Martin's Point Generations Advantage
Policy and Procedure Form

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Policy Title: Part D Transition Policy	
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Final Review Responsibility: Director, Pharmacy	

SCOPE:

This Policy and procedure will apply to the Part D Plans for which Martin's Point Generations, Advantage, Inc (MPG) administers transition plans (H5591, H1365 and R0802).

PURPOSE:

This policy and procedure describes the operational process used to implement a formulary transition plan that satisfies CMS requirements for Medicare Part D that state the Part D sponsor must have and implement an appropriate transition process in accordance with CMS requirements for both new enrollees and current enrollees to obtain Non-formulary Drugs (meaning both: (1) Part D drugs that are not on the plan's formulary, and (2) Part D drugs that are on the plan's formulary but require prior authorization, step therapy, or quantity limits under the plan's utilization management rules). This policy and procedure serves to ensure that a meaningful transition process is effectuated according to Part D rules and guidance.

POLICY:

1. MPG implements and maintains an appropriate transition process, as approved by CMS and consistent with CMS rules and guidance, that allows a meaningful transition for the following groups of enrollees whose current drug therapy may not be covered by the plan, or that are on formulary and subject to prior authorization, step therapy, or quantity limit edits under the plan's utilization management program: (1) new enrollees in the plan after the annual election period (2) newly eligible Medicare beneficiaries from other coverage; (3) enrollees who switch from another Part D plan after the beginning of a contract year; (4) current enrollees affected by negative formulary changes from one contract year to the next.(5) enrollees residing in long- term care (LTC) facilities and who are newly admitted and/or in need of an emergency supply.

2. MPG will submit a copy of its transition policy process to CMS.

3. The transition policy will apply to Non-formulary Drugs, meaning both: (1) Part D drugs that are not on formulary; (2) drugs previously approved for coverage under an exception once the exception expires, and (3) Part D drugs that are on formulary but require prior authorization or step therapy or non-safety quantity limit edits under the plan's utilization management rules. The transition process allows for medical review of Non-formulary Drug requests, and when appropriate, a process for switching new Part D Plan enrollees to therapeutically appropriate formulary alternatives failing an affirmative medical necessity determination. Delegated PBM will handle Biosimilars as non-interchangeable brand/generic products for its programs and processes involving transition fill and will apply the appropriate cost share according to CMS guidance. Delegated PBM P&T committee should meet on a regular

basis, but no less than quarterly and review procedures for coverage determination and exceptions, and, if appropriate, a process for switching new enrollees to therapeutically appropriate formulary alternatives failing an affirmative medical necessity determination.

4. MPG's delegated PBM will have systems capabilities that allow it to provide a temporary supply of non-formulary Part D drugs in order to accommodate the immediate needs of an enrollee, as well as, to allow the plan and/or the enrollee sufficient time to work with the prescriber to make an appropriate 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. The delegated PBM Transition Fill (TF) processing and coding applies point-of-sale (POS) messaging to pharmacies.

5. In a retail/mail (non-LTC) setting, the transition process provides for multiple fills up to a cumulative 30-day supply any time during the first 90 days of the enrollee's enrollment in the plan, beginning on the enrollee's enrollment effective date; or during the first 90 days of the contract year for enrollees impacted by negative formulary changes across contract years.

6. The cost-sharing for a temporary supply of drugs provided under this transition process never exceeds the cost-sharing maximum amounts for low-income subsidy (LIS) enrollees. For non-LIS enrollees, the cost-sharing for a temporary supply of drugs provided under this transition process is based on one of the plan's approved cost-sharing tiers. For Non-Formulary Part D drugs provided under this transition process, the cost sharing would be consistent with cost-sharing under the plan for non-formulary drugs approved under an exception. For formulary drugs subject to utilization management edits, the same cost sharing would apply during the transition that would apply once the utilization management criteria are met.

