

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Pharmacy	<b>REFERENCE NUMBER:</b> WA.PHAR.14
<b>EFFECTIVE DATE:</b> 01/2014	<b>POLICY NAME:</b> Second Opinion Network (SON) Review
<b>REVIEWED/REVISED DATE:</b> 12/2013, 03/2018, 01/2019, 04/2019, 10/2019, 04/2020, 04/2021, 04/2022, 09/2022, 12/2022, 02/2023, 03/2023	<b>RETIRED DATE:</b> N/A
<b>PRODUCT TYPE:</b> Medicaid	<b>PAGE:</b> 1 of 5

### SCOPE:

This policy applies to Coordinated Care of Washington, Inc. (Coordinated Care) and Centene Pharmacy Services.

### PURPOSE:

To define the process used to ensure that a Second Opinion Network (SON) review is completed for psychotropic medication requests for children under 18 years of age that exceed the medication review thresholds established by the Washington State Health Care Authority (HCA).

### POLICY:

Coordinated Care requires Prior Authorization (PA) for psychotropic medications being prescribed to children under 18 years of age that exceed the medication review thresholds established by HCA.

### PROCEDURE:

1. Coordinated Care requires a medication consultation by an HCA-approved SON provider before authorizing coverage of any psychotropic medications or medication regimens for children under 18 years of age that exceed the medication review thresholds established by the HCA. Centene Pharmacy Services will receive and transfer the PA request to the Coordinated Care work queue.
  - a. If a SON review is not required, Coordinated Care will transfer the PA back to a technician work queue, and the case will be processed as per regular rules.
  - b. If a SON review is required, Coordinated Care will intervene and send a "SON required" notification to the provider that states, "Per Health Care Authority (HCA) requirement, and the Plan's WA.PHAR.14 Second Opinion Network Review policy, psychotropic medications for members under the age of 18 that exceed the medication review thresholds established by the HCA require a Second Opinion Network (SON) review. Your request has been forwarded to the Coordinated Care Pharmacy Department for processing. Please contact Coordinated Care at 1-877-644-4613 ext. 69622 if you have any questions or wish to provide additional information."

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- c. For members who have previously filled prescriptions for the same drug at the same daily dosage, within one business day of identifying psychotropic medication prescriptions that require a second opinion, Coordinated Care will authorize continuation of psychotropic medications exceeding these review thresholds for a minimum of ninety (90) days while waiting on receipt of a written report containing treatment recommendations from the SON. If the report is not received within ninety (90) calendar days Coordinated Care will contact HCA's SON program manager ([applehealthpharmacypolicy@hca.wa.gov](mailto:applehealthpharmacypolicy@hca.wa.gov)) for direction.
2. Coordinated Care conducts monthly retrospective claim reviews to identify members who require polypharmacy SON review. The manual review is also used to double-check that all members who qualify for a SON review are identified properly.
3. No later than 2 business days after a member is determined to exceed review thresholds, Coordinated Care will contact the provider via fax and phone to request medical records. In the event that multiple prescribers are prescribing mental health medications for the same member, Coordinated Care shall request relevant documentation from each prescriber. If medical records are not received within 10 business days, Coordinated Care will deny all medications exceeding thresholds within 2 business days.
4. No later than the close of business day on the first business day after obtaining all relevant documentation, Coordinated Care will send a notification of required authorization to [applehealthpharmacypolicy@hca.wa.gov](mailto:applehealthpharmacypolicy@hca.wa.gov). The notification shall include the member's name, date of birth, ProviderOne client ID, National Drug Code of the drug(s), prescribed quantity and days' supply, National Provider Identifier of the prescriber, name of the prescriber, fax or phone number for the prescriber, National Provider Identifier of the dispensing pharmacy, name of the dispensing pharmacy, fax or phone number of the dispensing pharmacy, date of request, and reason for rejection.
5. Once the SON review has been received back from the HCA, and if the medication has been approved, Coordinated Care will input the approval into the PBM system and will contact the last processing pharmacy to resubmit the claim within 5 business days. Coordinated Care will also fax an approval notification to the requesting provider's office informing the provider's office of the length of the SON review approval, and mail an approval letter to the member.
6. Coordinated Care will follow up with SON recommendations for future care, such as gradual tapering of medications or required re-review based on other

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medications trials. When the SON recommends a non-pharmacological intervention for a member, Coordinated Care's Pharmacy Department will refer the SON review recommendations to the Care Management Department. The Care Management Department will outreach and attempt to connect with the member or the member's caregiver within 7 calendar days. If the member is unable to be reached, a second outreach attempt will occur within 14 calendar days of the initial SON notification. When the assigned Care Manager reaches the member or caregiver, the Care Manager will discuss the SON decision, SON care recommendations, and answer member questions. The Care Manager will assist the member with any necessary referrals, coordinate follow-up with the member's prescribing provider or other providers as needed, and offer elective ongoing Care Management support. If Coordinated Care is unable to contact the member to provide case management, the Care Manager shall inform the prescriber that participated in the SON review.

7. If the Second Opinion received back from the HCA has been denied, within 5 Coordinated Care will notify the provider/pharmacy by faxing the SON Notification that their request has been denied. Once the Provider has been notified, the provider is responsible for communicating the change in the plan of care to the client. Coordinated Care will send a denial letter to the member.
8. If the provider submits a SON report or Partnership Access Line (PAL) consultation letter that addresses the requested medication regimen, Coordinated Care shall submit it to HCA for review Coordinated Care will follow HCA's direction to approve or deny medications according to the recommendations in the SON report or PAL consultation letter.

### REFERENCES:

2022 Washington Apple Health- Integrated Managed Care Contract, 1.254 Second Opinion for Children Prescribed Mental Health Medications

### ATTACHMENTS:

Psychotropic Drug and Dosing Limits by Client Age Listing



508-Pediatric-Mental-  
Health-Guidelines.pdf

### DEFINITIONS:

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Second Opinion Network (SON) means an organization consisting of Agency recognized experts in the field of child psychiatry contracted with by HCA to perform peer-to-peer medication reviews with health care providers when psychotropic medications or medication regimens for children under eighteen (18) years of age exceed the medications review thresholds established for the HCA Medicaid mental health benefit.

<b>REVISION LOG:</b>	<b>DATE</b>
Policy created per the Health Care Authority (HCA) 2014 requirements	12/2013
Updated Health Care Authority (HCA) 2018 requirements	03/2018
Annual Review- no changes	01/2019
Changed policy name to Second Opinion Network (SON) Review Updated PBM and plan process Added CM referral process	04/2019
Updated scope to apply to Coordinated Care of WA, Inc., Envolve Pharmacy Solutions, and its subsidiary companies.  Minor grammatical updates made for better clarification.	10/2019
Updates made to include follow up care after SON review	04/2020
Annual Review- Minor grammatical updates made. Added "business days" to #7 of procedure.	04/2021
Updated reference of "Envolve Pharmacy Solutions" to "Pharmacy Services."  Updated reference from the 2020 citation to 2022 Washington Apple Health- Integrated Managed Care Contract	04/2022
Added "Centene" to "Pharmacy Services"  Removed "CCW" abbreviation and changed to "Coordinated Care"  Updated language regarding continuation fills and the Partnership Access Line (PAL) information to align with 01/01/2023 contract requirements.	09/2022
Under 1C of the procedure section, added HCA's email address per latest January 1, 2023 contract update.	10//2022

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Minor grammatical updates made for better clarification	02/2023
Updated Pediatric Mental Health Guidelines attachment	03/2023

## POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.