



GHC MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) POLICY

SUBJECT: Coverage Determination and Medications Requiring Prior Authorization

**Policy Number: PD.006
Date Issued: 09/05
Date effect: 01/06**

Policy:

Group Health Cooperative (GHC) assures that Medicare Advantage Prescription Drug (MA-PD) members have access to Part D covered prescription drugs that are not usually covered on the GHC formulary and/or formulary drugs that usually require prior authorization.

This policy is not meant to prohibit use of specific products but instead to require a process that assures both the quality and continuity of member care. These prescription drugs are covered when specific criteria, approved by the GHC Pharmaceutical and Therapeutic (P&T) Committee, are met.

This policy addresses expedited and standard coverage determinations that pertain to decisions made not to provide or pay for a Part D drug that is not on the formulary, not medically necessary, or furnished by an out-of-network pharmacy.

Expedited Coverage Determinations

GHC is responsible for making coverage determinations regarding Medicare eligibility, coverage and authorization of services for GHC MA-PD members. When the GHC MA-PD member or their designated representative believes a determination to have the potential to seriously jeopardize the life or health of the member or the member's ability to regain maximum function, the member has the right to request an expedited determination.

GHC will process all MA-PD expedited coverage determination requests, including coverage exception requests, that meet expedited criteria, no later than 24 hours of the member's request or receipt of the practitioner's request for an exception.

GHC will verbally notify the member of determination as expeditiously as the member's health condition requires, but no later than 24 hours after receiving the request, or, for an exception request, the physician's supporting statement.

GHC will send a written confirmation notice of an adverse expedited determination **within 3 calendar days of the oral notification** using the same parameters in the drug coverage determination notices when denied.

When GHC cannot complete the coverage determination within 24 hours this failure constitutes a denial. Group Health will forward the case to the CMS designated Independent Review Entity (IRE) for their review and final decision within 24 hours of the expiration of the 24 hours.

Standard Coverage Determinations

GHC is responsible for making coverage determinations regarding Medicare eligibility, coverage and authorization of services for GHC MA-PD members.

GHC will process all MA-PD standard coverage determination requests, including coverage exception requests, no later than 72 hours of the member's request or receipt of the practitioner's request for an exception.

GHC will provide written notification to the member (and treating practitioner, when applicable) of determination as expeditiously as the member's health condition requires, but no later than 72 hours after receiving the request, or, for an exception request, the physician's supporting statement.

When GHC cannot complete the coverage determination within 72 hours, this failure constitutes a denial. GHC will forward the case to the CMS designated Independent Review Entity (IRE) for their review and final decision within 24 hours of the expiration of the 72 hours.

APPLICABILITY: This policy applies to all GHC MA-PD members.