

Presbyterian Senior Care (HMO) / (HMO-POS) Medicare Plans Transition Policy

Presbyterian Senior Care (HMO) / (HMO-POS) has a transition policy to ensure that enrollees in those plans will receive a temporary supply of an existing non-formulary prescription medication without interruption. The purpose is to provide continuous drug therapy while the enrollee works with their provider to switch to a therapeutically equivalent formulary medication or request an exception to continue existing therapy based on reasons of medical necessity. This policy is reviewed and approved by the Centers for Medicare and Medicaid (CMS) every year.

The Transition Policy addresses the following situations:

- The transition of new enrollees at the start of a new benefit year
- The transition of newly eligible Medicare beneficiaries
- The transition of Medicare enrollees from other coverage
- The transition of individuals who may switch Medicare Part D plans after the start of the contract year
- Transition of enrollees who may reside in long-term care (LTC) facilities and those experiencing changes in levels of care requiring hospitalization and skilled nursing care
- In some cases, current enrollees who are affected by formulary changes from one year to the next

The Transition Policy applies to the following Part D medications:

- Part D medications that are not on the formulary
- Part D medications previously requested and approved as an exception, once the exception timeframe expires
- Part D medications that have been removed from the formulary from one benefit year to the next
- Part D medications that are on the formulary but may require prior authorization or step therapy under our established utilization management rules
- Part D medications that require prior authorization or have step therapy or quantity limits that have been added or changed from one year to the next

The Transition Policy also addresses situations in which enrollees may not be aware of the medications on the formulary or are not familiar with how to request an exception to our benefit coverage rules. In these situations, enrollees are given time to work with their prescribing provider to complete the pharmacy exception process or switch to a therapeutically equivalent formulary medication.

Outpatient Setting

During the first 108 days of enrollment in a Presbyterian Senior Care plan, the enrollee can obtain at least a one time, temporary 30-day supply of a Part D drug that is not on the formulary. If the provider writes a prescription for fewer days, we will allow multiple fills to provide up to a maximum of 30 days' medication. This includes Part D drugs that require a prior authorization or step therapy.

Long-Term Care (LTC) Setting

During the first 108 days of enrollment in a Presbyterian Senior Care plan, the enrollee can obtain up to a maximum of 31 days of medication. If the provider writes a prescription for fewer days, we will allow multiple fills up to a total of 31 days' medication. Please note that the long-term care pharmacy may provide the drug in smaller amounts at a time to prevent waste.

If a long-term care enrollee is beyond the 108-day transition period and needs medication without delay, we will provide an emergency supply of non-formulary medications; including Part D medications that are on the formulary but require prior authorization or step therapy under our utilization management rules. This emergency supply of medication will be for at least 31 days, unless the prescription is written for less than 31 days. The emergency supply is to ensure that enrollees receive their medications while an exception or prior authorization is requested.

Transition Across Benefit Years

During the first 108 days of a new benefit year, a current Presbyterian Senior Care enrollee can obtain multiple supplies, up to a 30-day temporary supply of a medication that has been affected by a negative formulary change. This temporary supply of medication is for existing enrollees and applies to drugs that are removed from our Presbyterian Medicare Advantage Plan formulary from one benefit year to the next, as well as to formulary drugs that remain on the formulary, but a new prior authorization or step therapy restriction has been added from one benefit year to the next.

Level of Care Change

Enrollees may experience unplanned level of care changes, for example, being discharged or admitted to a long-term care facility, hospital, or nursing facility. In these circumstances, we will provide a one-time temporary supply of medication for a level of care change. This supply will be authorized for up to a maximum of a 31-day supply, unless the prescription is written for less than 31 days.

Transition Notices

All enrollees who receive a temporary supply of a non-formulary Part D medication will receive a written notice via U.S. mail regarding their transition supplies and the transition process. This notification will be sent within three business days of the approval of the temporary supplies.

The notice will include the following:

- An explanation of the transition supply that the enrollee received
- Instructions for working with us and their prescriber to identify appropriate therapeutic formulary alternatives

- An explanation of the enrollee's right to request a formulary exception
- A description of the exception request process

Exception requests and prior authorization requests are available to enrollees, their appointed representatives and physicians via mail, fax, email and our website at www.phs.org/Medicare, or by calling the Presbyterian Customer Service Center at the numbers listed below.

To ask for a temporary supply of a drug, please call the Presbyterian Customer Service Center.

Contact Us

The Presbyterian Customer Service Center is here to help. Contact us at:

Phone: (505) 923-6060
1-800-797-5343
(TTY 711)

Hours: **October 1 - March 31:**
8 a.m. to 8 p.m., seven days a week
(except holidays)

Email: info@phs.org

April 1 - September 30:
8 a.m. to 8 p.m., Monday - Friday
(except holidays)

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yánílti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'igíí éí t'áá jiik'eh hóló. Kohjí 1-855-592-7737 (TTY:711) hodíilnih doodago nika'análwo'í bich'í' hanidzihh.

For more information, visit <https://www.phs.org/nondiscrimination>.