# MED D - Transition Fill Care Processes

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**Description:** This document provides the steps to assist a beneficiary with a call regarding Transition Fills.

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| General Information |

The purpose of this Transition policy is to allow beneficiaries to transition from their current formulary/drug coverage to their new formulary/drug coverage.

**This procedure applies to the following for Transition Fills:**

* All newly enrolled beneficiaries
* Renewing beneficiaries who experience a formulary change
* All beneficiaries switching from one plan to another or change in their level of care from one treatment setting to another
* All beneficiaries relocating into a Medicare Part D service area
* Auto/Facilitated-enrolled beneficiaries
* A transition fill for up to 30 days will be allowed for beneficiaries, during the first 90 days of the new benefit plan year, or a beneficiary’s enrollment
* A transition fill for up to at least a 31-day supply per fill during the first 90 days of a beneficiary’s enrollment for LTC

**** CMS guidance indicates a beneficiary is entitled to up to a 90-day supply in a single Transition Fill during a Public Health Emergency. Beneficiaries can request a day supply greater than the standard 30-day Transition Fill if the beneficiary has not received a transition fill already during their new plan year.

Review the CIF to determine if the client allows a 90-day supply for a Transition Fill.

* If yes, transfer to the Senior Team to enter the appropriate Transition Fill Override.

**Senior Team Note:** Use the appropriate TF override code to assure that a Part-D Transition Fill letter is sent to the member and prescriber.

**Unbreakable pre-packaged medications**

* Beneficiaries will be allowed one unbreakable package per claim when the Plan benefit or Transition Fill benefit is exceeded; even if that means the beneficiary will receive a higher day supply than the minimum set by CMS regulations or plan design.

**Key Points:**

* The transition fill is up to at least a temporary, 30-day supply for medications that are not currently covered or require additional authorization for plan coverage. A Long-Term Care beneficiary receives up to at least a 31-day supply.
* CMS drug exclusions are **NOT** covered during the transition period.
* Quantity limits apply during the transition period to ensure beneficiary safety.
  + Beneficiaries may still receive the quantity limit restricted medication, within the specific plan’s defined quantity limit, to allow time for an exception request or to allow time for the prescriber to change the dosing regimen.
* When a prescription is processed with a transition fill, the prescription can **ONLY** be filled for up to a 30-day supply.

**Note:** Mail Order prescriptions processed with a transition fill, though written for a 90-day supply, can **ONLY** be filled for a 30-day supply.

* Once a transition fill (temporary 30-day supply) has been applied, the beneficiary/prescriber will be required to follow the normal process for requesting prior authorizations and medical necessity review, step therapy, or exception processing, or change to alternative medication.
* Beneficiaries and prescribers will be sent a written notice within 3 business days of receiving the transition fill, to notify the beneficiary that they have received a transition supply and should work with their prescriber to discuss switching to a formulary medication or pursue a formulary exception request or UM edit with the plan.
* Decisions on transition exception requests will appropriately address situations involving beneficiaries stabilized on drugs that are not on the formulary and have known risks associated with any changes in the prescribed regimen.
  + In certain circumstances, a beneficiary’s clinical condition may require an extension of the defined transition period; this will be allowed on a case-by-case basis as the need arises when determined appropriate by the clinical staff.
  + The beneficiary may be allowed an extension of the defined transition period if the coverage determination is pending or the beneficiary wishes to proceed with the next level of their Medicare appeal rights.

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| Transition Fill Letters |

Below are samples of a beneficiary and prescriber Transition Fill letter for SilverScript.

* [MED D - 2024 SilverScript Transition Fill - Beneficiary Letter](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=d00f49da-d28a-4c30-8f66-e32425bd6c1a)
* [MED D - 2024 SilverScript Transition Fill - Prescriber Letter](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=26a71556-fd56-45e1-b1e3-2ac9c148a8a1)
* [MED D - 2023 SilverScript Transition Fill - Beneficiary Letter](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=823e236d-74db-440f-86df-4907daf894ec)

* [MED D - 2023 SilverScript Transition Fill - Prescriber Letter](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=3fd4baca-6997-4ba5-a1d8-afad036c9a2f)

**Note:** To view these Transition Fill letters refer to [MED D - Viewing Correspondence and Requesting Reprints in PeopleSafe](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8d25a915-ad65-4b9e-bfb9-2d0fc62b8b79).

