



## **Elite RX | Essential RX Medicare Advantage Plans**

### **2023 Prescription Drug Transition Policy**

The Aspirus Health Plan Medicare Prescription Drug Transition Policy provides members temporary prescription refills when they are unable to get their medications in certain circumstances.

#### **Transition process in the retail setting applies to:**

- New members enrolled in Aspirus Health Plan for the first 90 days of eligibility.
- Current members who are taking medication(s) no longer covered, or subject to new formulary restrictions, within the first 90 days of the new contract year.

Aspirus Health Plan will provide your temporary supply of non-formulary Part D drugs for at least 30 days (unless the prescription is written for less than 30 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.

#### **Transition process in a long-term care (LTC) setting applies to:**

- New members enrolled in Aspirus Health Plan for the first 90 days of eligibility.
- Current members living in long-term care facilities who are taking medication(s) no longer covered, or subject to new formulary restrictions, within the first 90 days of the new contract year.

Aspirus Health Plan will provide your temporary supply of non-formulary Part D drugs for at least 31 days (unless the prescription is written for less than 31 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.

In a long-term care setting, Aspirus Health Plan will honor multiple fills of non-formulary Part D drugs as needed for up to a 31-day supply. This includes Part D drugs that are on the formulary but require prior authorization or step therapy.

#### **Emergency supply for members in a long-term care setting**

Aspirus Health Plan will cover an emergency supply of non-formulary Part D drugs for long-term care facility residents as part of your transition process.

In a long-term care setting, Aspirus Health Plan will honor multiple fills of non-formulary Part D drugs as necessary up to a 31-day supply. However, to the extent that a member in a long-term care setting is outside of the 90-day transition period, Aspirus Health Plan will still provide an emergency supply of non-formulary Part D drugs while an exception is being processed.

You will receive these emergency supplies of non-formulary Part D drugs for at least 31 days of medication (unless the prescription is written for less than 31 days). This includes Part D drugs that are on the formulary, but require prior authorization or step therapy.

### **Level of care changes**

The transition process also applies to current members who experience level of care changes including admission or discharge from a long-term care facility or other institution. To prevent any potential delays in receiving your medication(s), we will waive any notices that indicate it's too soon to refill. This transition process will apply when discharge planning is performed in advance of your actual discharge.

### **Transition extension**

When a member's exception request or appeal has not been processed by the end of the minimum transition period, Aspirus Health Plan will extend the transition period on a case-by-case basis.

Requests for transition extensions can be made by contacting Aspirus Health Plan Customer Service at the numbers below.

The extended transition period will end when (whichever occurs first):

- The medication is changed to an alternative formulary drug, or
- The exception request or appeal is decided.

### **Notices**

Aspirus Health Plan will send written notice to members within three business days of the transition fill stating the transition supply is temporary. Instructions will be included regarding how you can work with your health care provider to identify any alternative medications that may be available and appropriate. We will also include an explanation of your right to request a formulary exception, and how to make that request.

The cost-sharing amount for the one-time transition will never exceed the member's maximum copayment or coinsurance amounts, and will include any low income subsidy amounts, if eligible. Cost-sharing is based on the tier assigned to the non-formulary drug.

For information about the Transition Policy, call Customer Service at the phone number on the back of your member ID card. TTY users, please call 1-800-688-2534 toll free. We are available 8 am – 8 pm, seven days a week.

## **Notice of Nondiscrimination**

Aspirus Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Aspirus Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **715-631-7411 (voice)** or toll free at **1-855-931-4850 (voice)**, **715-631-7413 (TTY)**, or **1-855-931-4852 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **715-631-7411** or toll free at **1-855-931-4850 (voice)**; **715-631-7413** or toll free at **1-855-931-4852 (TTY)**.

If you believe that Aspirus Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file an oral or written grievance.

### Oral grievance

If you are a current Aspirus Health Plan member, please call the number on the back of your membership card. Otherwise please call **715-631-7411** or toll free at **1-855-931-4850 (voice)**; **715-631-7413** or toll free at **1-855-931-4852 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

### Written grievance

#### *Mailing Address*

Attn: Appeals and Grievances

Aspirus Health Plan

P.O. Box 51

Minneapolis, MN 55440

Email: [cagMA@aspirushealthplan.com](mailto:cagMA@aspirushealthplan.com)

Fax: 715-631-7439

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 715-631-7411/1-855-931-4850 (телетайп: 715-631-7413/1-855-931-4852).

ໂບດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክተሎ ቁጥር ይደውሉ 715-631-7411/1-855-931-4850 (መስማት ለተሳናቸው: 715-631-7413/1-855-931-4852)።

ဟ်သုဂ်ဟ်သး-နမုာ်ကတိံ ကညိံ ကျိာ်အယိံ, နမုာ် ကျိာ်အတိာ်မၤစၢလၢ တလက်ဘျုးလက်စ့ၢ နီတံးဘျုးသ့န့ၢ်လီၤ. တံး: 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (715-631-7411/1-855-931-4850 (رقم هاتف الصم والبكم: 715-631-7413/1-855-931-4852).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 715-631-7411/1-855-931-4850 (ATS : 715-631-7413/1-855-931-4852).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).