# **PeopleSafe - Disaster/State of Emergency Process**

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**Description:** Procedures for assisting members during disaster emergencies, ensuring access to necessary medications. It includes specific actions to take based on the member’s situation and outlines state-specific allowances for medication supply during emergencies.

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| **Reminders** |

**All Other Disaster Emergencies:**

We will allow early refill overrides, when appropriate, for members impacted in affected areas. Members will be responsible for paying the copay for the prescription. The member can receive a 10-day supply, or a greater amount if authorized by the state’s Declaration of Emergency (refer to [State-Specific Day Supply Allowances](#_State-Specific_Day_Supply)).

* Clients may authorize a greater day supply or waive the member copay. If so, this will be indicated in the CIF.
* Clients may opt to Turn ON the SCC-13 code to allow claims to process without the need for an override for some medications.

**Controlled Medications:**

**Commercial** and **Medicare** CCRs **cannot place** early refill **overrides** for **mail order prescriptions**. **CCRs can enter Retail and Specialty controlled overrides if allowed** providing the criteria for the PBO is met. **Medicaid** does not allow overrides for controlled medications. If there is an extenuating circumstance, warm transfer to the Senior Team.

For members who may be in other areas that do not have a formal Declaration of Emergency, the CCR will review the CIF to determine what options are available.

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| **Process** |

Complete the steps:

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| **Step** | **Action** | | | | | | | |
| **1** | Review the Disaster Recovery/Severe Weather chart below to determine if a disaster/state of emergency has been declared in the member’s area.  **Note:** Notifications are listed on this chart for 30 days. | | | | | | | |
| **Effective Date** | **Expiration Date** | | **Event Category** | **State** | | **Impacted Counties** | |
| 09/05/25 | 09/19/25 | | Hurricane | HI | | All  [Governor’s website](https://urldefense.com/v3/__https:/hawaii.us11.list-manage.com/track/click?u=f108b4805576bd697bf4dca5a&id=4488eef173&e=a99ac9e1fd__;!!LIYSdFfckKA!zj2ib0V-eEbwL72yga6WKIl5Gsb39Ne63VMc1AeaWxkgxwInEhd74SIWJpdiAmXqqV-ZdAGWJswZjMXWqPDPC60fmaN_$;) | |
| 08/17/25 | 09/13/25 | | Wildfires | WY | | Hot Springs, Fremont, Park, Washakie  <https://drive.google.com/file/d/1Sfw3kuER7PLW922xQbppBdj_kQ1LjKrd/view> | |
| 08/19/25 | 09/19/25 | | Hurricane Erin | NC | | All  [Governor website](https://governor.nc.gov/executive-order-no-20-declaration-state-emergency-and-temporary-waiver-and-suspension-motor-vehicle) | |
| 08/21/25 | 09/21/25 | | Hurricane Erin | NJ | | All  [Governor website](https://nj.gov/governor/news/news/562025/approved/20250821c.shtml) | |
| **If…** | **Then…** | | | | | | |
| Yes | Proceed to Step 2. | | | | | | |
| No | Review the CIF to determine if an early refill or other accommodation can be made outside of this disaster emergency process. **Example:** There is no declared state of emergency, but plan allows lost/stolen/damaged override.   * If no other options are available, inform the member that early refills are not allowed; however, they can pay out of pocket for a short-term supply if needed. | | | | | | |
| **2** | Identify the members’ issue as it relates to the disaster emergency.  **Note:**   * The member may be out of town or in an unfamiliar area. Offer to check for in-network pharmacies in their area. If no in-network pharmacies are available, check for out-of-network provisions and/or contact the Senior Team to request an exception through the Account Manager. * [New Prescription requests (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c) or Prescription Transfers, refer to [Rx Transfer Index (004726)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=db939cc1-1f5e-44de-89df-985827477553), may also be possible if the member’s local retail pharmacy is closed or the member has a prescription through Home Delivery pharmacy. | | | | | | | |
| **If…** | | **Then…** | | | | | |
| Pharmacy is attempting to refill the prescription, but it is rejecting for refill too soon | | Advise the member/pharmacy that we can authorize a Refill Too Soon (RTS) override for up to retail maximum allowed quantity.   * The member will be responsible for the copay, unless otherwise noted in the CIF. For example, some plans may allow for 10-day supply at no charge to the member.   Proceed to Step 3. | | | | | |
| Member will be evacuating and needs more medication to hold them over through the emergency period | | Advise the member that we can authorize a Refill Too Soon (RTS) override for up to retail max allowed quantity.   * The member will be responsible for the copay, unless otherwise noted in the CIF.   **Example:** Some plans may allow for 10-day supply at no charge to the member.   * The member should ask their pharmacy to submit the prescription to the insurance. If there are any issues, the pharmacy can contact our PBM for assistance.   Proceed to Step 3. | | | | | |
| Member has evacuated, does not have medication, but has a valid Rx with refills remaining | | Advise the member that we can authorize a Refill Too Soon (RTS) override for up to retail max allowed quantity.   * The member will be responsible for the copay, unless otherwise noted in the CIF. For example, some plans may allow for 10-day supply at no charge to the member. * The member should ask their pharmacy to submit the prescription to the insurance. If there are any issues, the pharmacy can contact our PBM for assistance.   Proceed to Step 3. | | | | | |
| Member has evacuated, does not have medication, is unable to reach the prescriber and Rx is expired or has no refills remaining | | Advise the member to go to a network pharmacy in the area and explain the situation. The pharmacy will determine if medication can be provided to the member. | | | | | |
| **3** | Check the Overrides section of the CIF for Disaster/Emergency overrides. | | | | | | | |
| **If CIF says…** | | **Then…** | | | | | |
| Yes | | Contact the Senior Team to input the override according to the CIF guidelines.  **Example:** Some clients may authorize a greater day supply or waive the copay. | | | | | |
| AM Contact Client CCR Submit PBO RM Task | | Create a Plan Benefit Override Task.   * **Task Category:**  Plan Design * **Task Type:**  Plan Benefit Override * **Queue:** CC Internal Processes - Client Support | | | | | |
| No | | Contact the Senior Team to input the override.   * The day supply allowed will be based on the amount authorized in the Declaration of Emergency for the member’s state.   **Note:** When a State of Emergency is declared in the member’s area, we can override Refill Too Soon rejections to ensure there is no break in the member’s therapy, even if the CIF says “No” for Disaster Emergency overrides. The member will be responsible for their copay. | | | | | |
| **If...** | | | **Then...** | | |
| The day supply is included in the Declaration of Emergency | | | The override can be entered for up to the amount listed. | | |
| No day supply is mentioned in the Declaration of Emergency | | | Refer to the [State-Specific Day Supply Allowances](#_State-Specific_Day_Supply). | | |
| **If the state is...** | | **Then the override can be entered for up to...** |
| Included in the table | | The amount listed. |
| NOT included in the table | | A 10-day supply. |

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| **State-Specific Day Supply Allowances** |

We will allow up to the day supply authorized in a state’s Declaration of Emergency. The table below provides a list of states where the state law specifically allows more than the 10-day supply (Our PBM’s baseline). If a state is not listed below, then the 10-day supply will be allowed.

|  |  |
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| **State** | **Days’ Supply Allowed when State of Emergency is Declared** |
| **AZ** | 30 days |
| **FL** | 30 days |
| **LA** | 90 days |
| **MA** | 30 days |
| **MD** | 30 days |
| **NC** | 90 days |
| **NY** | 30 days (Commercial and Exchange Only) |
| **OK** | 30 days |
| **OR** | 30 days |
| **SC** | 30 days |
| **TX** | 30 days |

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| **Related Document** |

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

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

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

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