# Compass - CVS Specialty Copay Plan Design Strategies

[Information](#_Toc207786646)

[True Accumulation](#_Toc207786647)

[The PrudentRx Solution](#_Toc207786648)

[Specialty Copay Claim Adjudication](#_Toc207786649)

[Frequently Asked Questions and Answers](#_Toc207786650)

[PrudentRx Specific FAQs](#_Toc207786651)

[Related Documents](#_Toc207786652)

**Description:** General information about the CVS Specialty Copay Plan Design Strategies, True Accumulation, and the PrudentRx solution and may vary by client.

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| Information |

Specialty Copay Plan Design Strategies applies to PBM commercial clients and health plan Administrative Services Only (ASO) groups. ASO is an agreement that companies use when they fund their employee benefit plan but hire a vendor to administer it.

* It is available only for Specialty Clients and not all clients participate.
* Participating clients’ CIF is updated individually within the **Plan Design Highlights** section under the SpecialtyRX section and the CVS Specialty Copay Card program.

Without the right management strategies, plan members’ use of manufacturer copay coupons can circumvent a client’s plan design and increase overall costs. CVS Health’s Specialty Copay Plan Design Strategies, True Accumulation and the PrudentRx solution, are designed to address these concerns and help clients incrementally manage specialty pharmacy spend.

[Top of the Document](#_top)

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| True Accumulation |

To provide our prescription benefit management (PBM) clients with a solution that helps account for the impact of copay card programs and maintains plan design integrity, CVS Health has developed the True Accumulation plan design strategy. Our solution ensures only true member cost share (non-third-party dollars) is applied toward deductibles or out-of-pocket (OOP) maximums, unless otherwise required by law.

The automated accumulator functionality with CVS Specialty will help ensure only true member cost share is applied towards any accumulator when specialty copay cards are billed.

**Example:** If a member's benefit design requires a $100 specialty copay and the member uses a manufacturer copay card of $95, the only amount counted towards any accumulator would be the true OOP cost of $5 the member paid.

A client-owned onsite pharmacy included in a client’s Exclusive Specialty network can be included in the True Accumulation program. Additional steps will be required of the pharmacy to accommodate data sharing. We have options for additional expansion for non-CVS Specialty pharmacies for clients in states with anti-affiliate steerage or AWP requirements. This is still within an exclusive network. Clients cannot have a fully open pharmacy arrangement.

* [Specialty Drug Reference Table - Includes Limited Distribution Drugs (LDD) (004448)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8239b47a-27ed-48bd-babe-f67c7dd0bb6d)

[Top of the Document](#_top)

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| The PrudentRx Solution |

**Hours of Operation:** PrudentRx offers direct member support and their specially trained customer care advocates are available Monday-Friday 8am to 8pm EST. Members can be encouraged to call PrudentRx at **1-800-578-4403** orEmail [info@prudentrx.com](mailto:info@prudentrx.com) for further requested information.

We have chosen to collaborate with our vendor, PrudentRx, exclusively for the program.

