Policy:	GG.1639
Title:	**Post-Hospital Discharge Medication Supply**
Department:	Medical Management
Section:	Quality Improvement
CEO Approval:	*/s/ Michael Hunn 12/20/2024*
Effective Date:	11/01/2014
Revised Date:	12/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☒ PACE ☐ Administrative

I. PURPOSE

To describe the process by which CalOptima Health shall provide oversight of contracted hospitals to ensure that Members have access to seventy-two (72)-hour supply of covered outpatient drugs in an emergency situation.

II. POLICY

A. Hospitals shall ensure that discharged Members have access to at least a seventy-two (72) hour supply of any Medically Necessary medications. The requirement can be met either by providing the seventy-two (72)-hour supply, or by providing an initial dose and a prescription for the remaining seventy-two (72)-hour supply.

B. For the purpose of this Policy, an emergency situation would include any covered outpatient drug needed for continuity of care that routinely require prior authorization, which would be delayed due to after-hours (nights, weekends and holidays), the seventy-two (72)-hour supply is an exception to the prior authorization processes.

C. The Quality Improvement (QI) Department shall monitor hospitals to ensure that a Member has access to at least a seventy-two (72)-hour emergency supply of a covered outpatient or Medically Necessary medications when prior authorization is not available, and when the medication is needed without delay to prevent the Member's condition from worsening.

D. Routine discharge prescriptions and prescriptions for an emergency supply of medication shall be filled at the Member's pharmacy under the Medi-Cal Rx Program.

E. Medi-Cal Rx shall assist the Member or the Member's pharmacy with access to at least a seventy-two (72)-hour supply of Medically Necessary medications.

F. CalOptima Health's Customer Service Department shall inform Members of their right to receive the seventy-two (72)-hour covered outpatient drug supply through the Member Handbook and at least annually through the Member newsletter.

G. CalOptima Health's Provider Relations Department shall, at least annually, notify its providers, including hospitals, of this requirement through the provider newsletter.

H. CalOptima Health's Quality Improvement Department shall document policies and procedures of CalOptima Health's network hospitals related to emergency medication dispensing, which describe the method(s) that are used to ensure that the emergency medication dispensing requirements are met.

III. PROCEDURE

A. Hospitals shall ensure that the discharged Member has access to at least a seventy-two (72) hour supply of any Medically Necessary medications. The requirement can be met either by providing the seventy-two (72)-hour supply, or by providing an initial dose and a prescription for the remaining seventy-two (72)-hour supply.

B. Upon a referral from a CalOptima Health Transition of Care Coach, a CalOptima Health Pharmacist shall review and address medication discrepancies and major medication-related problems for Members participating in the CalOptima Health Transition of Care Program. A CalOptima Health Pharmacist shall contact the Member to conduct discharge counseling, provide clinical recommendations to the Member, and notify the Member's primary care provider of these recommendations. A CalOptima Health Pharmacist shall review the Member's discharge summary for the following:

1. Discrepancies identified on the Medication Discrepancy Tool;

2. Potential Drug-Drug interaction;

3. Changes in medication regimen as a result of the hospitalization;

4. New medication counseling;

5. Medication access issues; and

6. Medication adherence.

C. Quality of care issues identified by the CalOptima Health Pharmacy Department shall be reported to QI for investigation, in accordance with CalOptima Health Policy GG.1611: Potential Quality Issue Review Process.

D. CalOptima Health shall respond to Member grievances related to the seventy-two (72) hour covered outpatient drug supply as described in CalOptima Health Policy HH.1102: Member Grievance and shall conduct a review of the related grievance by a nurse pursuant to CalOptima Health Policy GG.1611: Potential Quality Issue Review Process.

E. On an annual basis, CalOptima Health's Quality Improvement Department shall monitor compliance through a random sample of CalOptima Health- and Health Network-contracted hospitals. The Quality Improvement Department shall request and review for compliance with this Policy:

1. An attestation from the hospital attesting to adherence to this Policy; and

2. Hospital policy demonstrating adherence to this Policy.

F. Oversight Process

1. Semi-annually, Member grievances related to the seventy-two (72) hour covered outpatient drug supply will be reviewed by the CalOptima Health Grievance Appeals Resolution Services (GARS) Department.

