

## Medicare Part D: A Guide for Advocates and Consumers

### Transition Drug Supplies: CMS Requirements and Policies of Selected California Plans

Because 2.1 million low-income Medicare beneficiaries nationwide were transferred automatically to new benchmark Medicare prescription drug plans in the fall of 2007 and many more moved on their own, the start of 2008 has the potential to bring significant disruption at the pharmacy counter. In California alone, the number of beneficiaries who were automatically moved to new plans approached 500,000.

To mitigate disruption from changes in plans and plan formularies, the Centers for Medicare and Medicaid Services (CMS) requires that plans provide beneficiaries with access to transition supplies of needed medications. These requirements also are designed to give beneficiaries time to move over to a drug that is on the plan's formulary, file a formulary exception request or, particularly for LIS recipients, enroll in a different plan.

Transition protections are important but limited. This paper sets out the CMS minimum requirements for all plans, including both stand-alone prescription drug plans (PDPs) and Medicare Advantage Plans offering prescription drug coverage (MA-PDs).<sup>1</sup> We also include a chart that reviews the 15 California PDP plans that were benchmark or de minimis plans in 2007 and/or are benchmark plans in 2008, for areas, if any, where beneficiary protections exceed the CMS minimum.

Because most national plan sponsors have similar and often identical transition policies for all the plans they offer, we hope that this chart will be a useful resource for advocates and beneficiaries in all states.

For further information, please contact Georgia Burke [gburke@nsclc.org](mailto:gburke@nsclc.org), Anna Rich [arich@nsclc.org](mailto:arich@nsclc.org) or Kevin Prindiville [kprindiville@nsclc.org](mailto:kprindiville@nsclc.org) or visit our website at [www.nsclc.org](http://www.nsclc.org).

January, 2008

---

<sup>1</sup> CMS's transition requirements for plans are found in Chapter 6 of the Medicare Part D Manual at 30.4, [http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyReqmts\\_03.09.07.pdf](http://www.cms.hhs.gov/PrescriptionDrugCovContra/Downloads/PDBMChap6FormularyReqmts_03.09.07.pdf).

## I. CMS Minimum Transition Requirements

Part D plans must establish transition policies to ensure that beneficiaries who are stabilized on a medication are not left without coverage in situations:

- When they are moving to a new plan, including a plan within the same sponsor organization, that does not cover their current drug.
- When the plan in which they currently enrolled drops coverage of that drug for the new plan year.
- When they experience a change in level of care, such as moving to or from a skilled nursing facility or moving from a hospital into the community.

**ALL ENROLLEES:** For all enrollees, plans must:

- Provide a **30 day supply** (unless a lesser amount is prescribed) of an **ongoing** medication within the first 90 days of plan membership.
  - Covers drugs not on formulary and those subject to utilization management controls.<sup>2</sup>
  - Applies to the beneficiary's first 90 days enrolled in plan, even if not at the beginning of the plan year.
  - Applies both to new members and to continuing members when a plan has changed its formulary.
  - Transition requirements do not apply to non-Part D drugs.
- Mail the beneficiary a **written notice** explaining that the transition supply is temporary, including instructions for identifying appropriate substitutes, notice of the right to request a formulary exception; and instructions on how to file an exception request.

**ENROLLEES RESIDING IN A LONG-TERM CARE (LTC) FACILITY OR OTHER INSTITUTION:** As additional protections, plans must:

- Provide a 31 day supply during the first 90 days of plan membership.
- Honor multiple 31 day fills during the first 90 days of plan membership.
- For a prescription requested after the first 90 days of membership, provide a 31 day emergency supply to allow time for an exception to be processed.  
(Note: this LTC requirement covers new prescriptions.)

**ENROLLEES EXPERIENCING A CHANGE IN STATUS:** Additional protections exist for enrollees experiencing a change in status, e.g., moving from an acute care hospital to the community or into or out of a long-term care institution:

- Extension of transition supplies on a case-by case basis until an “appropriate and meaningful transition can be effectuated.”
- “Until that transition is actually made, however, either through a switch to an appropriate formulary drug, or decision of an exception request, continuation of drug coverage is necessary.”

