# MED D - Extended International Travel Exception for SilverScript Individual PDP and Aetna SilverScript EGWP

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**Description:** This document provides guidance on requesting an International and Extended Travel Exceptions Override for SilverScript Individual PDP and Aetna SilverScript EGWP.

Icon_-_Important_Information CCRs must first determine if the Standard override process will satisfy the member’s request before considering the International Extended Travel Override Exception.

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| General Information |

Important Icon**Weekend Only:**

* **Retail:** If the beneficiary is leaving for vacation the following Monday or Tuesday, contact the Case Coordinator team so outreach can be made to the AM and a SFC can be opened.
* **Mail Order:** If the beneficiary is leaving for Vacation within 7-10 days and the request is for an ITO and Mail Order is required, call the Case Coordinator team to have outreach to the AM and a SFC can be opened.

Select Medicare beneficiaries are allowed to request a one-time extended day supply up to a maximum 6-month supply of non-specialty medications and a 60-day supply of Specialty and Tier 5 medications when traveling out of the country. This would apply per medication, per plan year (January through December of the current year) at any retail or mail order pharmacy in Aetna’s network. Request may be submitted within 14 days of departure.

* If travel dates are more than 14 days away, answer any questions the beneficiary may have and determine if they meet the [Eligibility Criteria](#_Eligibility_Criteria) for Account Management consideration. If eligible for consideration, counsel them on making the necessary arrangements with their provider and ask them to call back to submit the override request within 14 days of departure.

**CCRs must run a Test Claim before proceeding to verify if an Override is needed. If test claim shows paid, NO override is needed.**



Beneficiary requests received by the Account Management Team by 12pm EST, Monday through Friday should receive a same day response, while requests received later than this time may need to be resolved on the next business day. Beneficiary requests must be documented and retained per CMS audit guidelines and are subject to monthly review.



There are **no** situations where Care is ever allowed to change the dates if the Plan Benefit Override has been entered and expired. The account management team must review and update it first. If Override has expired, refer to [Step 2](#Step2) of the Process section.

**Notes:**

* Do not guarantee an approval for submitted requests. The request must first complete the review process before a decision is made.
* **ALWAYS** check the Other section of **Overrides** on the CIF to determine if International Travel Exception Overrides are allowed. If allowed, it applies to both Retail and Mail Order fills.
* When considering an International Travel Exception Override, the day supply amount obtained by the beneficiary should NOT exceed the beneficiary’s termination date in PeopleSafe. For SSI INDVL X9110 (non-Aetna SSI EGWP plans), the request may only be for the current plan year (Jan to December).

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| Eligibility Criteria |

Aetna allows beneficiaries to request a one-time extended day supply up to a maximum 6-month supply for non-specialty medications and a 60-day supply of specialty and Tier 5 medications, per plan year at any retail or mail order pharmacy in Aetna’s network.

Review the following table to ensure eligibility/criteria is met:

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| **Not Eligible** **for Consideration:** | |
| A request will be denied if: | * Drugs are classified as Over-the-Counter, are Excluded/Non-Medicare Part D drugs not covered under the plan’s formulary, drugs that fall outside current clinical utilization management edits, controlled substances, opioids and medications that exceed State & Federal fill restrictions. * The filling pharmacy is Out-of-network or defined as Long-term Care. * Drug is a transitional supply due to maximum 30-day supply allowance. * The beneficiary, provider or pharmacy is involved in an ongoing investigation by the Aetna Special Investigation Unit. * The beneficiary’s destination has network pharmacy access within CMS guidelines (**Example:** Any of the United States, U.S. Territories and Commonwealths). * Reason for request is due to a declared Emergency level event. * Reason for request is due to seasonal relocation, level of care change or mobility/health accommodation. * Beneficiary attempts to fill for a day supply longer than was approved (**Example:** Beneficiary tries to fill 2 90-day fills but has an exception for only 150-day supply). |
| Aetna is **NOT** required to grant an extended day supply beyond plan parameters (**Example:** Max of 90-day supply (30-day max for Tier 5 drugs)). SilverScript and Aetna account management will exercise the review process as described and has no latitude to expand without approval by Part D Product or executive leadership. Account Management is authorized to review and approve or decline extended fill requests. Requests are reviewed manually to address a beneficiary’s current prescriptions for eligible medications. Pharmacy submission codes and automated reviews do not apply. | |
| **Eligibility/Criteria for Consideration:** | |
| 1. Beneficiary has a valid Mail Order or Retail prescription with enough available refills to accommodate their extended travel dates. | * If yes, verify the beneficiary’s address and method of payment and proceed to next step. * If no, advise the beneficiary to obtain a new RX and contact us back. Refer to [Obtaining a New Prescription (Rx) for the Member](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). |
| 1. Request is within 14 days of departure | * If yes, proceed to next step. * If no, answer any questions the beneficiary may have and determine if they meet the eligibility/ criteria (2 - 7). If eligibility/criteria for consideration is met, counsel them on making the necessary arrangements with their provider and ask them to call back to submit the override request within 14 days of departure. |
| 1. Eligible medications are defined as: | * Part D non-specialty formulary medications (maximum 6-month supply); Specialty and Tier 5 medications (maximum 60-day supply).   + In some cases, Non-Medicare Part D drugs [Nonprescription drugs or prescription vitamins (other than prenatal vitamins). Examples include weight loss or weight gain, hair growth and/or erectile dysfunction drugs] only when they are covered under a plan’s enhanced formulary * Part D non-formulary medications with applicable exception approval * Part B diabetic supplies (following applicable exclusive OneTouch manufacturer guidelines)   + Does not apply to Part B covered items, except diabetic supplies |
| 1. An extended travel supply may be allowed based upon the following criteria: | * Up to 6 months for non-specialty medications and up to 60 days for specialty and Tier 5 medications, depending on how long a beneficiary plans to travel outside the United States, where a plan network pharmacy access is unavailable * Fill may not exceed the beneficiary termination date. * Fill may not exceed the current contract/plan year. (**Example:** If a beneficiary requests a fill in July, they may only be eligible for a 5-month supply, in August a 4 month supply, etc.) |
| 1. Plan benefit cost shares are based on day supply and preferred/standard pharmacy contract status. Low Income Subsidy (Extra Help) cost share rules apply. | * Cost-share must follow how the prescription was written and filled.   + If written for 90 days, then the beneficiary maxes out at 2 90-day copays/fills.   + If 30 days, then the beneficiary maxes out at 6 copays/fills.   + Test claims/cost estimates should be ran for each medication and attention should be given to the members coverage stage. * Incumbent upon beneficiary to obtain new prescriptions if necessary to meet fill requirements associated with exception override. (**Examples**: Beneficiary requests 5-month exception but has prescriptions for 90-day supply – beneficiary may be required by dispensing pharmacy to request 30 day supply script to achieve 5-month supply.) |

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| Process |

**Note: Do not** volunteer an international travel exception override unless the beneficiary indicates the travel is out of the country and for an extended period of time.

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Confirm the beneficiary meets the [criteria](#_Eligibility_Criteria) for consideration and the beneficiary does not fit any of the reasons the request will be denied. | |
| **2** | Verify if the Standard Vacation Override applies. | |
| **If the Standard Vacation Override...** | **Then...** |
| Applies | Proceed to enter the Standard Vacation Override for the maximum quantity allowed. |
| Override has expired | Transfer to SRT. |
| Does Not Apply | Proceed to the next step. |
| **3** | Warm Transfer to the Escalation Senior Team.  Refer to [MED D - When to Transfer Calls to the Senior Team](file:///C:\Users\C337799\Downloads\TSRC-PROD-018060). | |

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| Senior Team Process |

**Note:**

* **Do not** volunteer an international travel exception override unless the beneficiary indicates the travel is out of the country and for an extended period of time.
* Review the beneficiary’s prescription fill history for each of the medications requiring an override, eligibility dates for next fill, and travel dates to first determine if the standard vacation override process will meet the beneficiary’s needs.

