



<b>PLAN POLICY AND PROCEDURE</b>	
 <p><b>Title: SHP Pharmacy Benefit Update Process</b></p>	<p><b>Product Line</b> (check all that apply):</p> <p><input checked="" type="checkbox"/> All</p> <p><input type="checkbox"/> Group HMO</p> <p><input type="checkbox"/> Individual HMO</p> <p><input type="checkbox"/> PPO</p> <p><input type="checkbox"/> POS</p> <p><input type="checkbox"/> N/A</p>
<p><b>Division(s):</b> Health Services</p>	
<p><b>Department(s):</b> Pharmacy</p>	
<p><b>Owner (Title):</b> Pharmacy Manager</p>	
<p><b>Relevant Regulatory/Accrediting Agencies/Citations (specify):</b></p> <p><input type="checkbox"/> CMS: _____</p> <p><input type="checkbox"/> DMHC: _____</p> <p><input checked="" type="checkbox"/> NCQA-HP: <u>MEM 4D</u></p> <p><input type="checkbox"/> NCQA-WHP: _____</p> <p><input type="checkbox"/> OTHER: _____</p>	
<p style="text-align: right;">_____, (Title, Compliance Officer, or CEO)</p> 	<p><b>Approval date:</b></p> <p style="text-align: center;">3/9/2016</p>

**I. PURPOSE:**

A. This Policy and Procedure documents the process for making changes in the coverage status of Formulary and Non-Formulary drugs in the claims adjudication system, changes in coverage status of drugs subject to a recall or withdrawal, and changes to drug-specific criteria (adding or deleting prior authorization, quantity limits, step-therapy, etc.) Once completed all changes are reflected on the Sharp Health Plan website in the Formulary look-up tool. Changes will be posted to the website within 30 days of formulary changes becoming effective.

**II. POLICY:**

It is the Policy of Sharp Health Plan (Plan) to track requests submitted to the PBM for Formulary and Non-Formulary drug coverage changes and changes to drug-specific criteria. It is the policy of the Plan to review test claims for accuracy (if applicable), to approve accurate test claims (if applicable), and to document the completion date of each request. The Plan verifies that changes are displayed

correctly in the website Formulary look-up tool after completion of each drug change request.

### **III. DEFINITIONS:**

- A. Benefits Coding Request (BCR): A document completed by the Plan Pharmacist or delegated personnel. The BCR lists all requested formulary and non-formulary drug changes.
- B. Pharmacy Benefits Management Company (PBM): The PBM is the vendor that Sharp Health Plan contracts with to provide pharmacy claims adjudication. Correct claims adjudication at the point of sale is dependent upon the correct coding of the PBM's pharmacy claims system.
- C. Point of Sale (POS): The point of sale of the medication, which is the dispensing pharmacy.

### **IV. PROCEDURE:**

- A. The Plan Pharmacist or delegate completes a BCR with requested changes and submits the BCR to the PBM Benefits Coding Department via e-mail. Secure e-mail is used if any member-specific information is included in the e-mail.
- B. The PBM acknowledges receipt of the BCR via e-mail and assigns a Task Number to the request.
- C. The PBM sends an e-mail to the Plan Pharmacist with an assigned completion date for the Task Number.
- D. If clarification of the Task is required by the Benefits Coding Team, an e-mail outlining the clarification required is sent to the Plan Pharmacist via e-mail. Coding by the PBM is placed on hold until clarification is received.
- E. If test claims were requested, the test claims are sent to the Plan Pharmacist for review and approval. Once approved the changes are made "live" in the claims adjudication system.
- F. At the completion of each Task, the PBM sends an e-mail notifying the Plan Pharmacist that the Task has been completed.
- G. Benefit/Formulary changes moved to production ("live") are immediately accessed by the POS claims adjudication system. Changes are generally viewable immediately on member web tools, such as the Sharp Health Plan Formulary look-up tool and member-specific Formulary look-up tool, but may take up to 24 hours to be visible. Changes will be posted to the website within 30 days of formulary changes becoming effective.
- H. It is the Plan Pharmacist's practice to document all assigned Task numbers, Assigned Completion Dates, and Completion Dates.