7. In the long-term care (LTC) setting the transition process provides the following attributes: (a.) the transition policy will provide a one time temporary fill of at least an applicable month's supply (unless the Beneficiary presents with a prescription written for less) consistent with the applicable dispensing increment in the LTC setting with multiple fills allowed to provide up to a total of a month's supply of medication if needed during the first 90 days of a Beneficiary's enrollment in a plan, beginning on the Beneficiary's effective date of coverage; (b.) after the transition period has expired or the benefit is exhausted, the transition policy will provide for at least a 31-day emergency supply of non-formulary Part D drugs (unless the enrollee presents with a prescription written for less than the 31 days) while an exception or prior authorization determination is pending; and (c.) 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 will be allowed to access a refill upon admission or discharge.

8. For enrollees eligible for a transition fill, the transition process allows pharmacies to override step therapy, prior authorization, and quantity limit edits at point-of-sale other than those that are in place to determine Part A or B versus Part D coverage, prevent coverage of non-Part D drugs, and promote safe utilization of a Part D drug (e.g., quantity limits based on FDA maximum recommended dose, early refill edits).

9. Refills will be ensured for transition prescriptions dispensed for less than the written amount due to quantity limits for safety edits or drug utilization edits that are based on approved product labeling.

10. If the distinction cannot be made between a brand-new prescription for a non-formulary drug and an ongoing prescription for a non-formulary drug at the point-of-sale, the transition process is applied to a brand-new prescription for a non-formulary drug.

11. MPG, via delegated PBM, sends written transition notices via U.S. first class mail to enrollee within three business days after adjudication of a temporary transition fill. The notice includes (1) an explanation of the temporary nature of the transition supply an enrollee has received; (2) instructions for working with MPG and the enrollee's prescriber to satisfy utilization management requirements or to identify appropriate therapeutic alternatives that are on the plan's formulary; (3) an explanation of the enrollee's right to request a formulary exception; and (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 Chapter 6 Section 30.4 of the Medicare Prescription Drug Benefits Manual, the written notice must be provided within 3 business days after adjudication of the first temporary fill. MPG will use 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. MPG will ensure that reasonable efforts are made to notify prescribers of affected enrollees who receive a transition notice.

12. MPG, via delegated PBM, will make available prior authorization or exception request forms upon request to both enrollees and prescribing physicians via mail, fax, email, and via the plan web site.

13. MPG extends its transition policy across contract years should a beneficiary enroll in a MPG plan with an effective enrollment date of either November 1 or December 1 (for calendar year plans) and need access to a transition supply.

14. MPG will make this transition policy available to enrollees via link from Medicare Prescription Drug Plan Finder to sponsor website and include it in the pre- and post-enrollment marketing materials.

15. MPG makes 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 requests or appeals have not been processed by the end of the transition period and until such time as a transition has been made (either through a switch to an appropriate formulary drug or a decision on an exception request).

16. For current enrollees whose drugs are no longer on MPG's formulary or will be affected by a negative formulary change in the upcoming year, MPG either: (1) provides a transition process at the beginning in the new contract year; or (2) effectuates a transition prior to the beginning of the new contract year.

17. MPG's delegated PBM will maintain the ability to support routine and CMS-required reporting, as well as the ability to respond to ad hoc requests for: (1) denied claim reports; and (2) paid transition fill claim reports for new and renewing Beneficiaries. It will also maintain the ability to support test transition fill claim processing in response to ad hoc requests and will regularly review and audit transition fill program data and system operations to monitor adherence with Part D Transition Fill requirements.

18. This policy and procedure is updated at least annually in advance of the CMS TF attestation window with the process changes expected for the following year. The policy is also updated as needed for additional changes.

DEFINITIONS (All defined words in this document are displayed with initial capitals, except for acronyms.)