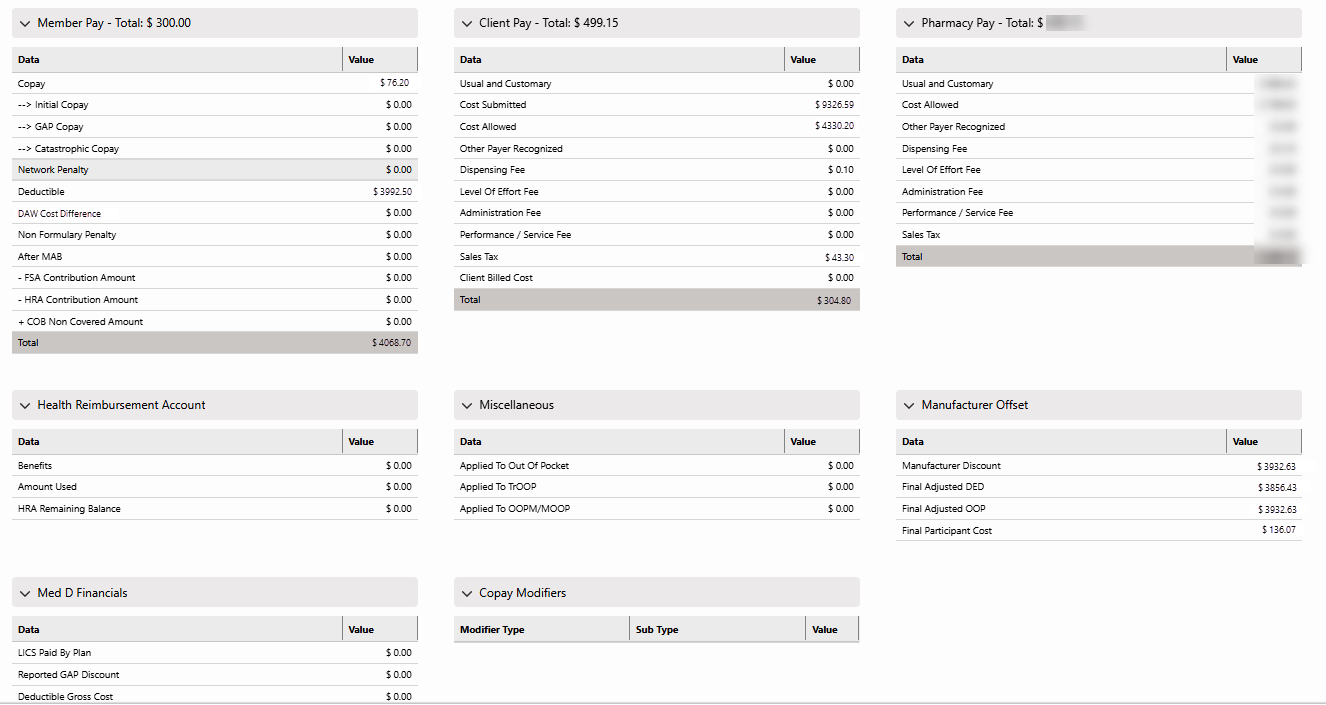
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| **Topic** | **Detailed Information** |
| **PrudentRx** | * Integrated with our pharmacy operations to help ensure seamless member experience. * Sub-contractor of CVS Health included in the Point Solutions Management (PSM) process. * Founded by individuals who collectively have more than 30 years of experience in the health care and specialty pharmacy industry. Their expertise in plan design, specialty pharmacy, and copay card programs has allowed them to customize a solution that optimizes savings for both members and plan sponsors exclusively for CVS Health. * Provides ongoing commitment to retrospective claims monitoring. * Integrated with the dispensing pharmacy to avoid delays in delivery. * Can help support members requiring specialty medications and exemplifies the CVS Health commitment to both sound business practices and to the communities we serve. They are not a subsidiary of CVS Health. |
| **A PrudentRx Advocate** | Supports the member throughout the process and can assist them with:   * Obtaining and enrolling in available manufacturer assistance programs * Questions or concerns |
| **The Program** | Designed for clients who can choose to incorporate it into their plan design.   * Members can opt-out of the program, if desired. Currently, 99.8% of members remain opted into the PrudentRx solution. PrudentRx Analytics, January 2023. Data is based on members eligible for the PrudentRx program. (P1013480123)   This innovative plan design includes all specialty medications on a client’s Specialty Drug List, as well as select high-cost specialty limited distribution drugs (LDDs), regardless of manufacturer assistance availability, to help drive value for clients while participating members have $0 out-of-pocket (OOP) costs\*.  Personalized, integrated outreach helps to ensure a best-in-class experience for members. The PrudentRx solution helps provide value for clients and reduce specialty spend, while delivering savings to members by:   * Maintaining plan design integrity * Allowing participating members to have $0 OOP costs\* * Ensuring a seamless member experience   \*Participating members enrolled in an HDHP with an HSA must fully satisfy their deductible before they are eligible for a final $0 OOP cost, unless the member has been prescribed a medication that qualifies as “preventive care” under the IRC, which is administered and enforced by the IRS. Members may still utilize available manufacturer copay assistance while in their deductible phase but must satisfy their deductible before the Plan is able to pick up any of the costs on the members’ behalf.  **Note:** For plans with no deductible but with a Maximum Out-of-Pocket (MOOP), the PrudentRx program applies immediately. Members are not required to first satisfy the MOOP for PrudentRx benefits to take effect.  The framework for the PrudentRx program’s plan design utilizes the Affordable Care Act (ACA) standards for essential health benefits (EHB) and maximum OOP (MOOP) limits. State benchmarks categorize drug classifications and the required number of drugs to be considered EHB. The PrudentRx program drug lists are setup to ensure that products within a Covered Class exceeding the maximum count required for that Covered Class by any state benchmark plan may be deemed non-EHB. The PrudentRx program drug lists meet or exceed the benchmark plan requirements of all fifty states and Washington, D.C. Clients cannot pick a different benchmark.  Amounts paid for the benefit of a member for an eligible medication, including amounts paid by a manufacturer copay assistance program, shall not be counted toward any member deductible or any member ACA MOOP obligation, unless otherwise required by applicable law. Once the deductible has been satisfied, participating members will then have a final OOP cost of $0 if participating members are enrolled in an HDHP with HSA. If a drug is listed as non-EHB, payments made by members enrolled in HDHPs with HSAs will count toward the annual deductible limit set forth by the Plan. However, member payments will not count toward the ACA MOOP unless otherwise required by law. When pharmacy claims are adjudicated in the system, dollar amounts are present within the associated accumulators to accurately reflect the amounts applied toward the DED and/or ACA MOOP in accordance with the client’s plan design. If applicable, data is shared with Medical Integrators through standard integration processes, providing them with the information necessary to accurately determine applicable DED and/or MOOP limit calculations. For participating members enrolled in HDHPs with HSAs, in the deductible phase, member paid amounts for a non-EHB drug count toward the deductible but not the ACA MOOP in accordance with the ACA standards for EHB and MOOP limits.  This solution has unique enrollment requirements, including a 30% coinsurance for all specialty drugs included in a covered class listed within the program drug list, Exclusive Specialty (with no grace fills), Advanced Control Specialty Formulary, True Accumulation, plan design change, summary plan design (SPD) update, exception process and member mailing.   * We will provide clients with sample SPD language. Clients with a custom formulary may also be able to adopt the program after an evaluation. * A client-owned onsite pharmacy included in a client’s Exclusive Specialty network can be included in the PrudentRx program if implemented on non-HDHPs. Additional steps will be required of the pharmacy to accommodate data sharing and standard process to ensure participating members have a final OOP of $0. We have options for additional expansion for non-CVS Specialty pharmacies to accommodate clients in states with anti-affiliate steerage or Any Willing Provider (AWP) requirements, however, this is to accommodate clients in states with anti-affiliate steerage or Any Willing Provider (AWP) requirements, however, this is still within an exclusive network. Clients cannot have a fully open pharmacy arrangement.   **Note:** Due tolimitations that exist within various external pharmacy systems, clients that implement the PrudentRx solution on their HDHPs with HSAs will be limited to only those medications included on the client’s specialty drug list and dispensed by CVS Specialty pharmacies included in the standard Exclusive Specialty or Enhanced Exclusive Specialty network and will **not** include LDD no access medications. Clients will be unable to include their client-owned onsite pharmacy location(s) and other non-CVS Specialty dispensing pharmacies as part of their Exclusive Specialty or Enhanced Exclusive Specialty network, including those pharmacies in the Exclusive+ Specialty Network. These options will continue to be available for the solution that is available for plans that do not qualify as HDHPs with HSAs. |

