

<b>POLICY AND PROCEDURE</b>	
<b>Policy # and TITLE:</b> PH17 Member Communication	
<b>Primary Policy owner:</b> Pharmacy	<b>POLICY #:</b> PH17
<b>Impacted/Secondary policy owner:</b> Select the department(s) that are responsible for compliance with all, or a portion of the policy or procedure as outlined	
1) <input checked="" type="checkbox"/> All Departments 2) <input type="checkbox"/> Accounting & Finance (FIN) 3) <input type="checkbox"/> Administration (ADM) 4) <input type="checkbox"/> Behavioral Health (BH) 5) <input type="checkbox"/> Care Management (CM) 6) <input type="checkbox"/> Claims (CLMS) 7) <input type="checkbox"/> Community Marketplace & Member Engagement (MAR) 8) <input type="checkbox"/> Compliance (CMP and HPA) 9) <input type="checkbox"/> Configuration (CFG) 10) <input type="checkbox"/> Cultural & Linguistics (CL) 11) <input type="checkbox"/> Customer Service (CS)	12) <input type="checkbox"/> Facilities (FAC) 13) <input type="checkbox"/> HEDIS/NCQA (QI) 14) <input type="checkbox"/> Human Resources 15) <input type="checkbox"/> Information Technology / Core Systems (IT) 16) <input checked="" type="checkbox"/> Pharmacy (PH) 17) <input type="checkbox"/> Project Management Office 18) <input type="checkbox"/> Provider Contracting (CONT) 19) <input type="checkbox"/> Provider Services (PS) 20) <input type="checkbox"/> Quality Management (QI) 21) <input type="checkbox"/> Utilization Management/ BH (UM)
<b>PRODUCT TYPE:</b> <input checked="" type="checkbox"/> Medi-Cal	<b>Supersedes Policy Number:</b> Policy # and Policy Title

**I. PURPOSE**

Keep Health Plan of San Joaquin/Mountain Valley Health Plan (HPSJ/MVHP) members informed about its Pharmaceutical Management

Procedures through its website, newsletters, phone calls to the customer service team, and supplemental mailings.

## **II. POLICY**

HPSJ/MVHP keeps its members informed about Pharmaceutical Management Procedures through its website, newsletters, phone calls to the customer service team, and supplemental mailings.

## **III. PROCEDURE**

- A. Due to the pharmacy carve -out, effective 1/1/2022, HPSJ/MVHP 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 to members via verbal phone call requests and on HPSJ/MVHP's web site:
1. An explanation of restrictions, limits, and prior authorization requirements of physician administered drugs.
  2. Information on HPSJ/MVHP's Pharmaceutical Management Procedures for physician administered drugs regarding:
    - a. Quantity Limits (Managed Drug Limitations).
    - b. Prior Authorization requirements.
    - c. Therapeutic Interchange protocols.

3. The Evidence of Coverage (EOC) document details member coverage inclusive of coverage related to the pharmacy benefit through Medi-Cal Rx.
  - a. Updated on an annual basis.
  - b. New members receive the EOC upon enrollment with HPSJ/MVHP.
  - c. Existing members receive a notice annually to remind them that an updated EOC is available on the HPSJ/MVHP member website.
- C. Language and Formatting of documents:
  1. Font size will be no smaller than 12 point and available in large print (18 point) as well.
  2. Available in alternative formats.
  3. Provided via use of auxiliary aids and services as per special needs of members or potential members with disabilities or limited English proficiency.
- D. When changes occur to physician administered drugs:
  1. The website is updated prior to the effective date of the change with an alert summarizing the changes to the medical benefit.
    - a. The alert will be in a member friendly format, preferably at 6<sup>th</sup> grade reading level.

- b. The alert will explain what medical benefit codes have been added, removed, or updated.
  - c. The alert will have an effective date that is no less than forty-five (45) business days before the changes take effect.
  - d. 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.
2. 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.
- E. Other communication mechanisms used in addition to the website at HPSJ/MVHP's discretion include:
1. Direct member mailings.
  2. Phone calls from members regarding pharmacy benefits.

#### **IV. ATTACHMENT(S)**

- a. DHCS Medi – Cal Managed Care Plans Definitions (Exhibit A, Attachment I, 1.0 Definitions)
- b. [Glossary of Terms Link](#)
- c. 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. DHCS APL 19-003 – Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format
- C. NCQA Standard MEM4 – Pharmacy Benefit Information
- D. NCQA Standard UM 11 – Procedures for Pharmaceutical Management

**VI. REVISION HISTORY**

\*Version 001 as of 01/01/2023

Version*	Revision Summary	Date
000	09/12, 11/15, 02/16, 02/17, 02/18, 05/19, 06/19, 05/20, 06/21, 12/21, 12/22	N/A
001	Moved PH17 onto new 2023 template	04/03/2023
002	Expanded upon the methods of communicating medical benefit changes to members.	04/14/2023
003	Distinguished pharmacy benefit communications versus medical benefit communications. Added details regarding the EOC.	06/15/2023
004		

**Initial Effective Date:** 08/18/2012

**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)			
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**IX. Approval signature\***

<b>Signature</b>	<b>Name Title</b>	<b>Date</b>
	PRC Chairperson	
	Policy Owner	
	Department Executive	
	Chief Executive Officer	

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