 If you are unable to locate the drug listed on the letter in PeopleSafe, research the claim by the Date Filled listed within the letter.

The Transition letter will also provide the beneficiary with one of **ten** different Reason for Notification explanations based on the type of Transition Fill.

**Note:** The drug status determines which reason for notification is selected for the transition fill letter.

* Part D drugs **not** on the plan’s formulary
* Part D drugs on the formulary that **require** Step Therapy
* Part D drugs on the formulary that are **subject to** Quantity Limits
* Part D drugs on the formulary that **require** Prior Authorization

**The ten possible Reason for Notification explanations are as follows:**

1. Requesting a Non-formulary Drug
2. Non-formulary Drug with a Quantity Limit for Safety Reasons
3. Requesting a drug on the formulary with a Plan Quantity Limit
4. Requires Prior Authorization
5. Requires Step Therapy
6. Requires that the beneficiary try a generic first
7. Non-formulary drug with non-safety related quantity limits (Optional)
8. Not on Formulary - Emergency Fill and Level of Care Change (Optional)

**LTC Residents Only:**

1. Requires Prior Authorization – Emergency Fill and Level of Care Change (Optional)
2. Requires Step Therapy- Emergency Fill and Level of Care Change (Optional)

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| Transition Fills (Non-formulary Medications) |

A transition fill for up to 30 days will be allowed at anytime during the first 90 days of a beneficiary’s enrollment in a plan, for non LTC.

Perform the following:

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| --- | --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | | |
| **1** | Authenticate the caller.  Refer to the following work instructions:   * [Caller Authentication](CMS-2-004568) * [HIPAA Authentication Grid](CMS-2-028920) | | | | | |
| **If the caller is…** | | | **Then…** | | |
| Someone from the pharmacy | | | Transfer the caller to the PHD at **1-866-693-4620**. | | |
| The Beneficiary, their POA or AOR | | | Proceed to the next step. | | |
| **2** | On the **Main** screen, locate the claim in question.  **Note:** For the **FIRST** fill of the year, the claim will **NOT** be rejected.   * The adjudication system will allow the medication to pay for the transition fill (according to the set guidelines - see introduction to this section).   + The beneficiary and the prescriber will be sent a letter explaining the Transition Fill guidelines within three business days. * If the beneficiary tries to obtain a fill beyond the transition fill limits, then the claim will reject. | | | | | |
| **If the beneficiary is questioning…** | | **Then…** | | | |
| The letter they received | | * This medication will no longer be covered under your MED D plan. * I will be happy to see if there are any alternatives available for this medication.   Proceed to the next step. | | | |
| A rejected claim for this medication | | Proceed to the next step. | | | |
| **3** | Click on the **Prescription Number** link.  **Result:** The **Prescription Details** screen will display. | | | | | |
| **4** | Click on the **View Settlement Codes** button.  **Note:** The CCR is looking for the message stating **Non-Formulary Medication, Contact Prescriber**   * The reject message at Point of Sale (POS) will display an override code plus any additional supplemental messages which are drug specific. * This reject message and override code will only be returned on claims which are eligible for the transition override. * The pharmacy provider will enter the override code in the **PA** field of their software program to allow the claim to pay. * This override will allow up to a 30-day supply to process.   **REMINDER:** There may be more than one rejected claim on the beneficiary’s account.   * For the Transition Fill issue, the CCR may need to review more than one rejected claim in search of this message.   Some medications are ineligible for Transition Fill, unless they are being prescribed for medically accepted indications   * Refer to the [MED D - Drugs Ineligible for Transition Fill Requiring Diagnosis for Part D Coverage](CMS-PRD1-093221)work instruction. | | | | | |
| **5** | Return to the **Main** screen in order to review the beneficiary’s claim history.  **Note:** The CCR is looking for a paid claim for that same medication within the current benefit year.   * In order to view Transition Fill messaging click on the **View Transmission** button.   The Transition Fill **messaging will a**ppear as follows:   * Paid under transition fill. Non-formulary. * Paid under transition fill. PA required * Paid under transition fill. Other reject.   + This includes Step and QvT.   **Note:** Not all QvT medications are included in Transition Fill.  Transition Fill messages are **THIRD** in the messaging hierarchy. Due to the limited amount of space in **PeopleSafe** it is possible that the Transition Fill messaging will **NOT** be viewable if other messages are included in the claim. | | | | | |
| **6** | Educate the beneficiary that, after this 30-day transition fill, the beneficiary/prescriber will be required to follow the normal process for changing to a formulary medication or requesting an exception or prior authorization through the coverage determination process.  **Note:** For all clients check the CIF to confirm if the CER Team handles alternatives. | | | | | |
| **If...** | | | | **Then...** | |
| The beneficiary would like to discuss possible alternatives | | | | Assist the beneficiary with all other questions/concerns prior to sending to the Care Exception Review Team  **Note:** This is a 24-hour line.  Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-004825). | |
| **If...** | **Then...** |
| SilverScript | Warm transfer the beneficiary to the CER Team at 1-844-453-5183, Option 1. |
| HP/EGWP/NEJE | Warm transfer the beneficiary to the CER Team at 1-844-453-5183, Option 2. |
| Healthfirst | Warm transfer to 833-875-4459. |
| The beneficiary is adamant that alternatives are not an option for them  **OR**  They are not willing to change and want to stay on the non-formulary product | | | | Assist the beneficiary with all other questions/concerns prior to sending to the Care Exception Review Team.  **Note:** This is a 24-hour line.  Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-004825). | |
| **If...** | **Then...** |
| SilverScript | Warm transfer the beneficiary to the CER Team at 1-844-453-5183, Option 1. |
| HP/EGWP/NEJE | Warm transfer the beneficiary to the CER Team at 1-844-453-5183, Option 2. |
| Healthfirst | Warm transfer to 833-875-4459. |
| **7** | Ask if there are any additional benefit questions. | | | | | |
| **If…** | **Then…** | | | | |
| Yes | * Address additional benefit issues. * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.   **Log Activity:**   * 1003 = Plan Design Education * 1006 = Plan Benefit Override * 1011 = Prior Auth   **Resolution Time:**   * Real time processing for Transition Fill Overrides * Up to three calendar days for a Coverage Determination. | | | | |
| No | * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.   **Log Activity:**   * 1003 = Plan Design Education * 1006 = Plan Benefit Override * 1011 = Prior Auth   **Resolution Time:**   * Real time processing for Transition Fill Overrides * Up to three calendar days for a Coverage Determination. | | | | |

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| Transition Fills (PA and Step Therapy Meds) |

A transition fill for up to at least 30 days will be allowed at any time during the first 90 days of a new beneficiary’s enrollment in a plan.

A transition fill for up to at least 30 days will be allowed for existing beneficiaries, during the first 90 days of the new benefit plan year.

**Note:** A Long-Term Care beneficiary receives up to at least a 31-day supply.

For a beneficiary to receive a Step Therapy medication, the beneficiary is required to try other similar medication(s) first.

* For renewing beneficiaries, the pharmacy claims system will perform a search and look **back 180 days** for prerequisite therapy. New beneficiaries will be assumed to have the prerequisite therapy in history.
* If the system finds the medications in the beneficiary's history that should be tried first, the claim will pay without any action required by the prescriber.
* If the prerequisite medication is not found in the beneficiary's claim history, the claim will reject.
  + When this occurs, the prescriber may call the Coverage Determinations & Appeals department to ask for an exception to the step therapy protocols if they still feel this is the best choice for the beneficiary.
* Step therapy follows accepted medical standards of practice with the logical progression of medication therapies.