---

<sup>2</sup> If a plan limits dosage to, for example, 14 pills, the plan may distribute 14 pills when the patient first presents the prescription but must provide refills until the 30 day transition supply is met. If the plan normally requires prior authorization from a doctor before covering the drug, it must provide the 30 day supply without prior authorization.

## II. Transition Policies of California Benchmark Plans

The transition requirements detailed above represent the minimum required of plans by CMS. Plans, however, are permitted to provide a more comprehensive transition benefit. This chart provides information about the specific transition policies of 15 plans offered in California in 2008. The list includes all 2008 benchmark plans as well as plans that were available to low-income subsidy recipients at a zero premium in 2007. The chart (1) identifies plan improvements, if any, over CMS minimum transition requirements, including requirements for Long Term Care (LTC) beneficiaries; (2) sets out how the plan interprets the general CMS requirement for transition during level of care changes, such as moves from a hospital to the community or into or out of a long term care facility; and (3) provides a link to the plan's transition policy. Plan sponsors that operate nationally are marked with an asterisk. Plan sponsors that operate in most states are marked with a double asterisk.

<b>Blue Cross of California: Blue Cross MedicareRx Value (S5596-033)</b>	
Improvements over CMS Minimums	<ul style="list-style-type: none"> <li>➤ <b>90 day</b> transition fill <b>if use mail order.</b></li> <li>➤ LTC: <b>34 day</b> transition fill, renewable in first 90 days</li> </ul>
Level of Care Transitions	No discussion of details.
Details	<a href="http://www.rxtools.bluecrossmedicarerx.com/2008/WELLPOINT_CONSUMER_CA/Documents/Formulary%20Transition%20Notice.pdf">http://www.rxtools.bluecrossmedicarerx.com/2008/WELLPOINT_CONSUMER_CA/Documents/Formulary%20Transition%20Notice.pdf</a>
<b>Bravo Health: BravoRx (S5998-013)</b>	
Improvements over CMS Minimums	None
Level of Care Transitions	<ul style="list-style-type: none"> <li>➤ <i>Within the first 90 days of enrollment:</i> A transition supply upon request at the point of sale with no plan intervention required.</li> <li>➤ <i>After the first 90 days of enrollment:</i> Claims for medications that are non-formulary or that require prior authorization will initially reject at point of sale with a message that indicates a transition supply may be available. The member, physician, or pharmacist will be directed to contact Bravo Health to request a transition supply. The requestor will be asked if the member <i>has experienced a level of care change</i>. If the requestor indicates that the member has experienced a level of care change, a transition supply of <b>up to 34 days</b> of medication will be authorized. The member will be able to fill the transition supply at the retail pharmacy. Bravo Health will initiate a prior authorization or exception for the medication with the prescribing physician.</li> </ul>
Details	<a href="http://www.mybravohealth.com/docs/MC-46-73-PD-3.pdf">http://www.mybravohealth.com/docs/MC-46-73-PD-3.pdf</a> (go to pp. vi-vii) and <a href="http://www.mybravohealth.com/docs/C0007_08_1014_S5998_013_BravoRx_BHI_Inc.pdf">http://www.mybravohealth.com/docs/C0007_08_1014_S5998_013_BravoRx_BHI_Inc.pdf</a> (p. 200)

**\*CIGNA: CIGNA Medicare Rx Plan One (S5617-158)**

Improvements over CMS Minimums	<ul style="list-style-type: none"> <li>➤ <b>31 day</b> transition fill.</li> <li>➤ LTC: <b>34 day</b> fill during first 90 days.</li> </ul>
Level of Care Transitions	An override for the “refill too soon” limitation would be provided to allow appropriate coverage, e.g., if the beneficiary needs a new supply of medicines when leaving a nursing home. One 31 day fill.
Details	<a href="http://www.cigna.com/sites/cignamedicare/formulary/medicarerx.html">http://www.cigna.com/sites/cignamedicare/formulary/medicarerx.html</a> (follow link to transition policy)

