# Compass MED D - Early Refills/Plan Benefit Overrides (PBO) – CCR

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**Description:** This document provides information for the MED D Customer Care Representatives (CCRs) for processing the below types of overrides:

* **DC – Dosage Change**
* **DT – Duplicate Therapy**
* **LM – Lost Medications**
* **SM – Stolen Medication**
* **V – Vacation Meds**

**Note:** For all other override types, if you do not have Compass access to create overrides or are not trained to process Med D overrides - transfer to the Senior Team or, if directed by the CIF, send a Support Task.

* + Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).

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| General Information |

Always review Alerts from the Member Specific Utilization Management (MSUME) Team and verify if override requested is allowed per the Client Information Form (CIF) before moving on in this document.

**Note:** Overrides entered by the MSUME team should not be altered nor should an override bypass the MSUME’s override. Refer to [Compass MED D - Member Specific Utilization Management Edit (MSUME) 061920](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6f2ee878-3069-4f28-b684-4818b3233ab5).

Customer Care representatives have the ability to provide **Submission Clarification Codes** (SCC) that will enable systematic overrides for Vacation, Dosage Change and Lost/ Stolen/Damaged medications.

 If an active PBO/Prior Authorization is in the system for the drug (ex. A Clinical PA), refer to link [Compass - Entering an Override when a Prior Authorization Is on File 050033](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244).

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| Determining if an Override Is Allowed and Necessary |

If the caller is requesting an override, perform the following steps to determine if the beneficiary qualifies for the requested override:

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| **Step** | **Action** | |
| **1** | Determine the type of caller. | |
| **If…** | **Then for…** |
| Pharmacy | **Exception:** If you are trained to handle pharmacy calls, there is no need to transfer. Proceed to Step 2.  **Medicare D:** Warm transfer the pharmacy to the Pharmacy Help Desk at 1-866-693-4620. Refer to [Basic Call Handling – Greet, Warm, Cold. Call Hold and Close Call 016401](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8c31454d-f1e4-41af-b678-7017409e18f4) for proper introduction and release of caller. |
| Beneficiary or Authorized Party | Proceed to step 2.  Refer to [HIPAA Authentication Grid](file:///C:\Users\C337799\Downloads\CMS-2-028920). |
| **2** | Review the Client Information Form (CIF) in theSource to determine if the override(s) is allowed. | |
| **If the CIF…** | **Then…** |
| Allows for specific PBO request or states CCR may enter override | Proceed to next step.  **Note: Rejection does NOT need to reject for today’s date in order to apply the override (same day rejection).**  If the CIF indicates pricing, copay, formulary adjustments, or any other financial requirements, transfer to the Senior Team to enter the override. Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).  **Example:** Override allowed at $0 copay. |
| States **AM Contact** to enter a PBO or to “CCR Submit PBO Support Task for Approval” | * CCR will Submit a Support Task if the beneficiary has a six-day supply or more on hand. * If less than six days on hand, transfer the call to the Senior Team to triage next steps for Client outreach. Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7). |
| **DOES NOT** allow for specific plan benefit override request | Communicate to the caller that the plan does not allow for the specified override. If other options exist, advise the caller accordingly.  **Example:**  I apologize, the plan does not allow for the <override being requested>. Your plan will allow you to fill this medication on <steps to follow to obtain Rx). |
| **3** | Identify the type of override that is needed and verify that an override will resolve the issue by viewing the rejected claim for the medication. Refer to the [Override Reference Table](#_Overview) section below for scenarios.  **Example:** Beneficiary is requesting a vacation supply or other early refill, there should be a rejected claim for Refill Too Soon or similar.  **Notes:**   * If related to **COVID-19 (Coronavirus), review the CIF** to ensure that we follow the client specific process.   + If the beneficiary or the pharmacy is calling, check the CIF to determine if the SCC-13 Code is an option.   + If the beneficiary or pharmacy is calling and the SCC-13 Code is NOT an option, check the CIF to see if Disaster Relief (DR) override code is mandatory.     - If CIF states to use override code DR and you do not have access, the plan has MChoice Incentivized, PA or QVT issues because of early refill or anything outside of early refill rejection not previously specified, follow your standard transfer process to the Senior Team. Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7). * If there is no client specific process:   + Determine if plan allows for a 90 day fill vs. 30 day fill. (**Example:** Maintenance Choice or Retail 90).   + Use code **RF – Override Refill Code** for 30 day or 90 day dependent upon Client Program Offerings. Refer to instructions on [Compass – Plan Benefit Override (PBO) Guide 061708](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f).     - Calls using the RF Override Code should NOT be transferred to the Senior Team.     **Reminder:** When using the RF Override, add a note stating: **COVID-19**. | |
| **If…** | **Then…** |
| A rejected claim | 1. In the **Reject Code** column of the claims table, click the **Reject Code #** hyperlink. There will be codes and/or messaging to indicate why the claim is rejecting. 2. Ensure the codes/messaging reflects the issue at hand.   **Note:** A rejected claim is required so that the PBO can be entered with the specific NDC that the pharmacy is submitting which will avoid further rejected claims.   1. Move on to Step 5. |
| No rejected claim | 1. Run a **Test Claim** (refer to [Compass MED D - Test Claim Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6497a55-a1b1-4244-af87-830de001e621)) to confirm the medication will reject. 2. Advise the caller that there must be a rejected claim present before a PBO can be entered.   **Notes:**   * For **retail** claims, the rejected Test Claim is not considered a rejected claim. We will need a rejected claim at the retail level to enter override. **Rejection does NOT need to reject for today’s date in order to apply the override (same day rejection).** Advise caller to have pharmacy run the claim and if it rejects, they can call the Retail Help Desk number located on the back of the beneficiary’s ID card to ask for an override. * If the beneficiary is escalated or out of medication, contact the pharmacy for the rejection. |
| **5** | Check for [Submission Clarification Codes](#_Adding_Submission_Clarification). | |
| **If there is...** | **Then...** |
| A rejected claim | Click the **SCC Overrides** hyperlink in the **Quick Actions** panel on the Claims Landing Page.  **Result:** Displays Submission Clarification Codes (SCC) that are available and can include Vacation Supply, Lost/Stolen Medication, and Therapy Change overrides. It displays how many overrides, if any, are available, how many have been used, and any parameters set by the client. |
| No rejected claim | Click the **SCC Overrides** hyperlink in the **Quick Actions** panel on the Claims Landing Page.  **Result:** Displays SCC overrides that are available and will include Vacation Supply, Lost/Stolen Medication, and Therapy Change overrides. |
| No SCC codes available | Proceed to Step 6. |
| **6** | Review Alerts to determine if there are any program or restrictions in place that would prevent the override.  **Example:** Comment from Member Specific Utilization Management (MSUME) Team. | |
| **7** | Confirm that a PBO for the situation at hand has not been entered or requested by completing the following:   * Review the **Member’s Recent Cases** panel in the Case Details or Member Snapshot Landing Page to determine if an override has been requested. This may include PBOs requested by:   + Customer Care via the Plan Design/ Plan Benefit Override Support Task   + Retail Help Desk via the Retail/ Client Directive Support Task * Review the Override/PA History screen to determine if an override has been entered in the system. * Review for previous overrides according to CIF limits, **Example:** 1 allowed per year.   **Icon - Important Information** If there is an active **PBO/Prior Authorization** (refer to [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals) 064997](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a23bc09d-37f7-4105-ba57-d4e9d7f512ff)) in the system for the drug (**Example:** A Clinical PA), to enter the override refer to [Compass – Entering an Override When a Prior Authorization is on File 050033](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244) as needed.  **Note:** If there is suspicion of abuse, transfer to the Senior Team.  **Example:** Beneficiary has received multiple early refills for a controlled substance, possibly for different reason codes. | |
| **8** | Enter appropriate override. Refer to the [Override Reference Table](#_Overview) section below. | |

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| Override Reference Table |

The following is a list of common scenarios MED D CCRs may encounter. Work Instructions are linked for each scenario type. Remember to always follow the instructions outlined in the plan CIF (Client Information Form) to verify all override options. If there is a concern with processing an override transfer to the Senior Team. Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).