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| **Step** | **Action** | | | |
| **1** | Authenticate the caller.  Refer to the following work instructions:   * [Caller Authentication](CMS-2-004568) * [HIPAA Authentication Grid](CMS-2-028920) | | | |
| **If the caller is…** | | **Then…** | |
| Someone from the pharmacy | | Transfer the caller to the PHD at **1-866-693-4620**.  Refer to [Plan Benefit Overrides (PBO) CCR](CMS-2-024671). | |
| The Beneficiary, the beneficiary’s POA or AOR | | Proceed to the next step. | |
| **2** | On the **Main** screen, locate the rejected claim (**Status** column). | | | |
| **3** | Click on the **Prescription Number** link.  **Result:** The **Prescription Details** screen will display. | | | |
| **4** | Click on the **View Settlement Codes** button.  **Note:** The CCR is looking for the following messages:  **Reminder:** These messages will appear the second time the beneficiary attempts to fill the prescription.  The adjudication system automation will allow the claim to be paid for the **FIRST** fill of the year.  **PA:**   * Drug requires Prior Authorization.   **Step Therapy:**   * Must meet step, PA REQR 1-855-344-0930. * These reject messages will only be returned on claims which are eligible for the transition override. * RxClaim will automatically enter the override code in the PA field to allow the claim to pay if eligible under transition fill guidelines. * This override will allow up to a 30-day supply to process.   **Reminder:** There may be more than one rejected claim on the beneficiary’s account.   * For the Transition Fill issue, the CCR may need to review more than one rejected claim in search of these messages. | | | |
| **5** | Return to the **Main** screen in order to review the beneficiary’s claim history.  **Note:** The CCR is looking for a paid claim for that same medication within the current benefit year. | | | |
| **If rejected medication has…** | | | **Then…** |
| Paid previously | | | * Refer to the **Start a Coverage Determination (Prior Authorization or Exception)** section in [MED D - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-004825). * Proceed to Step 8. |
| Not paid previously | | | Proceed to Step 6. |
| **6** | Advise the beneficiary to have her/his pharmacy contact the PHD at **1-866-693-4620** and give the override code which was provided in the reject message on the **View Settlement Codes** screen (**Step 4**). | | | |
| **7** | Educate the beneficiary that, after this 30-day transition fill, the beneficiary/prescriber will be required to follow the normal process for requesting a Prior Authorization or Step Therapy exception. | | | |
| **8** | Ask if there are any additional benefit questions. | | | |
| **If…** | **Then…** | | |
| Yes | * Address additional benefit issues. * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.   **Log Activity:**   * 1003 = Plan Design Education * 1006 = Plan Benefit Override * 1011 = Prior Auth   **Resolution Time:**   * Real time processing for Transition Fill Overrides * Up to three calendar days for a Coverage Determination. | | |
| No | * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.   **Log Activity:**   * 1003 = Plan Design Education * 1006 = Plan Benefit Override * 1011 = Prior Auth   **Resolution Time:**   * Real time processing for Transition Fill Overrides * Up to three calendar days for a Coverage Determination. | | |

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| Transition Fills (Compound Meds) |

* A transition fill for up to at least 30 days will be allowed at any time during the first 90 days of a new beneficiary’s enrollment in a plan.
* A transition fill for up to at least 30 days will be allowed for existing beneficiaries, during the first 90 days of the new benefit plan year.
* If one ingredient in a compound drug is not a formulary drug or requires a Coverage Determination, then the drug may fill as a Transition Fill.

**Note:** A Long-Term Care beneficiary receives up to at least a 31-day supply.

Refer to [Handling Compound Calls – Care](CMS-PCP1-022684).