[Top of the Document](#_top)

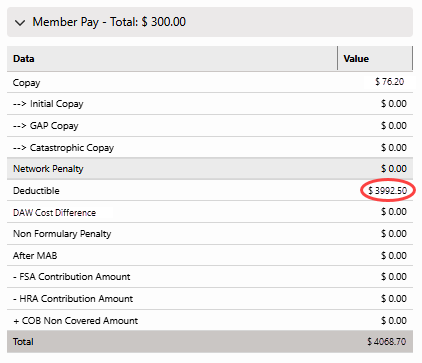
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| Specialty Copay Claim Adjudication |

Check within **Client Programs Offerings**, to determine if client has Specialty Copay Card Program. When a member uses a copay card for a specialty drug filled at a CVS Specialty Pharmacy, it ensures only true member cost share (non-third party dollars) are applied towards members’ accumulations (Deductibles and Out of Pocket).

**Example:** View **Financials Details** in Compass displays all the pricing information.

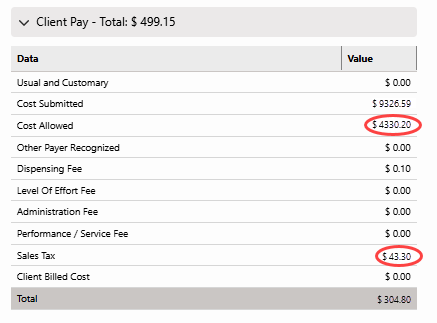


**Example:** Background information - Member initially had $7.50 applied to their $4,000 deductible before this claim example, so when the claim adjudicated, the member was responsible for 100% for the remainder of his deductible ($4,000- $7.50 = $3,992.50).



**Participant Pay**

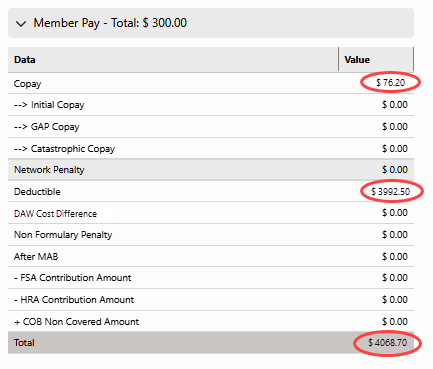
**Example:** Total Cost of the drug was $4,330.20 + $43.30 tax = $4,373.50 (Cost allowed).



