

HEALTH PLAN PROCEDURE	
Title: Transition Supply Process Oversight and Monitoring	Number: DMPHR08 Revision: D
Department: Medical Management	Sub-Department: Pharmacy
Applicable Lines of Business: <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insured <input type="checkbox"/> Non Insured Business <input type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> USFHP <input type="checkbox"/> Medicaid	
Effective Date: 01/03/2019	
Revision Date(s): 04/28/2020, 04/16/2021, 03/29/2022, 10/09/2023	

PURPOSE:

The procedure documents the process completed by CHRISTUS and the Pharmacy Benefit Manager (PBM) to fulfill a transition supply request.

DEFINITIONS AND ACRONYMS:

- **Centers for Medicare and Medicaid Services (CMS)** – The federal agency responsible for setting guidelines, regulations, and standards for healthcare providers as well as administering the Medicare and Medicaid programs.
- **National Provider Identifier (NPI)** – The name of the standard unique health identifier for health care providers that was adopted by the Secretary in January 2004.
- **National Plan & Provider Enumeration System (NPPES)**
- **Pharmacy Benefit Manager (PBM)** – A third party company that functions as an intermediary between a health plan and pharmaceutical manufacturers. PBMs create formularies, negotiate rebates (discounts paid by a drug manufacturer to a PBM) with manufacturers, process claims, create pharmacy networks, review drug utilization, and occasionally manage mail-order specialty pharmacies.
- **Transition Fill** – Typically, a one-time, 30-day supply of a drug that Medicare drug plans must cover for the first 90 days when the member has enrolled in a new plan or when the member’s existing plan makes changes its coverage. Transition fills let the member get temporary coverage for drugs that are not on the plan’s formulary, were removed for current utilizers or that have restrictions on them.

PROCEDURE:

CMS requires Plan Sponsors to provide member and prescriber communications notifying the member and prescriber when a transition supply of a requested medication that is non-formulary or formulary with CMS-approved utilization management is provided to an enrollee. CHRISTUS delegates to their Pharmacy Benefit Manager (PBM) the process of providing notification of transition fills to impacted enrollees and prescribers. The following describes the CHRISTUS oversight process of the PBM delegated function of providing notification to prescribers of affected enrollees who receive a transition fill and subsequent transition notice.

1. The PBM’s process for providing transition notification to prescribers is dependent upon the PBM utilizing the prescriber’s National Provider Identifier (NPI) to obtain a prescriber fax number or mailing address. The PBM utilizes multiple national databases (e.g., NPPES, government DEA file, AMA contact information, and the US Postal Service) to obtain prescriber contact information. If the fax number is valid, the PBM makes three attempts, within 18 hours, to fax the transition letter information to the prescriber, and if those are unsuccessful, the PBM attempts to mail a letter by the

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following day and within 3 days of the adjudicated transition fill. In cases where the PBM is unable to make contact, the cases are flagged as a “drop” and written to a drop file, which is then provided to CHRISTUS.

2. CHRISTUS receives the daily Prescriber Drop File via FTP. The file is delivered in .csv format. The file is available at the following location: \\iaasm013\FileTransferDrop\ESI\Inbound\Prescriber Transition Supply Letter
3. CHRISTUS researches the Prescriber to obtain either or both
 - a. Alternate mailing information
 - b. Alternative fax number
4. CHRISTUS reaches out to Prescriber via phone communication to confirm updated contact information and verbal notification of the Transition Supply provided to their patient. CHRISTUS communicates the prescriber need to update their information in the NPPES national databank. In the event that the prescriber cannot be contacted, CHRISTUS will attempt outreach to the pharmacy that adjudicates the transition fill to obtain updated prescriber information. All outreach to the prescriber, pharmacies, or other providers by mail/fax/oral communication is documented by CHRISTUS on an excel spreadsheet maintained by the Pharmacy Operations department.
5. CHRISTUS resends written notification first via fax and may make up to two attempts within the same business day. If faxing is unsuccessful, CHRISTUS will attempt to resend the letter by mail within 3 business days explaining:
 - a. The temporary nature of the transition supply their patient received
 - b. Instructions to identify appropriate therapeutic alternatives that are on the plan’s formulary
 - c. A description of the procedures for requesting a formulary exception
6. CHRISTUS records all actions on the Prescriber Drop File Report including outreach, how the letter is resent to the provider, and date.
7. CHRISTUS also records the following in eSD:
 - a. Action owner (who performed the outreach)
 - b. Date action was taken
 - c. Action taken
 - Phone communication
 - Fax
 - Mail

REFERENCES:

None

RELATED DOCUMENTS:

None

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REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	01/03/2019	Initial release.	Executive Leadership
A	04/28/2020	Annual review. No change to policy content. Made minor grammar corrections.	Executive Leadership
B	04/16/2021	Annual review. No change to policy content.	Executive Leadership
C	03/29/2022	Annual review. No change to policy content.	Executive Leadership
D	10/09/2023	Annual review. Updated purpose statement and definitions. Added in a references section to match updated template.	Executive Leadership