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| **Step** | **Action** | | | |
| **1** | Authenticate the caller.  Refer to the following work instructions:   * [Caller Authentication](CMS-2-004568) * [HIPAA Authentication Grid](CMS-2-028920) | | | |
| **If the caller is…** | | | **Then…** |
| Someone from the pharmacy | | | Transfer the caller to the PHD at **1-866-693-4620**. |
| The Beneficiary, their POA or AOR | | | Proceed to the next step. |
| **2** | On the **Main** screen, locate the claim in question.  If the beneficiary is calling in regard to a letter they received and you are unable to locate the drug listed on the letter in PeopleSafe, research the claim by the Date Filled listed within the letter.  **Notes:** For the **FIRST** fill of the year, the claim will **NOT** be rejected.   * The adjudication system will allow the medication to pay for the transition fill.   + The beneficiary and the prescriber will be sent a letter explaining the Transition Fill guidelines within three business days. * If the beneficiary tries to obtain a fill beyond the transition fill limits, then the claim will reject. | | | |
| **If the beneficiary is questioning…** | | **Then…** | |
| The letter they received | | This medication will no longer be covered under your MED D plan.  Proceed to the next step. | |
| A rejected claim for this medication | | Proceed to the next step. | |
| **3** | Click on the **Prescription Number** link.  **Result:** The **Prescription Details** screen will display. Refer to: [Handling Compound Calls – Care](../AppData/Local/Microsoft/Windows/INetCache/ax02205/Desktop/Ready%20to%20Post/CMS-PCP1-022684). | | | |
| **4** | Click on the **View Settlement Codes** button.  **Note:** The CCR is looking for the message stating **Non-Formulary Medication, Contact Prescriber**.   * The reject message at Point of Sale (POS) will display an override code plus any additional supplemental messages which are drug specific. * This reject message and override code will only be returned on claims which are eligible for the transition override. * The pharmacy provider will enter the override code in the **PA** field of their software program to allow the claim to pay. * This override will allow up to a 30-day supply to process.   **REMINDER:** There may be more than one rejected claim on the beneficiary’s account.   * For the Transition Fill issue, the CCR may need to review more than one rejected claim in search of this message.   Some medications are ineligible for Transition Fill, unless they are being prescribed for medically accepted indications   * Refer to the [MED D - Drugs Ineligible for Transition Fill Requiring Diagnosis for Part D Coverage](CMS-PRD1-093221)work instruction. | | | |
| **5** | Return to the **Main** screen in order to review the beneficiary’s claim history.  **Note:** The CCR is looking for a paid claim for that same medication within the current benefit year.   * In order to view Transition Fill messaging click on the **View Transmission** button.   The Transition Fill **messaging will** appear as follows:   * Paid under transition fill. Non-formulary. * Paid under transition fill. PA required. * Paid under transition fill. Other reject.   + This includes Step and QvT.   **Note:** Not all QvT medications are included in Transition Fill.  Transition Fill messages are **THIRD** in the messaging hierarchy. Due to the limited amount of space in **PeopleSafe** it is possible that the Transition Fill messaging will **NOT** be viewable if other messages are included in the claim. | | | |
| **6** | Educate the beneficiary that, after this 30-day transition fill, the beneficiary/prescriber will be required to follow the normal process for changing to a formulary medication or requesting an exception or prior authorization through the coverage determination process.  Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-004825). | | | |
| **7** | Ask if there are any additional benefit questions. | | | |
| **If…** | **Then…** | | |
| Yes | * Address additional benefit issues. * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.   **Log Activity:**   * 1003 = Plan Design Education * 1006 = Plan Benefit Override * 1011 = Prior Auth   **Resolution Time:**   * Real time processing for Transition Fill Overrides * Up to three calendar days for a Coverage Determination. | | |
| No | * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.   **Log Activity:**   * 1003 = Plan Design Education * 1006 = Plan Benefit Override * 1011 = Prior Auth   **Resolution Time:**   * Real time processing for Transition Fill Overrides * Up to three calendar days for a Coverage Determination. | | |

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| Transition Fills (LTC Beneficiaries) |

When a beneficiary is in a LTC facility, the call for a transition fill will come from the LTC Pharmacy.

In this case, the CCR will transfer the LTC pharmacy representative to the PHD at **1-866-693-4620**.

**Note:** LTC transition fills are allowed multiple fills up to a 31-day supply per medication during the first 90 days of a beneficiary’s enrollment. Brand oral solids supply may be limited per fill according to the pharmacy agreement with the LTC, others a 31-day supply per fill.

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| Transition Fill - Cost |

Formulary drugs that require a Utilization Management (UM) edit will take the applicable formulary cost share/tier that would apply upon approval of the UM edit.

