# Aetna Compass - Refill Too Soon (RTS) Vacation Plan Benefit Overrides (PBO)

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**Description:** Provides instructions on how to enter a Refill too Soon (RTS) Vacation Plan Benefit Override in Compass.

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| General Information |

* Aetna allows members the convenience of obtaining one refill in addition to their normal refill at their retail pharmacy or at Mail Order if the member will be on vacation and away from their normal pharmacy when their subsequent refill would occur.
* Aetna’s Vacation Policy is a convenience offered for our members. Aetna is NOT required to give vacation overrides to any member. Vacation Overrides can be refused by management at any time.
* **For Med D ONLY:** A member can get a vacation override even if they are already on vacation, as long as they give us their return date and the quantity of needed medication.
* All other plans must request an override in advance.

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| Important Reminders |

*  **You must run a Test Claim before proceeding to verify if an Override is needed.** If test claim shows paid, NO override is needed.
  + If the member currently has a rejected claim (or a ship to mail order) in the system for the medication needed prior to the next available refill date the test claim will be denied.
* Icon_-_Important_Information **You must check Compass for any existing PBOs or Clinical PAs prior to entering a new override.** This will prevent Conflicting Authorization situations, duplicate overrides, or claims adjudicating to the wrong benefits.
  + If there is an existing Clinical override, (including but not limited to overrides with Reason Code MB, OD, OI, or OJ). Refer to [Aetna Compass - Entering an Override When a Prior Authorization is on File (064897)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8fa9a3ce-ec28-4438-a2e5-502cb54c04de), and [Aetna Compass - Identifying and Editing an Existing Plan Benefit Override (PBO) or Clinical PA (064280)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=83785fb0-efb3-47a6-b81f-2cb2a03fdafd) for additional information on how to identify codes.
  + If there is an existing non-Clinical override, you should update it first before adding any additional PBOs. Refer to [Aetna Compass - Editing an Override (064538)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4cbdc5d4-8f38-4be2-810a-6d5e40e3452f) and [Aetna Compass - Identifying and Editing an Existing Plan Benefit Override (PBO) or Clinical PA (064280)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=83785fb0-efb3-47a6-b81f-2cb2a03fdafd) for additional information.
* **ALWAYS** check both the **Need to Know** section and the **Overrides** section of the CIF to determine if Vacation Overrides are allowed. If the CIF indicates that Vacation Overrides are allowed, this applies to both Retail and Mail Order Vacation Overrides.
* If the medication is subject to **Quantity Limitations**, then the **Senior Resolution Team** will need to enter the override. Common medications that are subject to Quantity Limitations include Stadol NS, Duragesic Patches, Oxycontin, Imitrex, Amerge, Zomig, Maxalt, Axert, Viagra, Cialis, & Levitra.
* Valid vacation overrides should be entered into the system at the time of the request to provide First Call Resolution.
* You are responsible for informing the caller of the earliest date the medication will be available via the override when the request is made in advance.
*  When performing a Vacation Override, the day supply amount approved for the member should NOT exceed the member’s termination date. To verify the termination date, refer to GPS as needed ([Aetna - GPS - Locating Plan Benefits in GPS (068698)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=784d1956-1e04-4ccf-a73f-f5d3f487b5b0)).

**Example:** Today is November 1, the member is traveling until December 31, the member is allowed up to a 60 days supply as to not exceed the termination date of 12/31.

**Reminders:**

* + For member calls, you should not tell the member that their plan is termed or that they are ineligible without confirming with the Senior team.
  + For pharmacy calls, you can only provide if the member’s account is Active or Not Active – you can NOT provide specific effective/term dates.
*  Commercial IFP (IVL) members **MUST** pay their monthly plan premium through the requested vacation period prior to entering an override. Refer to the [Commercial IFP (IVL) Members](#_Commercial_IFP_(IVL)) section within this WI for further information.
*  If the plan is expiring, or nearing end date, please refer to [Aetna – End of Year / Terminating Plans and Order Placement Scripting](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dc0dbf3b-3c40-4505-9524-76f01d9555eb).

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| Exceptions and Stipulations |

You must access the below sections before entering an override for these plan types. Aetna Student Health Members, Expatriate Employees, and Commercial IFP (IVL) members have individual guidelines.

* This override applies to Aetna Student Health Members except as noted in the [Aetna Student Health Members](#_Aetna_Student_Health) section below.
* This override also applies to Expatriate Employees. For further information, refer to the [Expatriate Employees](#_Expatriate_Employees) section below.
* This override also applies to Commercial IFP (IVL) members except as noted in the [Commercial IFP (IVL) Members](#_Commercial_IFP_(IVL)) section below.

