



Medicare Part D Transition Period Drug Benefit Policy

This policy describes how transition benefits apply when you are filling prescriptions in retail and Long-Term Care (LTC) pharmacy settings. It also covers how you can get temporary supplies.

This policy reflects the Centers for Medicare & Medicaid Services (CMS) transition goals for members who are eligible for a transition supply. It ensures the following:

1. That you can get a temporary transition supply of non-formulary Medicare Part D drugs
 - This includes drugs that are not on our plan's formulary (drug list) or drugs that are on the drug list but your ability to get the drug is limited. For example, prior authorization (PA), step therapy (ST), quantity limits (QL), or a formulary exception (FE) may be needed before a prescription can be filled. These are called Utilization Management (UM) requirements. You can request an exception to these requirements through the coverage determination process.
2. That you have enough time to do the following:
 - Work with your health care provider to switch to a new drug that also works to maintain your health
 - Comply with UM requirements, if needed
 - Work with your health care provider to request a coverage determination

This policy covers the following:

- Transition requirements
- New prescriptions versus ongoing drug therapy
- Transition time frames and temporary fills
- Transition across contract years for current members
- Emergency supplies for current members
- Treatment of re-enrolled members
- Level of care changes
- Transition notices

Transition requirements

Eligible members

If you are currently taking drugs that are not included in your plan's new drug list, you may be eligible for a transition if any of the following apply to you:

- New to the prescription drug plan at the start of a contract year
- Newly eligible at the start of a contract year
- Switching from one plan to another after the start of a contract year
- Living in an LTC setting
- Affected by negative changes to the drug list from one contract year to the next

H2419, H5703_4635_C

SeniorCare Complete (HMO SNP) and AbilityCare (HMO SNP) are health plans that contract with both Medicare and the Minnesota Medical Assistance (Medicaid) program to provide the benefits of both programs to enrollees. Enrollment in either plan depends on contract renewal.

Applicable drugs

- Drugs that are not on your plan's drug list
- Drugs that are on your plan's drug list but your ability to get the drug is limited

You may be able to get a temporary supply of a non-formulary drug to meet your needs. This gives you and your plan time to work with your health care provider to find a similar drug on the drug list or to make a coverage determination request. A coverage determination request will allow coverage of a drug you are currently using if it is medically necessary.

New prescriptions versus ongoing drug therapy

All transition processes are applied at the pharmacy to new prescriptions when it is not clear if a prescription is new or is an ongoing prescription for a non-formulary drug.

Transition time frames and temporary fills

Time frame and transition fills *in outpatient settings*

You are provided with at least a month's supply (unless the prescription is written for fewer days) any time during the first 90 days of coverage. Even if you have had a prescription for less than 30 days, you can get up to a month's supply during the first 90 days.

Time frame and transition fills *in LTC settings*

You are provided a month's supply (unless the prescription is written for fewer days) of non-formulary drugs during the following times:

- Any time during the first 90 days of coverage in a plan you can get up to a month's supply, depending on how many days of medication are filled each time.
- After the 90-day transition period has ended, if a coverage determination request is being reviewed you can get a temporary emergency supply for up to 31 days.

If you are being admitted to or discharged from an LTC setting, an early refill will not limit access to your Part D benefit. You can get a refill upon admission or discharge.

Transition extension

The transition period may be extended on a case-by-case basis as follows:

- If a coverage determination request or appeal has not been processed by the end of the minimum transition period
- Until a transition has been made, either by switching to a drug on your drug list or a because decision is made on a coverage determination request

You can get refills for transition prescriptions that are dispensed for less than the written amount due to quantity limits. Quantity limits are used for safety purposes.

Transition across contract years for current members

A transition is made if the following occurs:

- Your drugs are removed from the drug list from one contract year to the next
- New utilization management requirements are added to your drugs from one contract year to the next

The transition is made as follows:

- By using the temporary fill process
- By helping you transition prior to the new contract year

The policy is in place even if you enroll with a start date of either November 1 or December 1 and need a transition supply.

Emergency supply for current members

If you are in an LTC setting, you are eligible for a month's supply (unless the prescription is written for fewer days) of non-formulary drugs as part of the transition process. If a coverage determination request is still being reviewed after the 90-day period, you may get an emergency supply.

Treatment of re-enrolled members

You may leave one plan, enroll in another plan, and then re-enroll in the original plan. If this happens, you will be treated as a new member to ensure that you get transition benefits. The transition benefits begin when you re-enroll in your original plan.

Level of care changes

You may have changes that take you from one level of care setting to another. During this level of care change, drugs may be prescribed that are not on your plan's drug list. These drugs may or may not be covered based on your health condition.

Current enrollees who experience a Level of Care Change are eligible to receive a transition supply of a Non-Formulary Part D Drug upon admission or discharge from an applicable setting.

To prevent a gap in care when you are discharged, you can get a full outpatient supply that will allow therapy to continue once the limited discharge supply is gone. This outpatient supply is available before discharge from a Part A stay.

When you are admitted to or discharged from an LTC setting, you may not have access to the drugs you were previously given. However, you can get a refill upon admission or discharge.

Transition notices

When a claim is submitted for a transition supply, a notice is sent to you (by first class U.S. mail) and your provider (by fax) within three business days of the date of your request. The notice does the following:

- Explains that the transition supply is short-term
- Tells you to work with your health care provider to find a new drug option that is on your plan's drug list
- Explains that you can request a coverage determination and tells you how to make the request

If a coverage determination request is made, a form will be sent to you and/or your health care provider by mail or fax. These forms are also on our website.

SCHA Member Services 1-866-567-7242, TTY 1-800-627-3529 or 711

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သျှ်ဟ်သးဘၣ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘၣ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်, ကိးဘၣ်လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. South Country Health Alliance (SCHA) does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: SCHA provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** SCHA Member Services at members@mnscha.org or call 1-866-567-7242 (toll free), TTY 1-800-627-3529 or 711.

Language Assistance Services: SCHA provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** SCHA Member Services at members@mnscha.org or call 1-866-567-7242 (toll free), TTY 1-800-627-3529 or 711.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by SCHA. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director

U.S. Department of Health and Human Services' Office for Civil Rights

200 Independence Avenue SW

Room 509F

HHH Building

Washington, DC 20201

800-368-1019 (voice)

800-537-7697 (TDD)

Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
Freeman Building, 625 North Robert Street
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

SCHA Complaint Notice

You have the right to file a complaint with SCHA if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Attn: Civil Rights Coordinator
South Country Health Alliance
2300 Park Drive, Suite 100
Owatonna, MN 55060
Toll Free: 866-567-7242
TTY: 800-627-3529 or 711
Fax: 507-444-7774
Email: grievances-appeals@mnscha.org

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

SCHA LB/CB-4068