If a CCR receives a call from a beneficiary regarding high cost shares related to a recent claim, the CCR should perform the following steps:

|  |  |  |
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| **Step** | **Action** | |
| **1** | Authenticate the caller.  Refer to the following documents:   * [Caller Authentication](MS-2-004568) * [HIPAA Authentication Grid](CMS-2-028920) | |
| **2** | Determine whether the claim has a **Claim TF Type** listed.   * Refer to the [Transition Fill Coding on the Prescription Details screen - RxClaim](#_Transition_Fill_Coding) section of this document. | |
| **If a Claim TF Type is…** | **Then…** |
| Listed | In keeping with CMS guidance, this claim has been billed at the correct tier. |
| Not listed | Determine whether the claim was paid at the correct tier according to the plan formulary.  Refer to [MED D - Test Claim](TSRC-PROD-021325). |
| **3** | Ask if there are any additional benefit questions. | |
| **If…** | **Then…** |
| Yes | * Address additional benefit issues. * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.   **Log Activity:**   * 1003 = Plan Design Education * 1006 = Plan Benefit Override * 1011 = Prior Auth   **Resolution Time:**   * Real time processing for Transition Fill Overrides * Up to three calendar days for a Coverage Determination. |
| No | * Document and close the call according to current policies and procedures.   + Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.   **Log Activity:**   * 1003 = Plan Design Education * 1006 = Plan Benefit Override * 1011 = Prior Auth   **Resolution Time:**   * Real time processing for Transition Fill Overrides * Up to three calendar days for a Coverage Determination. |

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| Transition Fills (EGWP) |

A transition fill for an EGWP beneficiary will follow the same process as outlined in this document. However, since a medication can be covered on the primary, secondary, neither or both, the outcome may be slightly different due to Single Transaction Coordination of benefits (STCOB) coverage.

In the event a medication is **NOT** covered under the primary, but is covered under the Enhanced Wrap Benefit, the medication will process as a transition fill. If a PA is not obtained, it will reject under the primary plan for subsequent fills and since it is covered under the Enhanced Wrap Benefit, it will pay for the full day supply on subsequent fills. Some EGWP clients allow transition fill up to a 30 day supply, while other allow up to a 90 day supply.

**Examples:**

1. Client Allows a transition fill up to a 30 day supply
   1. First Fill - Beneficiary orders a prescription written for a 90 day supply. The primary will pay for a transition fill for a 30 day supply + Enhanced Wrap Benefit. The beneficiary will receive a 30 day supply.
   2. Second Fill - Beneficiary submits a refill for the same 90 day supply prescription. The primary will reject for Drug Not Covered and pass to the Enhanced Wrap Benefit. The Enhanced Wrap Benefit pays for a 90 day supply.
2. Client Allows a transition fill up to a 90 day supply
   1. First Fill - Beneficiary orders a prescription written a 90 day supply. The primary will pay for a transition fill for a 90 day supply + Enhanced Wrap Benefit.
   2. Second Fill - Beneficiary submits a refill for the same 90 day supply prescription. The primary will reject and pass to the Enhanced Wrap Benefit. The Enhanced Wrap Benefit pays for a 90 day supply.

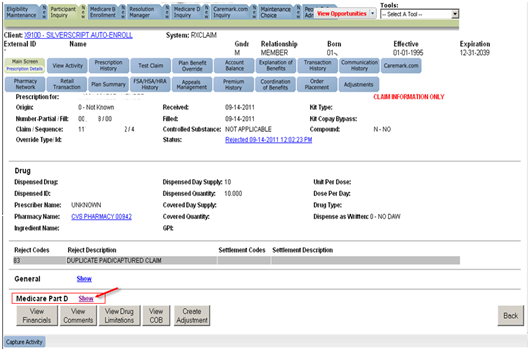
**Note:** Mail Order prescriptions processed with a transition fill, though written for a 90-day supply, can **ONLY** be filled for a 30-day supply.

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| Transition Fill Coding on the Prescription Details screen - RxClaim |

On the **Prescription Detail** screen, the CCR will find a link to all Medicare D information regarding Transition Fill for both Mail and Retail claims.