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| Maximum Amounts Obtainable by a Member |

* When performing a vacation override, the Total Amount Approved including their normal refill (the day supply on hand) should not exceed the maximum supply allowable in the CIF and outlined in GPS or HRP.

**Example:** Member has 30 day on hand, and they have a max supply of 90, member can be approved up to an additional 60 day supply (30 day + 60 day = 90 day max).

* If the member is only traveling for 30 days, they should only be approved for an additional 30 day supply.
  + **Fully-insured plans:** If the CIF does not specifically instruct you to contact the Member Advocate Team, you should NEVER in any circumstances allow refills requested above the maximum supply allowable in the CIF and outlined in GPS or HRP. Do NOT create a PBO Support Task to request an exception.
  + **All other plans:** You must obtain approval from the assigned Account Associate to allow refills requested above the maximum supply allowable in the CIF and outlined in GPS or HRP. Submit a PBO Support Task that includes the days’ supply the member needs and the member’s travel dates, reason for travel (such as work, school, leisure), and whether or not the member is leaving the country. Refer to [Aetna Compass - Contacting the Aetna Member Advocates (Plan Benefit Override Support Task) (064353)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eba34536-b9d2-4b38-929d-a47b5ba4a3d6)
* Plans that have lower Day Supply limits (such as 30, 34) have a lower total supply maximum amount allowable for vacation overrides.
* If the member will be out of the country for an extended period of time and will be unable to obtain their medication due to this restriction, discuss other alternatives:
  + Check if the member is eligible for an [Expatriate Employees](#_Expatriate_Employees) override.
  + Advise the caller that the member can have someone mail the medication to them. The member would be responsible for completing any paperwork required by Customs in order to allow the order to be shipped into their country.
  + Advise that for Commercial members ONLY, they can go to a doctor in the country where they will be residing and request a prescription for which they may be able to submit a paper claim form for reimbursement. Refer to the “Additional Paper Claim Requirements” section of [Aetna Compass - Researching / Submitting Paper Claims for Direct Member Reimbursement (DMR) (064166)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=27ce11fb-00ec-4abc-93a0-afb240e0862a) for further information.
* ** Medicare Part D** members are allowed to get up to 90 days maximum supply at retail (up to 100 Days, check the CIF). Medicare Part D members would follow the same rules as other plans that allow a 90 day supply at retail:
  + They can’t obtain any more medication until some of the medication is used.
  + They can obtain additional supplies later after some of the medication has been used (**Example:** After 30 days, they could get another 30 day’s supply as a vacation override).
* **Commercial Only Notes:**



* + Specialty medications have a max day supply of 30 days unless the CIF, GPS, or HRP specifically mentions a larger day-supply allowance for Specialty medications.
  + Commercial IFP (IVL) members cannot obtain a day supply amount that exceeds the time period for which they have paid the required monthly premiums. Refer to the [Commercial IFP (IVL) Members](#_Commercial_IFP_(IVL)) section for additional information.

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| Process |

Perform the steps below:

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| **Step** | **Action** | | | | |
| **1** | **Request and make a note of the member’s vacation departure and return dates.** You can calculate the member’s return date as needed if you are only provided with a member’s departure date and duration of travel.  **Note:** The member’s departure and return dates will need to be included in the PBO Notes when documenting the override. | | | | |
| **2** | Run a test claim using the **Effective Date** (the start date of the override) of the requested override. Refer to [Aetna Compass - Test Claims (064284)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bf264650-c4b2-4b12-a7da-15d39fa128c3).   * **If the test claim is successful and the claim accepted,** advise the caller that no override is needed and the date when the claim can be processed.   + If the member currently has a rejected claim (or a ship to mail order) in the system for the medication needed prior to the next available refill date the test claim will be denied. Proceed to Step 3. * **If the test claim denies**, proceed to Step 3.   Icon_-_Important_Information **For MED D members ONLY:** The member CAN receive a vacation override while they are already on vacation.  **Note:** For a Vacation Override, the PBO can be entered in Compass at **any time** prior to the member’s departure date; however, the **Effective date** of the override can ONLY be up to a certain number of days prior to the member’s vacation departure date.   * For Vacation Overrides at Retail, up to 5 days (or 7 days for CVS Specialty Pharmacy requests) prior to the member’s vacation departure date. * For Vacation Overrides at Mail Order, up to 14 days prior to the member’s vacation departure date (to allow for processing).   **Example:** The departure date is June 30th.For **Overrides at Retail**, the Effective Date can be dated up to **5** **days** prior to the departure date (The Effective Date would be June 25). For **Overrides at Mail Order**, the Effective Date can be dated up to **14 days** prior (The Effective Date would be June 16). | | | | |
| **3** | Click the **Override/PA History** hyperlink within the **Quick Actions** panel on **Claims Landing Page** in Compass and check for existing vacation overrides already on file for the member. | | | | |
| **If the member…** | **Then…** | | | |
| Already has a vacation override on file | Review the existing vacation override on file and update if needed (**Example:** If the member’s vacation dates have changed).   * **If editing an existing override,** perform a test claim to verify that the claim accepts. Then advise the caller of the Effective date of the override and when the member can fill their prescription. * **If a new override is needed**, proceed to Step 4. | | | |
| Does NOT already have a vacation override on file for the vacation dates | Proceed to Step 4. | | | |
| **4** | Proceed depending on if there is a rejected claim on file. | | | | |
| **If there is…** | **Then…** | | | |
| A rejected claim | 1. Access the **Prescription Details** and review the Status. 2. Review the **Messaging** subtab. (There will be codes and/or messaging to indicate why the claim is rejecting.) 3. Ensure the codes/messaging reflect the issue at hand. 4. Proceed depending on if Commercial or Medicare member:    * For Aetna Med D members, proceed to Step 5 to [Check for SCCs](#SubmissionClarificationCodes).    * For Aetna Commercial members, skip to Step 6 to [Check the CIF](#ChecktheCIF). | | | |
| No rejected claim | Skip to Step 6 to [Check the CIF](#ChecktheCIF) to determine if the member is allowed a Vacation Override. | | | |
| **5** | **For Aetna Med D members only,** check for Submission Clarification Codes (SCC).   1. Check the View Overrides screen to view the available SCC overrides, how many have been used, and parameters set by the client. 2. Click the **SCC Overrides** hyperlink within the **Quick Actions** panel on Claims Landing Page, to display Submission Clarification Codes (SCC) for available overrides.     **Result:** The SCC Overrides screen displays. SCC Codes on this screen include:   * + Vacation – 03   + Lost/Stolen/Damaged – 04   + Dosage/Therapy Changed – 05      1. Review the information on the SCC Overrides screen to determine if there are any overrides available and proceed as follows:   **Note:** If no SCC available, move on to Step 6 to [Check the CIF](#ChecktheCIF) to determine if the member is allowed a Vacation Override. | | | | |
| **If…** | **Then…** | | | |
| The requested override is **available** (# Allowed is more than # Used) | Proceed depending on the days supply the member is requesting. | | | |
| **If…** | | | **Then…** |
| 30 days supply or less | | | 1. **For member calls only,** ask permission to place the member on hold while you call the pharmacy, then perform outreach to the pharmacy. 2. Ask the pharmacy to enter the **SCC code 03** on the member’s behalf. 3. Remain on the line until the claim pays.    1. **If member call,** return to the member and verify that the override has been placed.    2. **If pharmacy call,** no further action is needed. |
| More than 30 days supply | | | Skip to [Step 8](#RunNewTestClaim).  **Note:** You do not need to check the CIF for allowances or the PBO screen for previous overrides if you confirmed the override is available on the View Overrides screen. |
| A section is blank below the specific override | The client has not adopted SCC code use. Proceed to Step 6 to [Check the CIF](#ChecktheCIF) to determine if the member is allowed a Vacation Override. | | | |