1. **Annual Notice of Change (ANOC):** The CMS required document that must be sent to all current beneficiaries annually in accordance with CMS directions, and that describes changes to existing benefits that are expected for upcoming new benefit year.
2. **Biosimilars:** A biological product submitted to the FDA for approval via the biological abbreviated pathway created by Affordable Care Act. These products must demonstrate that they are highly similar to the reference (originator) products; i.e.: there are no clinically meaningful differences between the biological product and the reference product in terms of safety, purity, and potency. Biosimilars have allowable differences because they are made of living organisms.
3. **Delegated PBM:** Sponsor's pharmacy benefit manager
4. **Enrollee:** An individual enrolled in a Martin's Point Generations (MPG) Medicare Part D Plan. Also known as a beneficiary or a member.
5. **LIS:** Low Income Subsidy
6. **LICS:** Low Income Cost Share
7. **LTC:** Long Term Care.
8. **MPG:** Martin's Point Generations Advantage, Inc
9. **Non-formulary Drugs:** This means both: (1) Part D drugs that are not on a sponsor's formulary, and (2) Part D drugs previously approved for coverage under an exception once the exception expires and (3) Part D drugs that are on a sponsor's formulary but require prior authorization, step therapy, or approved quantity limits lower than the beneficiary's current dose under a plan's utilization management rules.
10. **PA:** Prior Authorization
11. **PAMC:** Prior Authorization/Medical Certification. This is a field on the standardized pharmacy adjudication layout for entry of an authorization code provided by the processor.
12. **PBM:** Pharmacy Benefit Manager
13. **PBM Customer Care:** Pharmacy Benefit Manager call center for beneficiaries to receive assistance
14. **PBM Pharmacy Help Desk:** Pharmacy Benefit Manager call center for pharmacies/ pharmacists to receive assistance
15. **PCD:** Protected Class Drugs
16. **Sponsor:** A Part D Sponsor that contracts with Delegated PBM for pharmacy benefit management services including implementation of its transition process. Also known as the Plan or Plan Sponsor or Client. Sponsor is Martin's Point Generation's Advantage.
17. **TF:** Transition Fill
18. **TF Window:** The Beneficiary Transition Fill window is the specified number of days (minimum of 90 days) during which Beneficiary transition benefits apply.

PROCEDURE:

1. Point of Service Transition Fill Processing

a. Transition supplies are provided at point of service through automated adjudication processing for immediate access to temporary supplies of transition fill eligible drugs.

(See "Transition Fill (TF) Fact Sheet – Implementation Statement, Effective January 2012")

b. Transition supplies are provided at point of service to: (1) new enrollees in the plan after the annual election period; (2) newly eligible Medicare Beneficiaries from other coverage ; (3) enrollees who switch from another Part D plan after the beginning of a contract year; (4) enrollees residing in long-term care (LTC) facilities; and (5) in some cases, current enrollees affected by negative formulary changes (including new utilization management requirements) from one contract year to the next.
c. Through MPG's PBM's adjudication system, automated point of service ability exists to override the Non Formulary edit for Part D drugs and to override edits on formulary Part D drugs with prior authorization, step therapy and quantity limit requirements for other than those edits that are in place to: (1) determine Part B versus Part D coverage; (2) prevent coverage of non-Part D drugs; and (3) promote safe utilization of a Part D drug during transition at point- of- sale.
d. MPG's PBM's adjudication system automatically processes and pays transition fill-eligible claims and transmits point of service messaging that these are paid under transition fill rules. These messages adhere to industry standards and include: 1) "Paid under transition fill. Non-formulary"; 2) "Paid under transition fill. Prior authorization (PA) required"; and 3) "Paid under transition fill. Other Reject", which includes step therapy and quantity limit transition fill reasons. Pharmacies are not required to either submit, or resubmit, a PAMC, or other transition fill-specific code for transition fill-eligible claims to pay.
e. At point of sale, when transition fill adjudication cannot distinguish between a brand new prescription for a Non Formulary drug and an ongoing prescription for Non-Formulary drug, the transition process is applied to a brand new prescription.
f. Transition fill supply limits are defined as cumulative supplies and are not based on number of fills.
g. Transition eligible claims submitted for Low Income Cost Share (LICS) level III enrollees are processed according to the patient residence and pharmacy service type code to determine if the claim received will be processed as non-LTC or LTC.
h. Communication and educational outreach to network pharmacies is ongoing throughout the year through MPG's PBM to provide information and instructions regarding transition fill policies and claim processing. At least annually, and more often as needed, transition fill pharmacy communications are distributed through the PBM's pharmacy network department.

i. Beneficiaries with a claim for a drug with a quantity limit lower that the beneficiary's current dose will be eligible for TF processing.