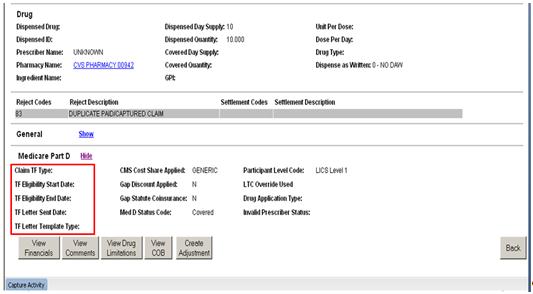
Scroll down to the **bottom** of the **Prescription Detail** screen and click on the **Show** hyperlink.



In the **Medicare Part D** section of the screen, the following fields can be found:

* Claim TF Type
* TF Eligibility Start Date
* TF Eligibility End Date
* TF Letters Sent Date
* TF Letter Template Type

**Note:** This information is in reference to **SYSTEM-**generated Transition Fills and does **NOT** apply to Level of Care changes.



The values found in this table can be found in these new fields.

|  |  |
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| TF Eligibility Start Date | Date of TF Eligibility Start cyymmdd  **CCR Process Note:** If a TF is required, based on the beneficiary’s Eligibility Start date, the CCR will transfer the call to the Senior team for correction. The Senior Team will take over the call and assist the beneficiary.  Refer to [MED D - When to Transfer Calls to the Senior Team](TSRC-PROD-018060) and [Basic Call Handling](TSRC-PROD-016401). |
| TF Eligibility Start End | Date TF Eligibility Ends cyymmdd |
| Claim TF Type | Transition Fill Type. Current Values are listed, however, any value should be accepted: |
| A (Renewing PA) |
| B (New Step/QVT) |
| C (New Step/DD) |
| D (New Daily Dose) |
| E (New PA/QVT) |
| F (New PA/DD) |
| G (New NF/DD) |
| H (New NF/QVT) |
| I (New QVT/DD) |
| J (New PA/NF) |
| K (Renewing Step/QVT) |
| L (Renewing Daily Dose) |
| M (Renewing Step/DD) |
| N (New NF) |
| O (Renewing NF) |
| P (New PA) |
| Q (New QVT) |
| R (Renewing PA/QVT) |
| S (New Step) |
| T (Renewing Step) |
| U (Renewing PA/DD) |
| V (Renewing QVT) |
| W (Renewing NF/DD) |
| X (Renewing NF/QVT) |
| Y (Renewing QVT/DD) |
| Z (Renewing PA/NF) |
| TF RxClaim Assigned Letter Type | Current RxClaim Assigned Letter Types.  Current Values are listed; however, any value should be accepted.  **Note:**  Currently the codes are only ONE character but could be TWO characters in the future.   * The list below is only a partial list of the possible codes. |
| D (Daily Dose) |
| P (Prior Auth) |
| S (Step) |

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| FAQs |

The CCR will use the table of Frequently Asked Questions below in order to address questions from the beneficiary.

