Department:	Pharmacy Management	**Original Approval:**	06/25/2008
Policy No:	PM555	**Last Approval:**	12/18/2025
Policy Title:	Pharmacy Review of Coverage Redeterminations Policy		
Approved By:	Clinical Services Leadership Team		
Dependencies:	Medicare Part D Expedited Appeals Policy – UM462 Medicare Part D Expedited Appeals Procedure – UM463 Medicare Part D Standard Appeals Policy – UM460 Medicare Part D Standard Appeals Procedure – UM461		

Purpose

This policy describes the manner in which Community Health Plan of Washington (CHPW) meets the Centers for Medicare and Medicaid Services (CMS) requirements for pharmacy coverage redeterminations.

Policy

The CHPW Pharmacy Department is responsible for the initial review of all Part-D coverage redeterminations and follows CMS requirements governing coverage redeterminations. The CHPW Grievance Support Analyst (GSA) is responsible for forwarding the redetermination requests to the CHPW Medicare Grievance Coordinator (MGC). The MGC is responsible for gathering the supporting documentation and forwarding the information to the Pharmacy Department within the applicable timeframe to meet CMS requirements. Further details can be found in the Desk Procedure *DP 135 – Pharmacy Appeals Process*.

Initial Review

The initial review of the coverage redetermination is performed by a Washington State licensed pharmacist. The pharmacist is to adhere to all applicable CMS requirements governing coverage redetermination. The pharmacist making the redetermination is not involved in the initial coverage determination, as initial coverage determinations are made by pharmacists employed by the Pharmacy Benefit Manager (PBM).

Medicare Part-D Drugs

For a Part-D drug to be eligible for approval by the pharmacist for a coverage redetermination, the Part-D drug must meet the following basic requirements:

Not be a Medicare Part D excluded drug; AND

Be approved by the Food and Drug Administration for the prescribed indication; OR

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Have one or more favorable citations for the prescribed indication in the following Medicare-approved compendium:

American Hospital Formulary Service Drug Information

United States Pharmacopeia Drug Information

DrugDex Drug Information System

Favorable Coverage Redeterminations For The Member

If the pharmacist determines there is sufficient evidence to approve the request for coverage redetermination, the pharmacist will:

A. Document the justification electronically in JIVA for approval of the coverage redetermination request;

B. Immediately place the override into eSD and document the override number provided by eSD in JIVA;

C. Return the approved coverage redetermination request to the Community Health Plan of Washington MGC within the applicable timeframe to meet CMS requirements, allowing the MGC to inform the member (and prescribing physician or other involved authorized representative, as appropriate) verbally and /or in writing as expeditiously as the member's health condition requires, but no later than 7 calendar days from the date of receipt of the request for a standard redetermination or 3 calendar days for an expedited redetermination.

Adverse Coverage Redeterminations For The Member

If the pharmacist recommends upholding the initial coverage determination, the pharmacist will:

A. Document the justification electronically in JIVA for upholding the coverage determination; and

B. Forward the request to the MGC within the applicable timeframe to meet CMS requirements, allowing the MGC to inform the member (and prescribing physician or other involved authorized representative, as appropriate) verbally and/ or in writing as expeditiously as the member's health condition requires, but no later than 7 calendar days from the date of receipt of the request for a standard redetermination or 3 calendar days for an expedited redetermination.

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Reversals By The IRE Or Higher-Level Entity

If CHPW's coverage redetermination decision for a **benefit request** is reversed in whole or in part by the IRE or higher-level entity, the Pharmacy department will enter an override in eSD to authorize the benefit under dispute within 72 hours after the date it receives notice reversing the redetermination.

If CHPW's coverage redetermination decision for a **payment request** is reversed in whole or in part by the IRE or higher-level entity, the Pharmacy department will enter an override in eSD to authorize the payment under dispute within 72 hours and make payment no later than 30 calendar days from the date it receives notice reversing the redetermination.

If CHPW's expedited determination or expedited redetermination for a benefit request is reversed in whole or in part by the IRE or higher-level entity, the Pharmacy department will enter an override in eSD to authorize the benefit under dispute within 24 hours after the date it receives notice reversing the determination.

List of Appendices

A. Detailed Revision History

Citations & References

<table>
<tr><td>CFR</td><td colspan="2">42 CFR 423.120b; 42 CFR Subpart M</td></tr>
<tr><td>WAC</td><td colspan="2"></td></tr>
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☐ BHSO
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<tr><td>NCQA Elements</td><td colspan="2">UM11</td></tr>
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Revision History

SME Review:	06/25/2008; 01/09/2008; 08/20/2009; 09/11/2009; 04/21/2010; 04/19/2011; 03/30/2012; 02/21/2013; 03/25/2014; 04/13/2015; 03/15/2016; 03/01/2017; 05/01/2017; 03/02/2018; 03/12/2019; 03/05/2020; 02/22/2021; 02/22/2022; 01/3/2023; 02/20/2024; 01/22/2025; 12/16/2025
Approval:	09/09/2009; 04/30/2010; 05/25/2011; 04/04/2012; 04/09/2013; 04/23/2014; 04/23/2015; 03/18/2016; 03/14/2017; 05/09/2017; 03/13/2018; 03/13/2019; 03/27/2020; 03/02/2021; 02/28/2022; 02/13/2023; 02/21/2024; 01/24/2025; 12/18/2025

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Appendix A: Detailed Revision History

Revision Date	Revision Description	Revision Made By
06/25/2008	Original	Eric Guyette
01/09/2009	Review for style and formatting	Sunny Otake
08/20/2009	Content Update	Jennifer Mui
09/09/2009	Approval	MMLT
09/11/2009	Edit style and format	Jennifer Carlisle
04/21/2010	Minor content update	Maria Chan
04/30/2010	Approval	MMLT
04/19/2011	Review and No changes	Maria Chan
05/25/2011	Approval	MMLT
03/30/2012	Review. No changes	Eric Guyette
04/04/2012	Approval	MMLT
02/21/2013	Review. No changes	Maria Chan
04/19/2013	Approval	MMLT
03/25/2014	Review with minor changes	Annie Lam
04/23/2014	Approval	MMLT
04/13/2015	Review. No changes	Nonye Connor
04/23/2015	Approval	MMLT
03/15/2016	Added DP reference	Mary Eckhart
03/18/2016	Approval	MMLT
03/01/2017	Moved to new template. Minor text updates	Mary Eckhart
03/14/2017	Approval	MMLT
05/01/2017	Updated adverse decision section	Fran McGaugh
05/09/2017	Approval	MMLT
03/02/2018	Moved to new template	Mary Eckhart
03/13/2018	Approval	MMLT
03/12/2019	Reviewed, no changes	Yusuf Rashid
03/13/2019	Approval	MMLT
03/05/2020	Citations table updated. Reviewed, no changes.	Rebecka Braband
03/06/2020	Reviewed	Omar Daoud
03/10/2020	Department Approval	Yusuf Rashid
03/27/2020	Approval	CMO Cabinet
02/22/2021	Reviewed.	Omar Daoud
03/01/2021	Approval	Yusuf Rashid

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03/02/2021	Approval	CMO Cabinet
02/22/2022	Reviewed, no changes. Department approval	Omar Daoud
02/28/2022	Approval	CMO Cabinet
01/31/2023	Reviewed, no change	Omar Daoud
02/13/2023	Approval	Clinical Services Leadership Team
02/19/2024	No changes	Omar Daoud
02/21/2024	Approval	Clinical Services Leadership Team
12/16/2025	No changes	Omar Daoud
12/18/2025	Approval	Clinical Services Leadership Team

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