2. Transition Fill for New or Renewing Enrollees in the Retail/Mail Setting:

a. New enrollee transition fills are provided to all enrollees who are new to plan including: new plan enrollees after the annual election period; newly eligible enrollees from other coverage; and enrollees who switch from one plan to another after the start of a contract year.
b. In a retail/mail setting, MPG's PBM's adjudication system automatically processes and pays transition fill-eligible claims for new enrollees and transmits point of service messaging that these are paid under Transition Fill rules for up to a cumulative 30 days' supply (unless the prescription is written by prescriber for less.) Pharmacies are not required to either submit or resubmit a Prior Authorization Medical Code (PAMC), or other transition fill-specific code for transition fill-eligible claims to adjudicate and pay.

c. For enrollees new to plan, Transition fills are available at point of sale through this functionality within the first 90 days of enrollment, beginning on the enrollment effective date. The transition policy for new enrollees is extended across plan years such that enrollees who enroll within the last three months of a calendar year (such as November 1 or December 1 for calendar year plans) will have access to transition supplies by extension of the transition period into the new plan year based on the 90-day new enrollee transition time period. Any prescription for a Part D drug filled during this period is considered ongoing medication therapy instead of a new start and thereby qualifies for a transition supply.

d. Renewing enrollee transition fills are available to all renewing enrollees who are impacted by a negative formulary change across contract years. The renewing member transition is applied if the member has utilization history of the impacted drug within 180 days from the claim date and no prior transition fill history of the same drug. For these enrollees in a retail/mail setting, MPG's PBM's adjudication system automatically processes and pays transition fill-eligible claims and transmits point of service messaging that these are paid under transition fill rules for up to a cumulative 30 days' supply (unless the prescription is written by prescriber for less.) Pharmacies are not required to either submit or resubmit a prior authorization medical code (PAMC), or other transition fill-specific code for transition fill-eligible claims to adjudicate and pay.

e. Renewing enrollee transition fills are available at point of sale through MPG's PBM's adjudication system functionality within the first 90 days of the plan year, or within 90 days from the transition period start date provided on the enrollee eligibility record.

f. Current Beneficiaries affected by negative formulary changes (including new utilization management requirements) across Contract Year

3. Transition Fill for New and Renewing Long Term Care Residents:

a. LTC Transition Fill for is available to enrollees who are new to plan including: new plan enrollees at beginning of contract year; newly eligible enrollees from other coverage; and enrollees who switch from one plan to another after beginning of contract year.

b. For LTC transition fills, MPG's PBM's one time temporary fill of at least an applicable month's supply (unless the Beneficiary presents with a prescription written for less) consistent with the applicable dispensing increment in the LTC setting with multiple fills allowed to provide up to a total of a month's supply of medication if needed during the first 90 days of a Beneficiary's enrollment in a plan, beginning on the Beneficiary's effective date of coverage;

Pharmacies are not required to either submit, or resubmit a Prior Authorization Medical Code (PAMC), or other transition fill-specific code for transition fill-eligible claims to adjudicate and pay.

c. For LTC enrollees who are new to plan, transition fills are available at point of sale through MPG's PBM's adjudication system functionality within the first 90 days of enrollment, beginning on the effective date of enrollment. Additional transition supplies are available on a case by case basis through the pharmacy help desk to ensure adequate transition. Any prescription for a Part D drug filled during this period is considered to be ongoing medication therapy instead of a new start and thereby qualifies for a transition supply.

d. Renewing Enrollee LTC Transition Fills are available to all enrollees in LTC settings who are impacted by a negative formulary change across contract years. For these enrollees, MPG's PBM's adjudication system automatically processes and pays transition fill-eligible claims and transmits point of service messaging that these are paid under transition fill rules.

