**Document History Log**

|  |  |  |  |
| --- | --- | --- | --- |
| **STATUS**[**1**](#_bookmark0) | **DOCUMENT REVISION**[**2**](#_bookmark1) | **EFFECTIVE DATE** | **DESCRIPTION**[**3**](#_bookmark2) |
| **Baseline** | 2.0 | December 1,  2020 | Initial version Uniform Managed Care Manual Chapter 5.13.8, “Medication Synchronization  Plan.”  Chapter 5.13.8 applies to contracts issued as a result of HHSC RFP numbers 529-10- 0020, 529-12-0002, 529-13-0042,  529-15-0001, 529-13-0071, 529-  08-0001, and to Medicare- Medicaid Plans (MMPs) in the  Dual Demonstration. |
| **Revision** | 2.0.1 | March 15, 2021 | Accessibility approved version. |
| **Revision** | 2.1 | October 15, 2021 | Administrative changes made to add STAR and CHIP programs to the Applicability section and delete the second paragraph of that section. |
| **Revision** | 2.2 | September 1, 2022 | Administrative changes made to remove the annual submission requirement. |
| **Revision** | 2.3 | August 28, 2023 | Administrative changes made to remove the annual submission requirement from the “General Instructions” section. |

1. Status should be represented as “Baseline” for initial issuances and “Revision” for changes to the Baseline version.
2. Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.
3. Brief description of the changes to the document made in the revision.

## Applicability of Chapter 5.13.8

This chapter applies to Managed Care Organizations (MCOs) participating in the STAR, STAR+PLUS, STAR+PLUS Expansion, STAR+PLUS MRSA, STAR Health, STAR Kids, CHIP, CHIP RSA and MMP Programs. The term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance.

## Introduction

In accordance with Texas Insurance Code Chapter 1369, Subchapter J, the MCO must establish a process by which the MCO, the Member, the prescribing physician or health care provider, and a pharmacist may jointly approve a medication synchronization plan (MSP). An MSP may be used only for prescribed drugs that treat chronic illnesses and that meet the criteria set forth in Texas Insurance Code §1369.453.

The managed care contracts require MCOs to submit proposed process to HHSC for approval before the MCO may undertake any implementation activities.

## 

## General Instructions

The MCO must complete each section of the MSP template and describe its process for approving MSPs in collaboration with the Member, prescribing physician or health care provider, and pharmacist. After HHSC’s initial approval of an MCO’s process, the MCO may certify and submit to HHSC an attestation as a requirement for transition, operations or turnover phases if the process has not changed.

|  |  |
| --- | --- |
| **MCO:** |  |
| **PBM:** |  |
| **PROGRAM(S):** |  |
| **SERVICE AREA(S):** |  |

|  |
| --- |
| **Describe the process established by which the MCO, the Member, the prescribing physician or health care provider, and a pharmacist may jointly approve a medication synchronization plan.** |
|  |
| **Describe any limitations or restrictions for a medication synchronization plan.** |
|  |
| **Describe the methodology used to determine eligibility of a Member’s prescriptions for medication synchronization.** |
|  |
| **Describe the MCO proration cost-sharing amount(s) and dispensing fee processes for prescriptions eligible for medication synchronization.** |
|  |
| **Describe the MCO process for allowing a pharmacist or pharmacy to override the health benefits plan’s denial of coverage.** |
|  |

**Check applicable box:**

By signing below, the MCO certifies that the proposed Medication Synchronization Plan described in this document is the process the MCO will implement and adhere to upon approval by HHSC.

By signing below, the MCO certifies its Medication Synchronization Plan described in the document and approved by HHSC on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (note date approved) has not changed and also certifies adherence to the process the MCO implemented in collaboration with the Member, prescribing physician or health care provider, and pharmacist.

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Title**

**Approved by HHSC**

**Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Title**