**\*\*First Health: First Health Part D-Premier (S5768-082)**

Improvements over CMS Minimums	None
Level of Care Transitions	No discussion of details.
Details	<a href="https://www.firsthealthpremier.net/FileUploads/RichTextboxImages/File/FH08FOR_0907.pdf">https://www.firsthealthpremier.net/FileUploads/RichTextboxImages/File/FH08FOR_0907.pdf</a> (p. 3)

**\* Health Net: Health Net Orange Option 1 (S5678-002)**

Improvements over CMS Minimums	<ul style="list-style-type: none"> <li>➤ 30 day transition fill <b>renewable 2 more times</b></li> <li>➤ LTC: <b>34 day</b> transition fill, renewable in first 90 days</li> <li>➤ LTC: <b>34 day</b> supply after 90 days</li> </ul>
Level of Care Transitions	One <b>34 day</b> fill.
Details	<a href="https://www.healthnet.com/static/medicare/medicare_transition_program_faq.pdf">https://www.healthnet.com/static/medicare/medicare_transition_program_faq.pdf</a> <a href="https://www.healthnet.com/static/medicare/misc/drug_list_formulary08.pdf">https://www.healthnet.com/static/medicare/misc/drug_list_formulary08.pdf</a> (p.11)

**\* HealthSpring: HealthSpring Prescription Drug Plan-Reg 32 (S5932-031)**

Improvements over CMS Minimums	<ul style="list-style-type: none"> <li>➤ Transition policy is <b>broadly written</b>. Not specifically limited to ongoing medications or to the first 90 days. “Members who are present at a participating pharmacy with a prescription for a drug that is not on the formulary, are unaware of what is covered by the plan, and may not be aware of the exception process, will be allowed a temporary one-time 30-day transition refill.”</li> <li>➤ LTC: Allow <b>90-180 day</b> transition period</li> </ul>
--------------------------------	--

\* Plan sponsor operates nationally.

\*\* Plan sponsor operates in most states.

Level of Care Transitions	One time fill.
Details	<a href="https://www.healthspring.com/default.aspx?id=1147">https://www.healthspring.com/default.aspx?id=1147</a>
<b>* Humana: Humana PDP Standard (S5884-090)</b>	
Improvements over CMS Minimums	<ul style="list-style-type: none"> <li>➤ Transition policy is <b>broadly written</b>. Not specifically limited to ongoing medications or to the first 90 days. “Members who are present at a participating pharmacy with a prescription for a drug that is not on the formulary, are unaware of what is covered by the plan, and may not be aware of the exception process, will be allowed a temporary one-time 30-day transition refill.”</li> <li>➤ LTC: Allow <b>90-180 day</b> transition period.</li> </ul>
Level of Care Transitions	One time fill.
Details	<a href="https://www.humana-medicare.com/BenefitSummary/2008PDFs/S5884SB08.pdf">https://www.humana-medicare.com/BenefitSummary/2008PDFs/S5884SB08.pdf</a> (pp.1-2)
<b>* Penn. Life Insurance Co.: Prescription Pathway Bronze Plan Reg 32 (S5597-097)</b>	
Improvements over CMS Minimums	None
Level of Care Transitions	No discussion of details.
Details	<a href="http://www.rxpathway.com/2008/plans/index.jsp#">http://www.rxpathway.com/2008/plans/index.jsp#</a> (click on Summary of Benefits, go to p. 3.
<b>* RxAmerica: Advantage Star Plan by RX America (S5644-084)</b>	
Improvements over CMS Minimums	<ul style="list-style-type: none"> <li>➤ <b>90 day</b> transition fill if use mail order pharmacy</li> <li>➤ LTC: <b>34 day</b> transition fill, renewable in first 90 days</li> <li>➤ LTC: after 90 days, one <b>34 day</b> transition fill</li> </ul>
Level of Care Transitions	Overrides for refill too soon will be given upon admission, discharge, or returning to the facility as well as for dosage changes by the prescriber before the regularly scheduled refill date.
Details	<a href="http://www.rxamerica.com/meds4medicare/star55_plan.html">http://www.rxamerica.com/meds4medicare/star55_plan.html</a> <a href="http://www.rxamerica.com/meds4medicare/pdf/comp_star55.pdf">http://www.rxamerica.com/meds4medicare/pdf/comp_star55.pdf</a> (pp. iv-v).
<b>**SierraRx: SierraRx (S5917-008)</b>	
Improvements over Minimums	None