Perform the steps below:

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| **Step** | **Action** | |
| **1** | Confirm the exception will be for **International Travel**: | |
| **If...** | **Then...** |
| Yes | Proceed to next step. |
| No | Refer to [Plan Benefit Overrides (PBO) CCR](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f075340f-87ec-41b3-bdeb-16422d0fed0e). |
| **2** | Confirm the duration of travel will exceed the standard vacation day supply allowed: | |
| **If...** | **Then...** |
| Yes | Proceed to next step. |
| No | Refer to [Plan Benefit Overrides (PBO) CCR](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f075340f-87ec-41b3-bdeb-16422d0fed0e). |
| **3** | Confirm the beneficiary meets the [criteria](#_Eligibility_Criteria) for consideration and the beneficiary does not fit any of the reasons the request will be denied. | |
| **4** | Senior Team will gather all the required information below to provide to the Case Coordinator.     * Member Name * Member ID * DOB * Member Phone Number (If different than PeopleSafe) * Member Address * Payment Method * Pharmacy Name * Pharmacy Phone Number * Travel Start Date * Travel End Date * Medication Name and Strength * Day Supply Requested for each medication   + **CCR Note:** To determine the day supply, first determine the last date the beneficiary will have medication. Then determine the number of days between the last date the beneficiary will have medication and the date the beneficiary will return from abroad and be able to obtain a refill. Refer to [PHD - Julian Calendars](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=b7271337-462b-4b0d-a437-6d60dc2ea9f9). * Travel Destination | |
| **5** | Senior Team **must** contact the Case Coordinator Line at 855-771-9283 to have the International Travel Exception email sent to Account Manager.   * The Case Coordinator will complete an [Inquiry/Request Form](https://aetna-537298.workflowcloud.com/forms/ae90571f-58f9-4ad7-8f5a-0c5493fe719b) by populating the required fields, attaching the completed [ITO Member Detail Template](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f1b8ada7-7d2c-4101-a177-a43c27183542), and pressing **Submit**.   + - **Note:** Group email addresses should NOT be used on the form. Only an individual’s email can be used.     - Refer to [Universal Med D – Requests to Account Management Through Nintex](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=98e42a11-aea6-4166-985b-9c4d24d4e58f).   If the Case Coordinator requests to speak with the member, perform a warm transfer to the Case Coordinator.  **Note**: To ensure the proper email and follow up is completed, the Senior Team Rep must contact our Case Coordinator Team. | |
| **6** | Senior Team will provide the turnaround time for the beneficiary’s request:     * Requests received by the Account Management Team by 12pm EST, Monday through Friday should receive a same day response. * Requests received later than this time may need to be resolved on the next business day. | |

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| Call Back Process |

Upon receipt, the Account Management team will review and respond to the [SolonSeniorFollowUpT@CVSHealth.com](mailto:SolonSeniorFollowUpT@CVSHealth.com) mailbox with the approval or denial decision.

* If the exception is approved, the Account Manager will be responsible for entering the override and performing a mock claim to ensure the override adjudicates the claim as expected. The duration of the override will be five days to allow the beneficiary time to fill and pick up their prescriptions.

The Case Coordinator team will be responsible for contacting the beneficiary with the override decision.

* If the override was approved, the Case Coordinator will instruct the beneficiary to contact their pharmacy to coordinate the fill/Rx pickup and advise the beneficiary of the override expiration date. The beneficiary must fill and pickup their prescriptions prior to the override expiration date.
* The beneficiary should also be advised that if they require MORE than a 90 day supply, retail/mail order will have to submit the initial 90 day claim first, then they can process the remaining day supply under a second claim.

Refer to [MED D - Senior Team - Member Call Back Requests](file:///C:\Users\C337799\Downloads\TSRC-PROD-002210).

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](file:///C:\Users\C337799\Downloads\TSRC-PROD-007931).

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\C337799\Downloads\CMS-2-017428)

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