| A Rejected Claim is received when an SCC code is used | 1. Verify if member override limit exceeded (Allowed = Used). 2. Verify if Client does not support SCC codes (Reject 8R). 3. Verify if SCC Code used and resulted in an additional reject code.    * 7X – Max Day supply – Direct pharmacy to resubmit claim to match DS allowed – Per screen below (If applicable)    * 78 – Review process for Max Cost Limit – Per Screen below:      1. Code used on other reject code (76, 19, 70) not eligible. Follow current process based on reject message. 2. Verify if Incorrect SCC code used based on override request (**Example:** 05 used for VA) Provide valid code and resubmit.   Icon_-_Important_Information CCRs are **NOT** required to review the CIF for these types of overrides and manually enter Plan Benefit Overrides based on these 3 new systematic overrides. **Reminder:** If one of these codes are input but the system has previously used all allowed occurrences, the claim will reject.   * If no SCC available, move on to Step 6 to [Check the CIF](#ChecktheCIF) to determine if the member is allowed a Vacation Override. | | | |
| **6** | Check the CIF to determine if the member is allowed a Vacation Override. Review both the **Need to Know** section for known issues and the **Overrides** section for Vacation override details.  **Example Vacation Row in Overrides Section:**    **Notes:**   * If the CIF indicates that Vacation Overrides are allowed, this applies to both Retail and Mail Order Vacation Overrides. * You only need to confirm the member’s vacation destination if the CIF specifies destination-related restrictions on the Vacation Override.   **Example:** “Vacation supplies are limited to the plan’s largest maximum days supply for members leaving the country. For anyone traveling inside the pharmacy provider network area no override is provided.” | | | | |
| **7** | Determine how many times the member has been granted a vacation override in the last 12 months. Each vacation override request may include multiple medications.  **Note:** If the member requests an early refill for a controlled substance, refer to the “Future Fill/Too Early to Fill” section in [Aetna Compass - Controlled Substance Information (C2-C5) (064268)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=02e17e58-5b56-41cd-ab08-d27d9f8cad5d). | | | | |
| **If this override request…** | | **Then…** | | |
| * Does NOT include a Controlled substance, and the member has received **less than 4** vacation overrides * Includes a Controlled substance, and the member has received **less than 2** vacation overrides for a Controlled substance | | Proceed to [Step 8](#RunNewTestClaim). | | |
| * Does NOT include a Controlled substance, and the member has received **4 or more** vacation overrides * Includes a Controlled substance, and the member has received **2 or more** vacation overrides for Controlled substances | | Check the CIF for additional notes regarding how many Vacation overrides the member can be granted. If the caller indicates that they need another vacation override and it exceeds these limits or limits included in the CIF, you may request an exception from the Account Manager. To request an exception, proceed as follows:   * If **15 days or less** before the member’s departure date, create a Plan Benefit Override (PBO) Support Task for the Member Advocate queue. Submit a PBO Support Task that includes the days’ supply the member needs and the member’s travel dates, reason for travel (such as work, school, leisure), and whether or not the member is leaving the country. Refer to [Aetna Compass - Contacting the Aetna Member Advocates (Plan Benefit Override Support Task) (064353)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eba34536-b9d2-4b38-929d-a47b5ba4a3d6). * If **more than 15 days** before the member’s departure date, you will need to wait until 15 days before to create a PBO Support Task. Advise the member that you will be requesting an exception on their behalf, and follow the appropriate process to create a reminder to complete the PBO Support Task:    + For **Commercial** and **Medicare** members, contact the Senior Resolution Team to have a Senior Inquiries Task created. This will ensure the member’s concern is addressed. | | |
| **8** | Run a test claim using the new quantity to determine if a fill can be processed.  **Note:** You may use the [Aetna - How to Use the Calculator for Next Fill Date](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a9fe88f2-f58c-4d49-ac5f-e86890f4f592) to calculate the amount of medication used from the member’s last fill. | | | | |
| **If the member’s current supply will…** | | **Then…** | | |
| Run out within 7 days of their return from the vacation | | * The member is eligible to receive an override. Refer to [Maximum Amounts Obtainable by a Member](#_Maximum_Amounts_Obtainable) to determine what days supply they are eligible to receive. * Verify that the days supply amount obtained by the member will NOT exceed the member’s termination date available in either GPS or HRP (depending on line of business). Refer to the appropriate work instruction as needed:   + Commercial members: [Aetna - GPS - Finding a Member in GPS (068667)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=10ec491f-5a60-40d6-990e-d801b504a2b5)   + Aetna Med D members: [Aetna Med D - Finding a Member in HealthRules Payer (HRP)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=df657d0e-1762-40e7-b932-d90f992b42a3) * Proceed to Step 9.   **Notes:**   * The Total Amount Dispensed to the member including their normal refill should not exceed the maximum supply allowable in the CIF.   + **For fully-insured plans**, you should NEVER in any circumstances allow refills requested above the maximum supply allowable in the CIF. Do NOT create a PBO Support Task to request an exception.   + **For all other plans**, you must obtain approval from the assigned Account Associate to allow refills requested above the maximum supply allowable in the CIF. Submit a PBO Support task that includes the days’ supply the member needs and the member’s travel dates, reason for travel (such as work, school, leisure), and whether or not the member is leaving the country. Refer to [Aetna Compass - Contacting the Aetna Member Advocates (Plan Benefit Override Support Task) (064353)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eba34536-b9d2-4b38-929d-a47b5ba4a3d6). * If the member will be out of the country for an extended period of time and will be unable to obtain their medication due to this restriction, discuss other alternatives. Refer to [Maximum Amounts Obtainable by a Member](#_Maximum_Amounts_Obtainable) for further information. * Members will be responsible for all applicable copays at their standard retail rate. | | |