i. Renewing Enrollees need to have a history of utilization of the targeted drug(s). Targeted history utilization is based on the following criteria:
    1. Within last 180 days from current date of fill
    2. Based on the targeted drug GPI match level specified in the plan set-up
    3. Option-brand/generic multi-source indicator match, specified in the plan set-up (2014 enhancement)
    4. Previous claim(s) for same drug not paid as transition fill(s)
    5. or for whom clinical prior authorization(s) are not already effectuated

e. Additional transition supplies are available on a case by case basis through the pharmacy help desk to ensure adequate transition. Pharmacies are not required to either submit, or resubmit a Prior Authorization Medical Code (PAMC), or other transition fill-specific code for transition fill-eligible claims to adjudicate and pay.

f. LTC transition fills for renewing members are available at point of sale through MPG's PBM's adjudication system functionality within the first 90 days of the plan year, or within the first 90 days from the transition period start date provided on the member eligibility record.

4. LTC Resident Transition Fill Emergency Supplies:

To accommodate emergency fills for LTC residents requiring a fill for the first time when they are beyond their transition window, automated submission clarification codes are submitted by the pharmacy on point of service claims to allow up to a 31-day supply of a medication unless written for less. These drug claims would otherwise reject as Non-formulary, or formulary with prior authorization, step therapy, or quantity limit edits secondary to beneficiaries having already exhausted TF new or renewing TF day's supply and/or being outside the TF eligibility window.

5. Level of Care Changes:

a. For non LTC residents, the pharmacy must call the PBM's Pharmacy Help Desk in order to obtain an override to submit a Level of Care transition fill request

b. For LTC residents, automated reason service codes are submitted by the pharmacy with transition fill eligible claim submission to allow transition supplies and override Refill Too Soon rejects for new admissions, and to allow a 31 day supply unless written for less with multiple fills, if needed, of medication that might be non-formulary, or formulary with prior authorization, step therapy, or quantity limits..

c. If a dose change results in an "early refill" reject, the pharmacy may call MPG's PBM's Pharmacy Help Desk to obtain an override.

6. Cumulative Days Supply:

a. Transition refills for supplies dispensed at less than amount written, or less than the days supply available under transition rules, are allowed multiple fills up to 30 days supply (retail/mail).

7. Formulary Alternatives:

a. MPG contracts with PBM for operational appeals support, the coverage determination and medical review processes for non-formulary requests are documented in (CLINOP-0346) Medicare Part D Coverage Determination; and (CLINOP-0224) Medicare Part D Coverage Redetermination. These procedures ensure enrollees have access to processes for medical review of Non- formulary drug requests.

b. Information regarding therapeutically appropriate formulary alternatives is made available to enrollees and prescribers failing an affirmative medical necessity determination per processes referenced in 7.a. above.
c. Enrollees who contact MPG's PBM's Customer Care and Pharmacies that contact the MPG's PBM Pharmacy Help Desk are provided with information regarding available formulary alternatives when requested and/or appropriate for enrollees' care.
d. Included in the delegated PBM responsibilities is the review of the procedures for coverage determinations and exceptions that in some cases may result in the need for a process for transitioning a Beneficiary to a therapeutically appropriate formulary alternative.

8. Retroactive Eligibility:

a. The limited income newly eligible transition (NET) program will provide coverage for beneficiaries. MPG's PBM supports retroactive claims adjustments for beneficiaries enrolled in its plan who become retroactively eligible for Medicaid during the period of Part D enrollment.

9. Transition Across Contract Years:

a. The following processes are in place for renewing beneficiaries:
    i. Enrollees will receive an Annual Notice of Change (ANOC) prior to the upcoming contract year in order to outline benefit changes for the upcoming year including changes in cost-sharing and drug tier structures. Accompanying the ANOC will be a copy of the abridged formulary for the upcoming contract year
    ii. MPG will prospectively work to educate and transition current enrollees on medications that will no longer be on the formulary in the new plan year or will require prior authorization, step therapy, or quantity limit utilization management edits in the new plan year.
    iii. MPG will proactively encourage current enrollees to have formulary/tiering exceptions/prior authorizations processed prior to January 1 of the new contract year
    iv. Consistent with the Transition Fill process provided to new enrollees, PBM effectuates a meaningful transition and provides transition fills, at the beginning of the new contract year, to renewing enrollees with history of utilization of impacted drugs (see sections 2.c. & d. and 3.d. & e. above) when those enrollees have not been transitioned to a therapeutically equivalent formulary drug; or for whom formulary exceptions/prior authorizations are not processed prior to the new contract year. This applies to all renewing enrollees including those residing in Long Term Care facilities
b. The PBM Pharmacy Help Desk is instructed to provide transition supplies to renewing beneficiaries who were on medications in the prior plan year that are non-formulary or are subject to prior authorization, step therapy, or quantity limits in the new plan year. On a case-by-case basis, PBM Customer Care may provide 30 day extensions to accommodate enrollees who continue to await resolution of a pending prior authorization or other exception requests
c. MPG provides a full 90 day transition period from beneficiary's enrollment date, even when this period extends into the following contract year

