POLICY AND PROCEDURE	
Title: Member Communication	
Primary Policy owner: Pharmacy	**Policy#:** PH17
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) ☐Behavioral Health & Social Services (BH/SS) 3) ☐ Benefits Administration (BA) 4) ☐ Case Management (CM) 5) ☐ Claims (CLMS) 6) ☐ Community Marketplace & Member Engagement (MAR) 7) ☐ Compliance (CMP/HPA) 8) ☐ Configuration (CFG) 9) ☐ Provider Contracting (CONT) 10) ☐ Cultural & Linguistics (CL) 11) ☐ Customer Service (CS)	12) ☐ Facilities (FAC) 13) ☐ Finance (FIN) 14) ☐ Human Resources (HR) 15) ☐ Information Technology / Core Systems (IT) 16) ☒ Pharmacy (PH) 17) ☐ Provider Networks (PRO) 18) ☐ QI Health Equity (GRV/HE/HEQ/PHM/QM) 19) ☐ Utilization Management (UM) 20) ☐ Procurement (PRM) 21) ☐ Administration (SAF/BC/EM) 22) ☐ Medical Management (MM)
Product Type: ☒Medi-Cal ☐D-SNP	**Supersedes Policy Number:** N/A

I. PURPOSE

To keep Health Plan of San Joaquin and Mountain Valley Health Plan ("Health Plan") members informed about its Pharmaceutical Management Procedures through its website, newsletters, phone calls to the customer service team, and supplemental mailings.

II. POLICY

A. Health Plan keeps its members informed about Pharmaceutical Management Procedures through its website, newsletters, phone calls to the customer service team, and supplemental mailings.

B. All outpatient pharmacy medications are available through Medi-Cal Rx as of 1/1/2022.
   1. The MCP website provides a link to the Medi-Cal Rx covered drug list (CDL).
   2. The CDL is searchable, and members can search to see if outpatient prescription drugs are covered by Medi-Cal Rx.
   3. The MCP website provides a link to PAD medications that are covered by Medi-Cal Rx and PAD medications that are covered by the MCP.

C. Coverage of physician administered drugs (PAD) can be the responsibility of both Medi-Cal Rx and the Managed Care Plan (MCP) or just the MCP depending on the medication and drug class.

D. Pharmacy Policy PH30 (Medical vs. Pharmacy Benefit) defines both the pharmacy and medical pharmacy benefit for the purpose of determining whether providers should bill medications to Medi-Cal Rx or the MCP.
   1. It provides guidance in terms of which medications are part of the outpatient pharmacy benefit and which medications are part of the medical pharmacy benefit.
   2. Members can find PH30 (Medical vs. Pharmacy Benefit) on the MCP website.

E. The following pharmaceutical-related information is available to members via verbal phone call requests and on Health Plan's web site:
   1. An explanation of restrictions, limits, and prior authorization requirements of physician administered drugs.
   2. Information on Health Plan's Pharmaceutical Management Procedures for physician administered drugs regarding:
      a. Quantity Limits (Managed Drug Limitations).

b. Prior Authorization requirements.

c. Therapeutic Interchange protocols.

d. Step Therapy 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 Health Plan.

c. Existing members receive a notice annually to remind them that an updated EOC is available on Health Plan member website.

F. Language and Formatting of documents:

1. Font size to 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.

III. PROCEDURE

A. When changes occur to physician administered drugs:

1. Health Plan's website is updated prior to the effective date of the change with an alert summarizing the changes to the medical benefit.

a. The alert to be in a member friendly format, preferably at 6th grade reading level.

b. The alert to explain what medical benefit codes have been added, removed, or updated.

c. The alert has 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 go into effect on the date the change is approved by Health Plan's Pharmacy & Therapeutics (P&T) Committee.

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

B. Other communication mechanisms used in addition to the website at Health Plan'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 19-003 – Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format
B. APL 22-004 – Strategic Approaches for use by Managed Health Care Plans to Maximize Continuity of Coverage as Normal Eligibility and Enrollment Operations Resume
C. DHCS APL 22-012 – Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx
D. NCQA Standard MEM4 – Pharmacy Benefit Information
E. Health Plan Policy - PH05 Prior Authorization Review
F. Health Plan Policy - PH08 Managed Drug Limitations

G. Health Plan Policy - PH09 Step Therapy
H. Health Plan Policy - PH11 Therapeutic Interchange
I. Health Plan Policy - PH30 Medical vs. Pharmacy Benefit

VI. REVISION HISTORY

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	Moved PH17 onto new 2024 template. Incorporated therapeutic interchange and step therapy protocols as part of Health Plan's pharmaceutical management procedures. Provided guidance for where to locate covered drugs and their restrictions on the pharmacy and medical benefit.	03/15/2024
005	Reviewed policy and made minor grammatical updates as well as updated the references section. Reorganized existing content into relevant policy vs. procedure sections.	05/05/2025
006	Formatting edits were made. Reviewed with no further changes.	03/04/2026
Initial Effective Date: 08/18/2012		

Published Date:08/20/2026

VII. Committee Review and Approval to be Completed by Compliance

Committee Name	Version	Date
Compliance Committee (CC)	006	08/14/2026
• Privacy & Security Oversight Committee (PSOC)		
• Program Integrity Committee (PIC)		
• Audits & Oversight Committee (AOC)		
• Policy Review Committee (PRC)	003	06/19/2024
Quality Improvement Health Equity Committee (QIHEC)	006	05/20/2026
• Quality Operations Committee (QOC)		
• Grievance Committee (GC)		

VIII. REGULATORY AGENCY APPROVALS

Department	Reviewer	Version	Date
Department of Healthcare services (DHCS)	DHCS Contract Manager File & Use	003	09/14/2023
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