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| **Question** | **Answer** |
| **A beneficiary states s/he received a similar letter last year but nothing happened and s/he was able to receive her/his medications without having to take any action.** | * It is quite possible your experience may have been due to edits made within the formulary last year, which may have allowed these medications to pay without limitations. * However, the letter you received this year does require action on your part.   **CCR Process Note:**  Refer to the following sections in this document to address any specific Transition Fill questions:   * [Transition Fills (Non-formulary Medications)](#_Transition_Fills_(Non-formulary) * [Transition Fills (PA and Step Therapy Meds)](#_Transition_Fills_(PA) * [Transition Fills (LTC Beneficiaries)](#_Transition_Fills_(LTC) |
| **A beneficiary asks What happens if I ignore this letter and don’t act on it?** | * In order to ensure you are utilizing your MED D benefits properly, it is important to respond accordingly to the direction on the letter. * Subsequent fills of this same medication may not be paid by your Medicare Part D plan if you do not take action.   **CCR Process Note:**  Refer to the following sections in this document to address any specific Transition Fill questions:   * [Transition Fills (Non-formulary Medications)](#_Transition_Fills_(Non-formulary) * [Transition Fills (PA and Step Therapy Meds)](#_Transition_Fills_(PA) * [Transition Fills (LTC Beneficiaries)](#_Transition_Fills_(LTC) |
| **The beneficiary asks, Why did I only receive a 30-day supply of my medication?**  **My doctor wrote for my prescription for a 90-day supply.** | CMS guidance indicates a beneficiary is entitled to up to a 90-day supply in a single Transition Fill during a Public Health Emergency. Beneficiaries can request a day supply greater than the standard 30-day Transition Fill if the beneficiary has not received a transition fill already during their new plan year.  Review the CIF to determine if the client allows a 90 day supply for a Transition Fill   * If yes, transfer to the Senior Team to enter the appropriate Transition Fill Override.   **Senior Team Note:** Use the appropriate TF override code to assure that a Part-D transition Fill letter is sent to the member and prescriber.     * The transition fill is a temporary 30-day supply for medications that are not currently covered by your plan or require additional authorization for plan coverage. * The transition fill is put in place to ensure you have access to your medication at the beginning of the year or when you are new to the plan and to allow you time to review medications with your prescriber. * Per Medicare Part D, although your prescription is written for a 90-day supply, when applying a transition fill, the prescription can **ONLY** be filled for 30-day supply.   **BENEFICIARY OPTIONS**     * While you have your temporary 30-day supply on hand, please work with your prescriber to change to a formulary medication or request an exception or prior authorization through the coverage determination process. Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](../AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/C17FGOBP/TSRC-PROD-004825). * If approved for plan coverage, your pharmacy will be able to dispense a 90-day supply provided the medication is not considered a Specialty drug. |
| **If a beneficiary has received a prior authorization for non-formulary drug in 2020, will the prior authorization extend into 2021?** | * In most cases, existing prior authorizations will carry over to 2021. * Keep in mind that a PA is usually approved for a 15 month period; your PA may expire some time prior to the end of the calendar year. * However, some plans chose to terminate prior authorizations for medications removed from the formulary in the new plan year.   Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-004825) to determine the status (effective and expiration date) of the specific PA in question. |
| **What can I do for my medications while I wait for approval?** | A Transition Fill is available while you wait for your PA/Coverage Determination/Exception to be approved.  **CCR Process Note:**  Refer to the following sections in this document:   * [Transition Fills (Non-formulary Medications)](#_Transition_Fills_(Non-formulary) * [Transition Fills (PA and Step Therapy Meds)](#_Transition_Fills_(PA) * [Transition Fills (LTC Beneficiaries)](#_Transition_Fills_(LTC) |
| **Can I request lower co-pay on a transition fill?** | * For some circumstances, but you must have the prescription pay under a transition fill first. * Once the claim pays,a coverage determination, also called a tier exception, can be requested at the same time. You are allowed one exception per medication; if you receive a formulary exception you will not receive a tier exception for the same medication. * If approved, you will be granted a lower tier cost share and can request reimbursement via one of the following methods:   + The dispensing pharmacy can reverse and reprocess the claim.   + You can file a paper claim for reimbursement.   **CCR Process Note:**   * The dispensing pharmacy can reverse and reprocess the claim if submitted within 30 days of the fill.   + If outside 30 days of the fill, refer to [MED D - Claim Adjustment and Refund Requests](CMS-2-026596) Claim Adjustment Request – Claim Adjustment Reimbursements section. * **Mail order:** Refer to [MED D - Claim Adjustment and Refund Requests](CMS-2-026596), Claim Adjustment Request – Claim Adjustment Reimbursements section.   **Note:** If the beneficiary has less than a 7-day supply on hand, they should purchase the medication at the exception tier cost share under the transition fill.  Refer to [MED D - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-004825). |

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| Related Documents |

* Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](TSRC-PROD-007931)
* [Bulk Up Rules](CMS-PCP1-030449)

**Parent SOP:**

* CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)
* MEDAFF-0029: [Medicare Part D Transition Process - CVS Health Sponsored Prescription Drug Plans](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=MEDAFF-0029)

**Abbreviations/Definitions:** [Abbreviations / Definitions](CMS-2-017428)

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