| NOT run out within 7 days of their return from the vacation | | The member is not eligible to receive an override. Advise the member that they should have enough medication on hand to last until they return from vacation. | | |
| **9** | Proceed depending on the days supply the member is eligible to receive, where they are filling their prescription, and if the medication has Quantity Limitations.  **Note:** To verify if a medication has Quantity Limitations (QL), you should review the Settlement Description in the rejection message. You may also need to check the member’s formulary. Refer to [Aetna - Medication Search Tool and Finding a Formulary](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fdd78993-fbca-42e9-b51b-a464c3c7e2cf). | | | | |
| **If the member needs…** | | | **Then…** | |
| 30 days supply or less at Retail | | | Proceed to Step 10. | |
| More than 30 days supply and filling their prescription at:   * CVS Retail pharmacy and the member has Maintenance Choice   **Or**   * Mail Order | | |
| More than 30 days supply and filling their prescription at:   * Non-CVS Retail pharmacy   **Or**   * CVS Retail pharmacy but the member does NOT have Maintenance Choice | | | Proceed depending on if the test claim indicated payment is required.   * If $0 cost, proceed to Step 10.   + For Commercial members **ONLY:** If payment is required, contact the Senior Team via the Lifeline Aetna Agent Support Tool. The Senior Team representative will enter an override for the member. Refer to [Lifeline Aetna Agent Support Tool (074915)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cc566ab2-1cac-4bc3-bdf1-78585c10f890). | |
| A medication with Quantity Limitations | | | * **Commercial members:** Contact the Senior Team via the Lifeline Aetna Agent Support Tool. The Senior Team representative will enter an override for the member. Refer to [Lifeline Aetna Agent Support Tool (074915)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cc566ab2-1cac-4bc3-bdf1-78585c10f890). * **Medicare members:** After you’ve resolved any outstanding issues, warm transfer the caller to the Senior Resolution Team. The Resolution Specialist will enter the override for the member. Refer to [Aetna Compass Med D – How and When to Contact the SRT (065715)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80a40b26-1ade-43d5-9c1a-1ea455c77a3a) | |
| **10** | Proceed to [Aetna Compass - Plan Benefit Overrides (PBO Reference Page) (064523)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6d2fdb8c-3a06-4f4f-ae86-3f4ebd920bda) for the process steps to enter an RTS Override with no adjustments to the Maximum Day Supply or copay. The override can be entered with the following information:   * **Effective date:** The date of the call or the date the member will be filling the medication.   + For Vacation Overrides at Retail, the Effective date of the override can ONLY be up to **5 days** (or **7 days** for CVS Specialty Pharmacy requests) **prior** to the member’s vacation departure date.   + For Vacation Overrides at Mail Order, the Effective date of the override can ONLY be up to **14 days prior** to the member’s vacation departure date (to allow for processing). * **Expiration date:** The member’s departure date.   + **For MED D members ONLY:** If the member is already on vacation, use today’s date. * **Reason code:** “V - Vacation.” * **Maintenance Choice flag:**    + For Commercial members with Maintenance Choice, change the **Maintenance Choice**option to **Yes**.   + For Medicare D members with Maintenance Choice, you must verify that the **Maintenance Choice**option is**No**and change the **Refill Limits** to **5,** or forOphthalmic medication. * **Refill Limit Flag** * Change the **Refill Limit** option to **Yes**.   **Days Supply Minimum:** Do NOT enter a Minimum Days Supply for these overrides.  **Days Supply Maximum:** In the Range Data section, enter the approved day supply.  Icon_-_Important_Information **Plan Benefit Override Notes:** You MUST **include the departure and return dates** in the required **Plan Benefit Override Notes** field.  For **Ophthalmic/Eyedrops**, edit these GPI Fields in the **Requires Special Handling** section to **Y**: GPI List, Period Fills, and Contingent Therapy.  For additional assistance, refer to [Aetna Compass - Editing an Override (064538)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4cbdc5d4-8f38-4be2-810a-6d5e40e3452f).  **Notes:**   * When entering the override with a future Effective Date, **you are responsible for informing the member of the earliest date the medication will be available via the override.** * Advise members that if their departure and return dates change, they must call us back and provide the new information. * You only need to confirm the member’s vacation **destination** if the CIF specifies destination-related restrictions on the Vacation Override. * For additional assistance entering an override, refer to [Aetna Compass - Entering an Override from a Rejected Claim (064521)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6855d4b-4dc7-409e-9399-9ed2936cf798). * Contact the Senior Team for further assistance if needed: * **Commercial members:** Contact via the Lifeline Aetna Agent Support Tool for further assistance. Proceed to [Lifeline Aetna Agent Support Tool (074915)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cc566ab2-1cac-4bc3-bdf1-78585c10f890) and use the **All Other Assist Scenarios**template when contacting the Senior Team. * **Medicare members:** Refer to [Aetna Compass Med D - How and When to Contact the SRT (065715)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80a40b26-1ade-43d5-9c1a-1ea455c77a3a). | | | | |

