

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: WA.PHAR.14
EFFECTIVE DATE: 01/2014	POLICY NAME: Second Opinion Network (SON) Review
REVIEWED/REVISED DATE: 12/2013, 03/2018, 01/2019, 04/2019, 10/2019, 04/2020, 04/2021, 04/2022	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 1 of 4

SCOPE:

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

PURPOSE:

To define the process used to ensure that a Second Opinion Network (SON) review is completed for psychotropic medications for children under 18 years of age.

POLICY:

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

PROCEDURE:

1. CCW 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. Pharmacy Services will receive and transfer the PA request to the CCW work queue.
 - a. If a SON review is not required, CCW 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, CCW will intervene and send a "SON required" notification to 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."
 - c. For members who have previously filled prescriptions for the same drug at the same daily dosage, CCW will authorize psychotropic medications exceeding these review thresholds for 3 months or until receipt of written report containing treatment recommendations from the SON.

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: WA.PHAR.14
EFFECTIVE DATE: 01/2014	POLICY NAME: Second Opinion Network (SON) Review
REVIEWED/REVISED DATE: 12/2013, 03/2018, 01/2019, 04/2019, 10/2019, 04/2020, 04/2021, 04/2022	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 2 of 4

- d. For members who have not previously filled prescriptions at the same daily dosage, CCW will deny authorization of psychotropic medications exceeding these review thresholds until receipt of written report containing treatment recommendations from the SON or otherwise directed by HCA.
2. CCW conducts monthly retrospective claim review 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, CCW 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, CCW shall request relevant documentation from each prescriber. If medical records are not received within 10 business days, CCW will deny all medications exceeding thresholds within 2 business days.
4. No later than close of business day on the first business day after obtaining all relevant documentation, CCW will send notification of required authorization to applehealthpharmacypolicy@hca.wa.gov. Notification shall include member's name, date of birth, ProviderOne client ID, National Drug Code of the drug denied, prescribed quantity and days' supply, National Provider Identifier of prescriber, name of prescriber, fax or phone number for prescriber, National Provider Identifier of dispensing pharmacy, name of dispensing pharmacy, fax or phone number of dispensing pharmacy, date of denial by plan, and reason for denial.
5. Once the SON review has been received back from the HCA, and if the medication has been approved, CCW will input the approval into the PBM system and will contact the last processing pharmacy to resubmit the claim within 5 business days. CCW will also fax an approval notification to the requesting provider's office informing the provider's office the length of the SON review approval and mail an approval letter to the member.
6. CCW will follow up with SON recommendations for future care, such as gradual tapering of medications or required re-review based on other medications trials. When the SON recommends a non-pharmacological intervention for a member, CCW'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,

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: WA.PHAR.14
EFFECTIVE DATE: 01/2014	POLICY NAME: Second Opinion Network (SON) Review
REVIEWED/REVISED DATE: 12/2013, 03/2018, 01/2019, 04/2019, 10/2019, 04/2020, 04/2021, 04/2022	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 3 of 4

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 CCW 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 CCW 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 plan of care to the client. CCW will send a denial letter to member.
8. If the provider submits a SON report or Partnership Access Line (PAL) consultation letter that addresses the requested medication regimen, CCW shall 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-PediatricMental
HealthGuidelines.pc

DEFINITIONS:

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.

REVISION LOG:	DATE
Policy created per the Health Care Authority (HCA) 2014 requirements	12/2013

POLICY AND PROCEDURE

DEPARTMENT: Pharmacy	REFERENCE NUMBER: WA.PHAR.14
EFFECTIVE DATE: 01/2014	POLICY NAME: Second Opinion Network (SON) Review
REVIEWED/REVISED DATE: 12/2013, 03/2018, 01/2019, 04/2019, 10/2019, 04/2020, 04/2021, 04/2022	RETIRED DATE: N/A
PRODUCT TYPE: Medicaid	PAGE: 4 of 4

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."	04/2022
Updated reference from the 2020 citation to 2022 Washington Apple Health- Integrated Managed Care Contract	

POLICY AND PROCEDURE APPROVAL

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