2. Semi-annually, the Quality Improvement Department shall monitor and report any Potential Quality Issues (PQI) in relation to the seventy-two (72)-hour covered outpatient drug supply to the Credentialing and Peer Review Committee (CPRC).

3. Annually, the results of the monitoring from the GARS Committee shall be reported to the Quality Improvement Health Equity Committee (QIHEC).

4. A Corrective Action Plan shall be issued in accordance with CalOptima Health Policies HH.2005: Corrective Action Plan, and HH.2002: Sanctions, for any hospital found to be out of compliance with this Policy.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract with the Department of Health Care Services
B. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
C. CalOptima Health Policy GG.1600: Access and Availability Standards
D. CalOptima Health Policy GG.1611: Potential Quality Issue Review Process
E. CalOptima Health Policy GG.1651: Assessment and Re-Assessment of Organizational Providers
F. CalOptima Health Policy HH.2002: Sanctions
G. CalOptima Health Policy HH.2005: Corrective Action Plan
H. CalOptima Health Policy HH.1102: Member Grievance
I. Department of Health Care Services All Plan Letter 22-012: Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal RX (Supersedes APL 20-020) (Revised 12/30/2022)
J. Social Security Act, §1927(d)(5)
K. Welfare and Institutions Code §14185
L. Title 42 Code of Federal Regulations § 438.3(s)

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
04/28/2015	Department of Health Care Services (DHCS)	Approved as Submitted
03/06/2020	Department of Health Care Services (DHCS)	Approved as Submitted
07/07/2021	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
09/18/2019	Regular Meeting of the CalOptima Board of Directors' Quality Assurance Committee
10/03/2019	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Title	Program(s)
Effective	11/01/2014	GG.1639	Hospital Oversight	Medi-Cal OneCare OneCare Connect PACE
Revised	11/01/2015	GG.1639	Post-Hospital Discharge Medication Supply	Medi-Cal OneCare OneCare Connect PACE
Revised	10/03/2019	GG.1639	Post-Hospital Discharge Medication Supply	Medi-Cal OneCare OneCare Connect PACE
Revised	08/01/2020	GG.1639	Post-Hospital Discharge Medication Supply	Medi-Cal OneCare OneCare Connect PACE
Revised	12/01/2021	GG.1639	Post-Hospital Discharge Medication Supply	Medi-Cal OneCare OneCare Connect PACE
Revised	12/31/2022	GG.1639	Post-Hospital Discharge Medication Supply	Medi-Cal OneCare PACE
Revised	11/01/2023	GG.1639	Post-Hospital Discharge Medication Supply	Medi-Cal OneCare PACE
Revised	12/01/2024	GG.1639	Post-Hospital Discharge Medication Supply	Medi-Cal OneCare PACE

IX. GLOSSARY

Term	Definition
Designee	A person selected or designated to carry out a duty or role. The assigned Designee is required to be in management or hold the appropriate qualifications or certifications related to the duty or role.
Medi-Cal Rx	The DHCS program that provides prescription drug coverage and related services to individuals enrolled in Medi-Cal, California's Medicaid program.
Medically Necessary/Medical Necessity	Medi-Cal: Reasonable and necessary services Covered Services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child. OneCare: Reasonable and necessary medical services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services includes Medi-Cal Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. PACE: Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
Member	A beneficiary enrolled in a CalOptima Health program.
Potential Quality Issue (PQI)	For the purposes of this policy, means any issue whereby a Member's health may have been compromised by the action or neglect of care at the hand of a practitioner or other provider. PQIs require further investigation to determine whether an actual quality issue or opportunity for improvement exists.
Quality Improvement Health Equity Committee (QIHEC)	A committee facilitated by CalOptima Health's medical director, or the medical director's designee, in collaboration with the Health Equity officer, that meets at least quarterly to direct all Quality Improvement and Health Equity Transformation Program (QIHETP) findings and required actions.

Service Area	Medi-Cal: The county or counties that CalOptima Health is approved to operate under the terms of the DHCS contract. Currently, this covers Orange County, California. OneCare: Means the geographic area in which Members or potential Members reside and for whom Contractor is approved to provide services by CMS. PACE: The county or counties in which CalOptima Health PACE is approved to operate under the terms of the DHCS PACE Contract. A Service Area may have designated ZIP codes (under the U.S. Postal Service) within a county that are approved by DHCS to operate under the terms of the DHCS PACE Contract.
Transition of Care	The movement of a Member from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another.