Negative PAL Change Notification Process: Louisiana Medicaid

Original Date:	01/01/2023	Accountable Dept.:	HPS (Humana Pharmacy Solutions) Clinical Strategies, 73284
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Summary of Changes:

- Change to existing policy
- Additional details added to procedure steps
- New policy owner

Scope:

The purpose for this document is to define how Humana notifies enrollees of negative changes to the HCPR Medical preauthorization list (PAL) of its Louisiana Medicaid plan. The process described in this document begins when a decision is made by Humana's Pharmaceutical and Therapeutics (P&T) Committee to make a negative PAL change. This document applies to the following business areas:

- Clinical Drug Policy Management (CDPM)
- Clinical Formulary & Medical Strategies (CFMS)
- Pharmacy Analytics & Consulting (PAC)
- Pharmacy Marketing
- Marketing Regulatory Operations Committee (MROC)
- Enterprise Print Management (EPM)

Procedures:

Procedure Overview:

- Humana's policy is to provide 30 calendar day notice to affected enrollees and a 90-calendar day notice to affected prescribers, **based on postmarked date**, prior to voluntarily making negative changes to a covered drug.
- **Enrollee Communication**: **Written negative change notices to enrollees will utilize Humana and Department for Medicaid Services approved templates. The negative change notices are mailed to enrollees and contain the following information at minimum:**
  - **The name of the affected drug**
  - **Description of the change: Prior authorization required**
  - **A link to the PAL**
  - The effective date of the change
- **Prescriber Communication: Written negative change notices to prescribers are managed by the**

Medical Policy (Corporate PAL) team.

Detailed Procedure:

1. Identify Project Core Team Members and Communication Material Needs
   - 1.1. Enrollee Communication Project Kick Off
     - 1.1.1. CFMS: Confirm there are negative PAL changes (i.e., PAL drug additions) planned for the upcoming year requiring notification.
     - 1.1.2. CFMS: Determine core team members and draft project plan with core team input.
     - 1.1.3. Pharmacy Marketing: Review enrollee letter content. Make any required revisions and submit letter for Legal/Compliance and state approval at least 90 days in advance of letter use.
     - 1.1.4. CFMS: Schedule weekly meetings with core team members, ensure downstream processes are followed, and update project plan.
2. Identify Drug and Enrollee Impact for Negative PAL Changes
   - 2.1. Drug and Enrollee Impact Identification
     - 2.1.1. CFMS: Send P&T approved list of PAL drug additions to CDPM Professional, including drug name and HCPCS code.
     - 2.1.2. CFMS: Submit data request to PAC Clinical Modeling and Rebates team, with list of PAL drug additions, to obtain enrollee impact.
     - 2.1.3. PAC Clinical Modeling and Rebates team: Complete enrollee impact data request, obtain peer review approval, and send file(s) to requestor (CFMS).
     - 2.1.4. CFMS: Submit data request to PAC Operations Analytics team, with enrollee impact file, to obtain required format, as specified by MROC team. File will only include enrollees with active coverage on the effective date of the negative change.
     - 2.1.5. PAC Operations Analytics Team: Complete impact data request, obtain peer review approval, and send file(s) to requestor (CFMS), Pharmacy Marketing Professional, MROC Team, and EPM Team.
     - 2.1.6. CFMS: Confirm Pharmacy Marketing Professional, MROC Team, and EPM Team received completed impact file(s) from PAC team.
3. Develop, Quality Review, and Approve Communication Materials
   - 3.1. Enrollee Mail Communication Materials
     - 3.1.1. Pharmacy Marketing: Confirm approval of Negative PAL Change letter template by Legal/Compliance and the state.
     - 3.1.2. MROC: Create data test file and load file to Enterprise Messaging system.
     - 3.1.3. EPM: Create test proofs, review sample for accuracy, and send to Pharmacy Marketing Professional for testing.
     - 3.1.4. Pharmacy Marketing: Send test proofs to QA team for review and obtain approval. Inform MROC and EPM team of approval. QA team will confirm accuracy for letter and data build:

3.1.4.1. The proof is compared with the approved letter template for overall appearance (font size, margins, etc.)

3.1.4.2. The data fields are populated with the correct data variables.

3.1.5. MROC: Create data production file and load file to Enterprise Messaging system.

3.1.6. EPM: Create production proofs, review for accuracy, and send proofs to Pharmacy Marketing Professional and CFMS Professional for approval.

3.1.7. Pharmacy Marketing & CFMS: Review sample of production proofs for quality and accuracy. Inform EPM team of approval.

3.1.8. EPM: Once final approval is obtained, communicate the expected mail date to CFMS Professional and Pharmacy Marketing Professional.

4. Distribute Communication Materials

4.1. Enrollee Mail Communication Materials

4.1.1. EPM: Confirm mailing is complete and notify CFMS Professional and Pharmacy Marketing Professional.

4.1.2. CFMS: Save production proofs and Operational Reconciliation report in shared location as evidence of completion.

Definitions:

- Healthcare Common Procedure Coding System (HCPCS) Drug Code: A standardized code to identify drug products for claim submission.
- Humana Clinical Pharmacy Review (HCPR) Medical PAL (i.e., PAD PAL): A list of physician administered drugs for which preauthorization is required.
- Humana Pharmaceutical and Therapeutics (P&T) Committee: Responsible for reviewing and approving changes to the PAL.
- Negative PAL Change: Eliminating or further restricting access to a covered physician administered drug product by adding utilization management requirements where none were present before.
- Preauthorization (i.e., Prior Authorization): The process of determining medical necessity for specific drugs or services before they are rendered.
- State: The state of Louisiana.
- Utilization Management (UM): Refers to the process to evaluate the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities.

References:

Louisiana Department of Health and Magellan Medicaid Administration Inc. Contract: 2. Definitions and Acronyms

Louisiana Medicaid Managed Care Organization Model Contract: Glossary

Louisiana Medicaid Managed Care Organization (MCO) Manual

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