10. Transition fill processing and coding:

a. Transition fill payment processes and system coding ensures point of service messaging to pharmacies identifies when submitted claims are paid under transition supply rules.
b. Transition fill messaging to pharmacies is consistent with current NCPDP Telecommunication standards. Transition fill processing applies to both new and ongoing prescriptions at point of sale and through the PBM's Pharmacy Help Desk for beneficiaries who are new to the plan.

11. Edits for Transition Fills:

a. MPG's PBM will code the following utilization management edits or drugs such that transition fill overrides will not be applied:

   i. Drugs requiring Part B vs. Part D coverage determination
   ii. Drugs excluded from Part D benefit
   iii. Edits to promote safe utilization of drugs in accordance with safety reasons based on approved FDA product labeling, such as maximum daily dose or early refills not a result of a dosage changes. Refills will be ensured 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. Cost-sharing Considerations:

a. Cost sharing for non-formulary drugs supplied as a transition fill is applied as set by statute for low income subsidy (LIS) beneficiaries
b. For non-LIS beneficiaries, the cost-share is consistent with that charged for non-formulary drugs approved under a coverage exception.
   i. For Non Formulary Part D drugs provided under this transition process, the cost sharing would be consistent with cost-sharing under the plan for non-formulary drugs approved under an exception.
   ii. For formulary drugs subject to utilization management edits, the same cost sharing would apply during the transition that would apply once the utilization management criteria are met.

13. Transition Fill Processing and Coding:

a. MPG's PBM's transition fill payment processes and system coding ensures point of service messaging to pharmacies identifies when submitted claims are paid under transition supply rules.
b. Transition fill messaging to pharmacies is consistent with current NCPDP Telecommunication standards.
c. Auto-pay of TF-Eligible Claims
   When submitted claims are eligible for payment under TF rules, RxClaim adjudication system logic applies the TF PAMC 22223333444 to the claim, tags the claim as a paid TF, and returns below messaging on paid TF claims. Pharmacies are not required to either submit, or resubmit a PAMC or other TF-specific codes for a TF-eligible claim to adjudicate. The TF-related codes and messaging returned to pharmacies on paid TF claims is compliant with industry standards (NCPDP) and with D.0 claims submission requirements. In accordance with NCPDP transmission standards, the "Paid under transition fill" messaging follows the ADDINS (additional insurance) and Brand/Generic Savings messaging when these apply. Otherwise the "Paid under transition fill" is returned as the first message on paid TF claims. Non-TF eligible claims are rejected and are not paid under TF rules.

"Paid under transition fill. Non-formulary."
"Paid under transition fill. PA required."
"Paid under transition fill. Other reject." (Note: This includes Step, QvT, Daily Dose and Age requirements)

In addition to the POS messaging above, and in accordance with NCPDP transmission standards, the below approval message codes are also returned on TF paid claims.

