/2021    | Approval                                       | Yusuf Rashid      |

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| 03/02/2021 | Approval                                  | CMO Cabinet |
| 02/22/2022 | Reviewed, no changes. Department approval | Omar Daoud  |
| 02/28/2022 | Approval                                  | CMO Cabinet |