

POLICY AND PROCEDURE

DEPARTMENT: PHARMACY	REFERENCE NUMBER: GA.PHAR.02
EFFECTIVE DATE: 10/2020	POLICY NAME: TRANSITION OF CARE
REVIEWED/REVISED DATE: 10/2020	RETIRED DATE: N/A
PRODUCT TYPE: MEDICAID	PAGE: 1 of 3

SCOPE:

Peach State Health Plan Pharmacy Department.

PURPOSE:

The purpose of transition of care is to provide continuity of care as members transition to Peach State Health Plan from another insurer. Transition of Care is the movement of patients between health care practitioners and/or settings as their condition and care needs changes during the course of a chronic or acute illness. **(GF 1.4)** Contractor shall identify and facilitate transition for members that are moving from one CMO to another or from a CMO to a Fee for Service provider or to private insurance and require additional or distinctive assistance during a period of transition. **(GF 4.11.8.5.1)** Prescription medications requiring a prior authorization is one of the qualifying circumstances for priority. **(GF 4.11.8.5.1.9)**

POLICY:

It is the policy of Peach State Health Plan, per Peach State Health Plan’s contract with the Department of Community Health, to maintain continuity of care for prescriptions that may require prior authorization for new Peach State Health Plan members.

The following Transition of Care applies to new Peach State Health Plan members:

- Treatment or medication that was covered by DCH or another CMO prior to new CMO effective date will be covered for at least 30 Calendar days from new CMO effective date to allow time for clinical review, and if necessary Transition of Care. **(GF 4.11.8.5.1.11)**
- Coverage of treatment or medications beyond 30 Calendar days even if the DCH authorization was for a period greater than 30 Calendar days will not be obligated **(GF 4.11.8.5.1.11)**

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PROCEDURE:

New Peach State Health Plan members will receive a one-time 30 day transition fill for a medication that was not on the preferred drug list or had certain limits or restrictions through the pharmacy claims system. The medication will be covered at least 30 Calendar days from the member’s new effective date. Envolve Pharmacy Solutions will send Peach State Health Plan’s Pharmacy Department a daily Transition of Care report, also known as the Transition of Fill (TOF) prescription report. This report identifies new Peach State Health Plan members who received a one-time 30 day transition fill for a medication that was not on Peach State Health Plan’s preferred drug list or had certain limits or restrictions. This will allow the member to have a temporary supply of the medicine that was covered under member’s previous insurer, including DCH or another CMO, allowing time for a prior authorization review, if submitted. The following process shall occur upon receipt of TOF report:

Peach State Health Plan’s Pharmacy staff will follow the process below upon receipt of the daily TOF report:

1. A clinical pharmacist will review and identify chronic or maintenance medications.
2. A pharmacy staff member will prepare the identified member and prescriber for letter mailing.
3. The notification letter will be mailed to the member and provider.

REFERENCES: Georgia Families Contract Sections: 1.4; 4.11.8.5.1; 4.11.8.5.1.9; 4.11.8.5.1.11



ATTACHMENTS: TOF_MEMBER and PROVIDER notice_TEM

DEFINITIONS: N/A

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REVISION LOG

REVISION:	DATE:
New policy created.	10/2020

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.