TF APPROVAL MESSAGE CODES

NCPDP Pharmacy Approval Message Code	TF Condition
005	TF claim is paid during transition period but required a prior authorization
006	TF claim is paid during transition period and was considered non-formulary
007	TF claim is paid during transition period due to any other circumstance
009	TF claim is paid via an emergency fill scenario but required a prior authorization
010	If a transition fill claim is paid via an emergency fill scenario and was considered non-formulary
011	If a transition fill claim is paid via an emergency fill scenario due to any other circumstance
013	If a transition fill claim is paid via a level of care change scenario but required a prior authorization
014	TF claim is paid via a level of care change scenario and was considered non-formulary
015	TF claim is paid via a level of care change scenario due to any other circumstance

d. **Transition fill processing applies to both new and ongoing prescriptions at point of sale and through the PBM Pharmacy Help Desk for enrollees who are new to the plan.** There are conditions under which it may be necessary for the PBM Pharmacy Help Desk (PHD) or Customer Care (CC) to enter a manual TF override. These situations include, but are not necessarily limited to:

- non-LTC beneficiary moves from one treatment setting to another;
- beneficiary has requested exception and decision pending at time TF period expires, or TF cumulative days supply exhausted;
- TF for dosage increase needed

The PHD and CC use manual transition fill overrides for claims deemed by CMS guidance to meet transition fill-required conditions. When manually entered with the TF PAMC, these TF overrides are adjudicated and tagged via the same processes as automated POS TF's. The same "Paid under transition fill…" messaging is returned to Pharmacies on manual TF

overrides as returned on automated paid TF claims. TF letters are produced and sent to beneficiary for manual TF overrides same as point of service overrides.
Pharmacies that contact the PHD are verbally informed of beneficiary's TF availability, process and rights for requesting prior authorization and or exception, and how to submit an automated transition fill request. Prior authorization or exception request forms are available upon request to beneficiaries, prescribers, pharmacies and others by a variety of means including mail, fax, email, and via the Plan Website.

14. Transition Notices:

a. MPG's PBM will mail, on behalf of MPG, a written transition notice via U.S. First Class mail to the enrollee within three (3) business days after adjudication of a temporary fill. The notice identifies the: (1) explanation of the temporary nature of the transition supply provided to the enrollee; (2) instructions for working with the plan, PBM and prescriber to identify therapeutically equivalent and appropriate formulary alternatives; (3) an explanation of the enrollee's right to request a formulary exception; and (4) a description of the procedures for requesting a formulary exception
b. The transition notice sent will either be the CMS model Transition Notice using the file-and-use process or a custom Transition Notice which will be sent to CMS for marketing review (which is subject to a 45-day review period).
c. MPG's PBM will generate and mail transition notices to Prescribers when an enrollee transition fill notice is produced. The content of this notice is based on the content of the Beneficiary transition fill notice, or CMS model notice if provided. Reasonable efforts are made to deliver the notice to the prescriber.

15. Public Notice of Transition Process and Availability of PA and Exception Request Forms:

a. MPG's Transition policy will be made available via link from the Medicare Drug Plan Finder to MPG website and the policy will be included in enrollee formulary and pre- and post-enrollment marketing materials as directed by CMS.
b. Prior authorization or exceptions request forms will be available upon request to both beneficiaries and prescribers through a variety of methods including mail, fax, e-mail and on the MPG website.

16. Oversight of Delegated PBM Activities for Transition Fill:

a. MPG performs oversight of delegated transition fill functions as described in PARTD.927_MPGA Part D PBM Claim Reject Quality Assurance and PARTD.928_MPGA Part D PBM Transition Fill Quality Assurance.
b. TF Letter Turn-Around-Time (TAT) Reports
These reports track the days between paid TF claims and date TF letters provided to Beneficiaries. They are used to monitor adherence with requirements to send Beneficiary TF letters within three (3) business days of adjudicated TF.
c. Paid TF Claim File
This file supports monitoring of the paid TFs to validate the claims should have paid under TF rules and that the correct TF tags are applied during adjudication.
d. Rejected Claim File
Daily Rejected claim reports are produced and reviewed for monitoring of rejected claims to validate that these should not instead have paid under TF rules.

REFERENCES	Medicare Prescription Drug Benefit Manual – Chapter 6; (MEDAFF-0027) Medicare Part D Transition Process- CVS Caremark Part D Services, L.L.C.;

PARTD.927_MPGA Part D PBM Claim Reject Quality Assurance; PARTD.928_MPGA Part D PBM Transition Fill Quality Assurance