POLICY AND PROCEDURE	
Policy # and TITLE: PH18 Practitioner Communication	
Primary Policy owner: Pharmacy	**POLICY #:** PH18
Impacted/Secondary policy owner: Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) ☐All Departments 2) ☐Accounting & Finance (FIN) 3) ☐Administration (ADM) 4) ☐Behavioral Health (BH) 5) ☐Care Management (CM) 6) ☐Claims (CLMS) 7) ☐Community Marketplace & Member Engagement (MAR) 8) ☐Compliance (CMP and HPA) 9) ☐Configuration (CFG) 10) ☐Cultural & Linguistics (CL) 11) ☐Customer Service (CS)	12) ☐Facilities (FAC) 13) ☐HEDIS/NCQA (QI) 14) ☐Human Resources 15) ☐Information Technology / Core Systems (IT) 16) ☒Pharmacy (PH) 17) ☐Project Management Office 18) ☐Provider Contracting (CONT) 19) ☐Provider Services (PS) 20) ☐Quality Management (QI) 21) ☐Utilization Management/ BH (UM)
PRODUCT TYPE: ☒Medi-Cal	**Supersedes Policy Number:** Policy # and Policy Title

I.   PURPOSE

Keep HPSJ prescribing practitioners informed about its Pharmaceutical Management Procedures through its website, newsletters, and supplemental mailings.

II. POLICY

The Health Plan of San Joaquin (HPSJ) keeps its prescribing practitioners informed about its Pharmaceutical Management Procedures through its website, newsletters, and supplemental mailings.

III. PROCEDURE

A. Due to the pharmacy carve -out, effective 1/1/2022, HPSJ does not have generic substitution requirements, step therapy protocols, or a list of covered pharmaceuticals (formulary) as the pharmacy benefit is carved out to DHCS/Medi-Cal Rx.

B. The following pharmaceutical-related information is available on HPSJ's web site:

1. An explanation of restrictions, limits, and prior authorization requirements for physician administered drugs.

2. Information on HPSJ's Pharmaceutical Management Procedures for physician administered drugs regarding:

    a. Quantity Limits (Managed Drug Limitations).

    b. Prior Authorization requirements.

    c. Therapeutic Interchange protocols.

    d. Sufficient information for practitioners to effectively interface with the Pharmaceutical Management Processes, including how to use the Pharmaceutical

Management Procedures and submit Prior Authorization requests.

3. The Provider Handbook details coverage related to the pharmacy benefit through Medi-Cal Rx.

    a. Updated on an annual basis.

    b. Providers are notified annually that an updated Provider Handbook is available on the HPSJ provider website.

C. When changes occur to physician administered drugs:

1. Providers are notified via a provider alert no less than forty-five (45) business days before the changes take effect.

2. The alert will explain what medical benefit codes have been added, removed, or updated.

3. The website is updated prior to the effective date of the change with coverage policies detailing any updated restrictions for physician administered drugs on a quarterly basis.

4. However, for positive changes (when a code is made less restrictive), the changes will go into effect the date the change is approved by the Pharmacy & Therapeutics Committee.

5. Member and Provider quarterly newsletters remind their recipients that the medical benefit has been updated and updates can be viewed on the organization's website.

D. In addition to the website, other communication mechanisms can be used at the discretion of the P&T Committee, Medical Director, or Director of Pharmacy include:

1. Direct practitioner mailings.

2. Direct phone calls to impacted providers.

E. The P&T Committee in conjunction with Health Plan staff defines and provides drug education to physicians, pharmacists, nurses, and healthcare professionals associated with HPSJ.

IV. ATTACHMENT(S)

1. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)

2. [Glossary of Terms Link](#)

3. Medi-Cal Managed Care Contract Acronyms List (Exhibit A, Attachment I, 2.0 Acronyms)

V. REFERENCES

A. DHCS - APL 20-020 – Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx

B. NCQA Standard UM 13 – Procedures for Pharmaceutical Management

VI. REVISION HISTORY

Version*	Revision Summary	Date
000	09/12, 11/15, 02/16, 02/17, 02/18, 05/19, 05/20, 06/21, 12/21, 12/22	N/A
001	Moved PH18 onto new 2023 template	04/03/2023
002	Distinguished pharmacy benefit communications versus medical benefit communications. Added details regarding the Provider Handbook and updates to the website/timeframes regarding PAD.	06/15/2023
Initial Effective Date: 09/18/2012		

VII. Committee Review and Approval

Committee Name	Version	Date
Compliance Committee	001	02/16/2023
• Privacy & Security Oversight Committee (PSOC)	N/A	
• Risk Management	N/A	
• Delegation Oversight	N/A	
• Policy Review	001	01/18/2023
Quality and Utilization Management	001	01/18/2023
• Quality Of Care	N/A	
• Grievance	N/A	

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)			
Department of Managed Care (DMHC)			

IX.   *Approval* signature*

Signature	Name Title	Date
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

*Signatures are on file, will not be on the published copy