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| Aetna Student Health Members |

* Vacation Authorizations can be approved for up to a 1 year supply, NOT exceeding the member’s termination date or policy year plan maximums. An Aetna Student Health member’s termination date can be calculated from the effective date available in Compass. Aetna Student Health members are active for one year from their effective date.

**Example:** If the member is effective 08/15/2020, their termination date is 08/14/2021.

* Vacation Authorizations should only be allowed while the student is covered under the plan and only up to the plan benefit maximum.

**Note:** Students that will be renewing their ASH eligibility the following year and need vacation supplies until the next school year and their eligibility has not been updated can purchase the medications out of pocket and be reimbursed under the subsequent year's plan for the medication. When they do this, they will need to pay out of pocket for the medication and then submit a paper claim to Aetna for reimbursement. In addition to submitting the paper claim the member will need to contact the Pharmacy Help Line before they submit the paper claim for reimbursement, but after their new year's eligibility information appears in the system.

* When CCRs are contacted by ASH members with requests to enter vacation overrides so their paper claim will process, they should verify the new eligibility information for the member exists and then place a vacation override into the system for the medication. The vacation override will allow the paper claim to correctly process for the member. The override should be entered for the date of service of the claim and should follow all Vacation policy and Multiple Month Override policy guidelines.
* The Aetna Student Health plans allow members to receive their vacation supplies up to 14 days prior to the member’s departure date.

**Note:** If no departure date is available, it is still ok to proceed with the vacation override.

* Vacation Authorizations are also eligible via Mail Order if the plan has a MOD benefit attached.

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| Expatriate Employees |

When a member travels outside the country for work and needs a larger supply of medication to take with them than the plan normally allows, you should review the **Expatriate Employees** line in the Override section of the CIF for plan guidelines. You should also not exceed the maximum supply allowable in the CIF and outlined in GPS or HRP.

**Note:** These overrides do NOT apply to students traveling abroad or to members going to live in another country not specifically for work.

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| Commercial IFP (IVL) Members |

 **ALWAYS** check the CIF prior to entering in an override.

* Inform the member that premiums **MUST** be paid for the vacation duration that is requested. Members enrolled in autopay must also **pay in advance for the requested months**. Contact Member Services to verify premium paid thru date. This information is **required** before overrides can be entered.

**Example:** Member is requesting a 6-month vacation supply; therefore, they must pay 6 months’ worth of premiums before a vacation override can be entered for that duration.

**Note:** This requirement is similar to limiting the vacation override so that the supply does not extend past the member’s plan termination date.

**Note:** Members **DO NOT** have to unenroll from autopay. If a member has paid their premium in advance, autopay **WILL NOT** withdraw premium payments for those months already paid.

* **Premiums can be paid via the following pathways:**
  + **CVS Retail:** Members can pay their premiums at any CVS Retail location. Provide member at least 2 different locations.
  + **Online/By Phone:** Members that are not using autopay can pay in advance via [www.aetnacvshealth.com](https://www.aetnacvshealth.com/index-tx.html?alloy_redirect=eyJ2IjoxLCJhZCI6IjUzNzQ3MTowOjB8LTEsNTM3NDcxOjA6MHwtMSw1MzYzOTQ6MDowfC0xIn0%3D) OR by calling the customer service number on the back of their card and by following prompts for premium payment.

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| Related Documents |

**Parent Document:** [CALL-0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

**Abbreviations / Definitions:** [Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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