

## **'Ohana Medicare Transition Policy**

To ensure a smooth transition process for 'Ohana enrollees and address the needs of individuals who are joining the 'Ohana family from other Part D plan providers, 'Ohana has established an appropriate transition process to address these needs.

'Ohana has established guidelines to address:

- the transitioning of new members following the annual coordinated election period;
- the transitioning of newly eligible Medicare beneficiaries from other coverage;
- the transitioning of individuals who may switch Medicare Part D plans after the start of the contract year;
- enrollees who may reside in long-term care (LTC) facilities; and
- in some cases, current enrollees affected by formulary changes from one contract year to the next.

'Ohana's transition policy applies to (a) Part D medications that are not on 'Ohana's formulary, and (b) Part D medications that are on 'Ohana's formulary but may require prior authorization or step therapy under 'Ohana's established utilization management rules.

During the transition period, the following edits will continue to be applied:

- Edits to help determine Part B vs. Part D coverage;
- Edits to prevent coverage of non-part D drugs (i.e., excluded drugs); and
- Edits to promote safe utilization of a Part D drug (e.g., quantity limits based on FDA maximum recommended daily dose; early refill edits).

### **Transition Policy**

'Ohana's transition policy addresses those situations in which members may or may not be aware of the medications that are on 'Ohana's formulary, unsure what is covered by 'Ohana's formulary, or unfamiliar with 'Ohana's formulary exception process. 'Ohana's transition policy meets the immediate needs of our valued members and allows the member sufficient time to work with his or her prescribing physician to switch to a therapeutically equivalent formulary medication or complete the formulary exception process.

#### **Outpatient Setting (non-Long Term Care Setting)**

During the member's first 93 days of enrollment with 'Ohana, the member can obtain a one time fill up to a 31-day temporary supply of a non-formulary medication (including Part D drugs that require a prior authorization or step therapy).

#### **Long Term Care Setting**

During the member's first 93 days of enrollment with 'Ohana, the member can obtain up to a 31-day transition supply. 'Ohana will honor multiple fills of non-formulary Part D medications (including Part D medication that are on 'Ohana's formulary but require prior authorization or step therapy under 'Ohana's utilization management rules) as appropriate during the entire length of the 93-day transition period.

If an LTC enrollee is outside his or her 93-day transition period, 'Ohana will provide an emergency supply of non-formulary medication (including Part D medications that are on 'Ohana's formulary but require prior authorization or step therapy under 'Ohana's utilization management rules). This emergency supply will be for at least 31 days of medication, unless the prescription is written for less than 31 days. The emergency supply is to ensure that members receive their medications while an exception has been requested through 'Ohana.

### **Level of Care Changes**

Members may experience unplanned level of care changes (i.e. discharged or admitted to a LTC facility, hospital, nursing facility skill level change). In these circumstances, 'Ohana will provide a one-time temporary fill for a level of care change. This fill will be authorized for up to a maximum of 31 days supply (unless the prescription is written by the physician for less than 31 days of medication).

### **Transition Notices**

All members who receive a temporary supply of a non-formulary Part D medication will receive a written notice via US mail regarding their transition fill and the transition process. This notification will be sent within 3 business days of the temporary fill. The notice will include: (1) an explanation of the transition supply that the member received; (2) instructions for working with 'Ohana and the member's prescriber to identify appropriate therapeutic formulary alternatives; (3) an explanation of the member's right to request a formulary exception; and (4) a description of the formulary exception process.

Formulary exception requests will be available to both members, appointed representatives, and physicians via mail, fax, email, and through our website.