**Note:** Specialty medications can ONLY have overrides done by CCRs for the following reasons: Dosage change, Duplicate Therapy, Lost / Stolen / Damaged, Vacation Supply, Annual Fill Limit.

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| **Scenario** | **Med D CCR Review Steps** | | **Work Instruction to Utilize** |
| Entering an Override with No Existing PA (Prior Authorization) on the account | * Review CIF to confirm override type requested by the beneficiary is allowed. * Check to see if a PA exists. * If a PA exists on the account, CCR **can** place override when PA is on file. Refer to [Compass – Entering an Override When a Prior Authorization is on File 050033](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244).   + If no PA exists on the account, proceed with this scenario if allowed by the CIF * Run a Test Claim.   **Note:** Do not change the Refill Limit/DUR options back to N after entering the override or receiving a paid claim.   * Overrides will default to NDC/GPI based on client specifics.     **Exceptions:** The ONLY times the GPI should be used to place an override are:   * When there is no rejected claim with Mail Order, or * For early refill requests for vacation supplies that can be made up to 30 days prior to departure * Run a Test Claim.   **Note:** Do not change the Refill Limit/DUR options back to N after entering the override or receiving a paid claim.  If Claim still rejects upon resubmission transfer to the Senior Team.   * **Note:** If a beneficiary needs an override for a **mail order** due to travel, change in directions/dosage, or because it was lost/damaged/stolen, refer to, [Compass - Plan Benefit Override (PBO) and Early Refill at Mail Order 061702](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=f90d2d18-98d1-4ba4-b8c1-9138922c065d). | | * [Compass MED D - How to Identify a Coverage Determination (CD) on a Member's Account 062889](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6fa02132-ce0f-4a5f-8d8c-8f126dd2cc80)  * [Compass – Entering an Override When a Prior Authorization is on File 050033](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244) * [Compass MED D - Test Claim Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6497a55-a1b1-4244-af87-830de001e621) * [Compass - Plan Benefit Override (PBO) and Early Refill at Mail Order 061702](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f90d2d18-98d1-4ba4-b8c1-9138922c065d) * [Compass – Plan Benefit Override (PBO) Guide 061708](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f) |
| Entering an Override with an existing PA (Prior Authorization) on the account | * Check to see if a PA exists.   + If a PA exists on the account, * NEJE:Warm Transfer to the Senior Team. CCR should **not**place override when PA is on file. * All other clients: CCR **can** place override when PA is on file. Refer to [Compass – Entering an Override When a Prior Authorization is on File 050033](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244).   + If no PA exists on the account, see information in the scenario above if allowed by the CIF.   Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7). | | * [Compass MED D - How to Identify a Coverage Determination (CD) on a Member's Account 062889](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6fa02132-ce0f-4a5f-8d8c-8f126dd2cc80) * [Compass – Entering an Override When a Prior Authorization is on File 050033](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244) |
| Entering an Override with Secondary Coverage | * For EGWP, Wraps, and Dual Demo accounts, overrides will need to be applied to the secondary account. | | * [Compass – Override for Secondary Coverage](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a5f2957c-56aa-435c-a83a-5e9e59d62c8c) |
| B vs. D Claim Rejections | Check CIF to determine how client handles B vs D.  **Agent should not place the override.** | | Refer to the **Frequently Asked Questions** section of [Med D PHD – Medicare Part B vs D](file:///C:\Users\c071417\Downloads\CMS-PRD1-084075) |
| **If…** | **Then…** |
| Speaking with Pharmacist | Provide Pharmacist with the contact number listed within the rejected claim. |
| Speaking with  the Physician/  Doctor  **OR**  Beneficiary/authorized party  **OR**  3rd party, who is not an authorized party | Refer to [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals) 064997](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a23bc09d-37f7-4105-ba57-d4e9d7f512ff). |