Level of Care Transitions	No discussion of details.
Details	<a href="http://www.sierrahealthandlife.com/documents/sierrarx/2008sierrarxformulary.pdf">http://www.sierrahealthandlife.com/documents/sierrarx/2008sierrarxformulary.pdf</a> (p. 4)
<b>**SierraRx: SierraRx Basic (S5917-033)</b>	
Improvements over CMS Minimums	None
Level of Care Transitions	No discussion of details.
Details	<a href="http://www.sierrahealthandlife.com/documents/sierrarx/2008sierrarxbasicformulary.pdf">http://www.sierrahealthandlife.com/documents/sierrarx/2008sierrarxbasicformulary.pdf</a> (p. 4)
<b>* UniCare: Medicare Rx Rewards Standard (S5960-138)</b>	
Improvements over CMS Minimums	<ul style="list-style-type: none"> <li>➤ <b>90 day</b> transition fill if use mail order pharmacy</li> <li>➤ LTC: <b>34 day</b> transition fill, renewable in first 90 days</li> <li>➤ LTC: After first 90 days, will provide one <b>34 day</b> fill.</li> </ul>
Level of Care Transitions	No discussion of details.
Details	<a href="http://www.rxtools.medicarerxrewards.com/2008/WellPoint_Consumer_Unicare/Documents/Formulary%20Transition%20Notice.pdf">http://www.rxtools.medicarerxrewards.com/2008/WellPoint_Consumer_Unicare/Documents/Formulary%20Transition%20Notice.pdf</a>
<b>* Unicare: MedicareRx Rewards Value (S5960-032)</b>	
Improvements over CMS Minimums	<ul style="list-style-type: none"> <li>➤ <b>90 day</b> transition fill if use mail order pharmacy.</li> <li>➤ LTC: <b>34 day</b> transition fill, renewable in first 90 days.</li> <li>➤ LTC: After first 90 days, will provide one <b>34 day</b> fill.</li> </ul>
Level of Care Transitions	No discussion of details.
Details	<a href="http://www.rxtools.medicarerxrewards.com/2008/WellPoint_Consumer_Unicare/Documents/Formulary%20Transition%20Notice.pdf">http://www.rxtools.medicarerxrewards.com/2008/WellPoint_Consumer_Unicare/Documents/Formulary%20Transition%20Notice.pdf</a>
<b>* United Healthcare: AARP Medicare Rx Plan-Saver (S5921-001)</b>	
Improvements over CMS Minimums	<b>31 day</b> transition fill

Level of Care Transitions	One-time 31 day fill
Details	<a href="https://www.aarpmedicarerx.com/ovation/pdf/pdp/en/2008/EOPDP3030233_XASE000.pdf">https://www.aarpmedicarerx.com/ovation/pdf/pdp/en/2008/EOPDP3030233_XASE000.pdf</a> (pp. 15-16)
<b>* WellCare: WellCare Classic (S5967-169)</b>	
Improvements over CMS Minimums	None
Level of Care Transitions	A one-time override through WellCare’s “provider service center” to current enrollees who experience level of care changes, such as a change in treatment settings. This allowance will be made for the 30-day period following the level of care change.
Details	<a href="http://67.98.172.80:17459/pdp/assets/2008TransitionPolicy.pdf">http://67.98.172.80:17459/pdp/assets/2008TransitionPolicy.pdf</a>

Note: This chart was prepared in early January 2008 and, to our knowledge, was accurate at that time. Additional information may become available on plan websites.

For further information, please contact Georgia Burke [gburke@nsclc.org](mailto:gburke@nsclc.org), Anna Rich [arich@nsclc.org](mailto:arich@nsclc.org) or Kevin Prindiville [kprindiville@nsclc.org](mailto:kprindiville@nsclc.org) or visit our website at [www.nsclc.org](http://www.nsclc.org) .