- I. After notification from the PBM that a Task has been completed, it is the practice of the Plan pharmacist or designee to log into the Sharp Health Plan website Formulary look-up tool and to review the status of the medication that is the subject of the task for accuracy. Any inaccuracies are questioned and follow-up takes place between the Plan Pharmacist and the Benefits Coding Team until a satisfactory resolution is achieved.
- J. The Sharp Health Plan website has a link to the FDA website for official information about withdrawn or recalled medications.


**V. ATTACHMENTS:** BCR template

**VI. SUPPORTING DOCUMENTS:** MedImpact Benefit Change Request Process Flow Diagram

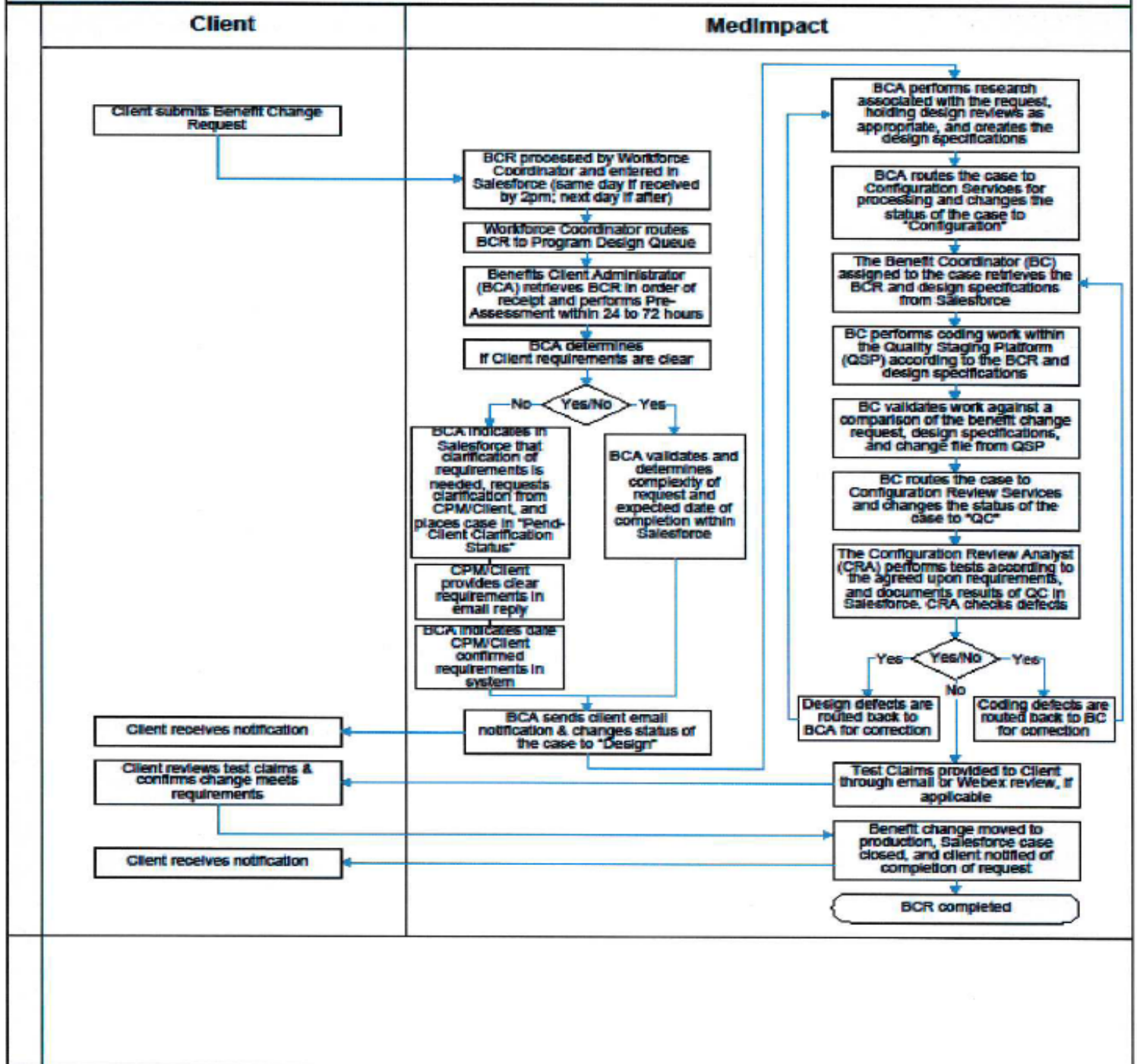
**VII. REVISION HISTORY:**

<b>Date</b>	<b>Modification (Reviewed and/or Revised)</b>
03/14/2012	Original Document. Approved by P&T Committee
03/13/2013	Approved by P&T Committee
03/19/2014	Approved by P&T Committee
03/18/2015	Approved by P&T Committee
03/09/2016	Approved by P&T Committee