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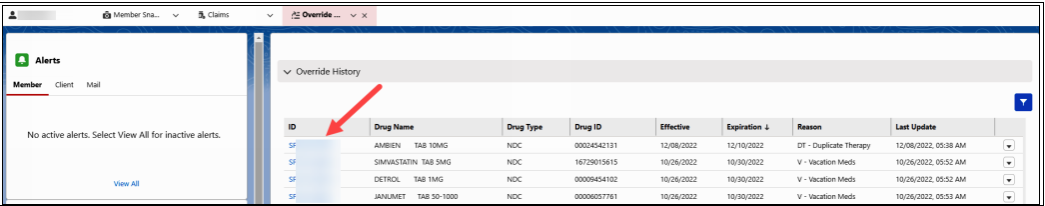
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| Adding Submission Clarification Codes |

Providing a Submission Clarification Code (SCC): Compass – SCC Override at Retail 061705. For any additional scenarios, refer to the SCC Overrides Scenario Guide section within the document.

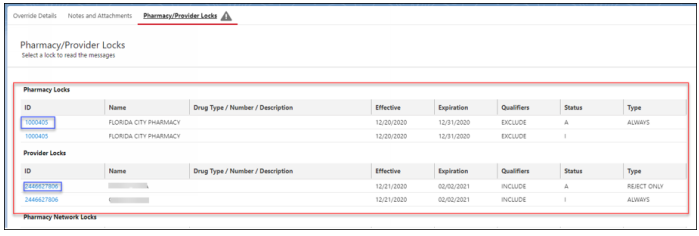
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| Provider Lock |

View the Provider or Pharmacy lock by clicking the **Override/PA History** hyperlink in the **Quick Actions** panel, clicking the **Override ID** of the Drug name in question, and then clicking the **Pharmacy/Provider Locks** tab. Provide the information to the beneficiary. If the beneficiary needs the medication and cannot go to the allowed pharmacy or provider, check CIF for override and transfer to the Senior Team if needed. Refer to [Compass MED D - When to Transfer Calls to the Senior Team](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).



**Override/PA History screen in Compass**



**Pharmacy and Provider Lock Screen**

* Click the **Lock ID #**hyperlink under the **ID** column to view **messages** regarding the lock.
* The **Effective** and **Expiration** fields indicate the date range of the lock in/out.
* The **Qualifiers** field values indicate:
* Exclude = Exclusive overrides only
* Include = Inclusive overrides only
* The **Status** field values indicate:
* A = Active
* I = Inactive
* The **Type** field values indicate:
* A = Always
* P = Paid only
* R = Rejected only
* Blank = no value

**Provider and Pharmacy Lock In/Out:**

* Prevents ‘doctor shopping’ – A prescriber lock is entered on a member’s profile, locking into a particular prescriber. Claims from any other prescriber will reject.
* Prevents ‘pharmacy shopping’ – A pharmacy lock is entered on member’s profile, locking them into a particular pharmacy. Claims from any other pharmacy will reject.
* Can also prevent access to particular pharmacies or prescribers, or even lists of providers.
* Can also be limited to specific drugs. **Examples:**
  + Member A must always fill Drug Y at CVS on Main Street.
  + Claims for Drug Z written by Doctor B will always be denied.

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| Resolution Time |

Real Time

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| Related Documents |

**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/DocRenderer?documentId=CALL-0048)

**Abbreviations/Definitions:** [Abbreviations / Definitions](file:///C:\Users\c071417\Downloads\CMS-2-017428)

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