POLICY AND PROCEDURE

POLICY NAME: Vacation Overrides	**POLICY ID:** CC.PHAR.19
BUSINESS UNIT: Please refer to system of record – Archer	**FUNCTIONAL AREA:** Claims and Payment
EFFECTIVE DATE: 11/2017	**PRODUCT(S):** Medicaid
REVIEWED/REVISED DATE: 11/2025	
REGULATOR MOST RECENT APPROVAL DATE(S): N/A	

PURPOSE:
To define the policy and procedure related to vacation overrides requested by members.

SCOPE:
Health Plan Pharmacy Departments, Centene Pharmacy Services

DEFINITIONS: N/A

POLICY:
It is the policy of Centene Corporate Health Plans to establish guidelines for vacation override requests. This function will be delegated to Pharmacy Services. This policy will apply to both retail and specialty drug requests.

Centene or its subsidiaries does not discriminate on the basis of race, color, national origin, sex, age or disability, nor exclude from participation in, deny the benefits of, or otherwise subject to discrimination under any applicable Company health program or activity.

PROCEDURE:
When members expect to have limited access to a pharmacy due to out-of-country travel during a time when a refill for a chronic medication will come due, Pharmacy Services may authorize an early refill for certain medications.

A. Requests for such vacation overrides will be reviewed on an individual case-by-case basis, and at a minimum, must meet ALL of the following:

1. Member must have authorized refills available at an in-network pharmacy at the time of the request.
2. Member's travel plans preclude being able to obtain a standard refill prior to departure because such a request would occur prior to the standard refill window.
3. Member must be on vacation for at least 7 consecutive days, but not to exceed 90 consecutive days.
4. Requests for covered medications will be granted up to a 30-day (1 month override) supply without further review.
5. Requests for overrides longer than 30 days will require approval from the Health Plan.
6. Member will be responsible for corresponding copays, if any, for all overrides granted.

B. Pharmacy Services will work with the Health Plans to determine how individual plans will be addressed, using various options that align with state requirements.

REFERENCES:
CC.COMP.42_ACA 1557 Nondiscrimination in Health Programs Activities

ATTACHMENTS:
A: New Hampshire Addendum
B: South Carolina Addendum
C: Washington Addendum

ROLES & RESPONSIBILITIES: N/A

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New	Policy created.	11/17
Ad hoc	Removed Note stating no vacation overrides for in country vacations; Added that Envolve will work with the Health Plans to determine how individual plans will address based on various options available that align with state requirements.	02/18
Annual Review	No changes deemed necessary.	11/18
Annual Review	No changes deemed necessary.	11/19
Annual Review	No changes deemed necessary.	11/20
Annual Review	No changes deemed necessary.	11/21
Ad hoc	Removed Centene Corporate Pharmacy Solutions. Changed "Pharmacy Benefit Manager" and "Envolve" references to Centene Pharmacy Services.	05/22
Annual Review	No changes deemed necessary.	11/22
Ad hoc	Addendums added for New Hampshire and South Carolina.	02/23
Ad hoc	Addendum added for Washington. Removed "Exceptions to this policy can be granted twice a year", since this is state-specific. The Centene Call Center uses the CIF/Benefit Summary for each applicable health plan to confirm how often a member can receive a vacation override.	05/23
Annual Review	No changes deemed necessary.	11/23
Annual Review	No changes deemed necessary.	11/24
Ad Hoc	Functional Area changed from Business Operations to Claims and Payment. Addendum for New Hampshire was updated.	05/25
Annual Review	No changes deemed necessary. Revise and upload Attachment A NHHF addendum.	11/25

POLICY AND PROCEDURE APPROVAL

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