\*\*\* ATTACHMENT \*\*\*

	<b>Operations</b>		
	<b>Benefit Change Request Process</b>		
	Date	Department	Version
	8/24/2011	300	1.0

**BENEFIT CHANGE REQUEST PROCESS FLOW DIAGRAM**





Form 2

Coverage Change Request

Email: [BCR@MedImpact.com](mailto:BCR@MedImpact.com)

TYPE OF CHANGE		
Benefit Restriction <input type="checkbox"/>	Member Restriction <input type="checkbox"/>	Formulary <input type="checkbox"/> Change (Please check only one)
Commercial <input checked="" type="checkbox"/>	Part D <input type="checkbox"/>	(Please check all that apply)
<b>Note: For a Step Therapy change, use Form 3</b>		

Requester:	Phone No.:	Fax No.:
Plan Name: Sharp Health Plan	Email:	Date:
Corporate office name:	HQ Code/s:	Part D FORM ID:

**Effective Date:**

**TEST CLAIMS**

Client: Indicate here if you would like to receive sample test claims: Yes  No  (Please check only one)  
 Note: If test claims are requested, MedImpact will not initiate benefit change(s) until client sends confirmation that the test claims are approved.  
 Should this edit be override able with a Prior Authorization? Yes  No  (Please check only one)

**APPLICABILITY**

Does requested change affect entire Book of Business? Yes  No  If no, indicate affected benefits below.

Benefits/Members:

**BENEFIT SERVICES REQUESTED (Provide a brief description below of the change requested, and the expected outcome.)**

Indicate here if quantity restrictions should be rolled up for mail order: Yes  No   
 If no, please give reason:

**MEDICATION/S AFFECTED (Indicate the drugs affected by the above change.)**

Medication / Part D Proxy	Brand	Generic	Federal Legend	OTC	All Strengths	Specific Strengths	All Forms	Specific Forms	Drug Coverage	Formulary Change
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		---	---
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		---	---
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		---	---
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		---	---
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		---	---
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		---	---
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		---	---
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		---	---

**Formulary Change Request Notes for Part D**

1. Special coding is coding that cannot be accommodated in the template.
2. Temporary coding is coding that must go into effect until the coding can be completed in the template and loaded into the system. This coding must match the wording to be placed on the Part D Custom Formulary Template. Term date for Temporary coding will be two Mondays following week the FCR is submitted.



Form 2

Coverage Change Request

Email: [BCR@MedImpact.com](mailto:BCR@MedImpact.com)

- 3. It is the clients' responsibility to ensure compliance with Explanation of Benefits and Negative Change Notification with CMS guidance when setting effective dates. Effective dates must reflect the approval date provided by CMS.

**Acceptance Agreement:** Client will review all reports, statement and invoices provided by MedImpact and shall notify MedImpact in writing of any errors or objections within thirty (30) days of the effective date of the benefit change. Specifically, this shall apply to all service requests, benefit change request forms and pharmacy operations requests, etc. Unless Client notifies MedImpact in writing of any errors or objections within the thirty (30) day period, all the information contained therein will be deemed accurate, complete and acceptable to Client and thereafter MedImpact shall have no liability related thereto. In any event if Client provides timely notification within the thirty (30) day period, liability is capped to that accrued during the initial thirty (30) day period

My signature below affirms that I have authority to authorize MedImpact, and I do authorize MedImpact to perform, implement or change the services or products described herein. I acknowledge that I have reviewed the information contained herein and I clearly understand all items to which I am agreeing.

<p style="text-align: center; margin: 0;"><i>Signature of Authorized Plan Representative Required</i></p>	<p>Date: _____</p>