**Client Pay/Cost**

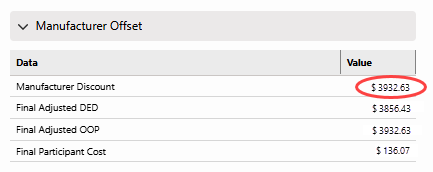
**Example:** The member covers 100% of the remaining deductible ($3,992.50), thus $4,373.50 (Cost allowed plus tax) minus $3,992.50 = $381.00. The member owes 20% of $381.00 as the deductible was met with part of this claim and the plan is 20% coinsurance after the deductible is met.

$381 x .20 = $76.20. $76.20 is the amount owed on top of the remaining deductible. The member in this case will pay $4,068.70 (balance of deductible + 20% coinsurance on balance of claim) before copay assistance is utilized.



This is before the copay assistance registers. Claims adjudicate like normal as shown above and then the copay program goes into effect and accumulators will adjust. Even though the $3,992.50 does not end up going towards the deductible, it still originally adjudicated like normal as if the deductible was presented with this claim.

At the end of this scenario, the copay card is worth $3,932.63. The member’s cost share is $4,068.70 subtracted by $3,932.63 (covered by the copay card) and the member owes $136.07 out of their pocket. The amount of $136.07 will apply to the member’s accumulations.



[Top of the Document](#_top)

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| Frequently Asked Questions and Answers |

Use as needed:

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| **Question** | **Answer** |
| **What is a Specialty Copay Plan Design Strategy?** | Specialty Copay Plan Design Strategies (True Accumulation and the PrudentRx solution) are intended to address concerns around members’ use of manufacturer copay coupons that can circumvent a client’s plan design and increase overall costs by incrementally managing specialty pharmacy spend through innovative plan design.  True Accumulation ensures that only true member out-of-pocket (OOP) costs are applied to an accumulator (**Example:** Deductible and/or maximum out of pocket MOOP) of our clients enrolled in the program.  The PrudentRx solution is an innovative plan design that includes all specialty medications on a client’s specialty drug list, as well as select high-cost specialty limited distribution drugs (LDDs) (when implemented on non-HDHPs with HSAs) to help drive value for clients while participating members have a $0 out-of-pocket cost (OOP) (Participating members enrolled in an HDHP with a HSA must fully satisfy their deductible before they are eligible for a final $0 OOP cost, unless the member has been prescribed a medication that qualifies as “preventive care” under the IRC, which is administered and enforced by the IRS. Members may still utilize available manufacturer copay assistance while in their deductible phase but must satisfy their deductible before the Plan is able to pick up any of the costs on the members’ behalf).  These programs are available only for PBM clients. Each participating client implementation form (CIF) is updated individually.  These strategies help clients maintain the integrity of their plan design and manage specialty drug spend. The third party-sponsored copay cards are directed towards the commercially insured members (need-based or foundational copay cards used with members who have a financial need or hardship are not included as part of these programs).  The copay cards directed at the commercially insured are used to reduce or eliminate a plan member’s out-of-pocket cost for specific drugs and to create brand loyalty.  While copay cards may reduce individual members’ immediate cost savings, copay cards affect clients in several ways including Copay Cards circumvent the effectiveness of a tiered benefit design in instances where a member has a pharmacy only or an integrated pharmacy/medical accumulator (includes out-of-pocket and or deductible), the member’s responsibility and engagement is reduced as accumulators are reached using the copay card dollars obtained. |
| **How does this program work?** | To provide our prescription benefit management (PBM) clients with the opportunity to help account for the impact of copay card programs and maintain plan design integrity, the PBM has developed Specialty Copay Plan Design Strategies.     1. **True Accumulation:** Automated accumulator functionality with CVS Specialty will help ensure only true member cost share is applied towards any accumulator when specialty copay cards are billed. As an example, if a member's benefit design requires a $100 specialty copay and the member uses a manufacturer copay card of $95, the only amount counted towards any accumulator would be the true OOP cost of $5 the member paid.   Compass have been updated to display any manufacturer discount applied to a claim, along with the Final Deductible amount applied and Final Out of Pocket amount applied.   1. **The PrudentRx solution:** We have chosen to collaborate with our vendor, PrudentRx, exclusively for the program. PrudentRx is integrated with our pharmacy operations to help ensure a seamless member experience. PrudentRx is a sub-contractor of CVS Health included in the Point Solutions Management (PSM) process. PrudentRx was founded by individuals who collectively have more than 30 years of experience in the health care and specialty pharmacy industry. Their expertise in plan design, specialty pharmacy, and copay card programs has allowed them to customize a solution that optimizes savings for both members and plan sponsors exclusively for CVS Health. PrudentRx can help support members requiring specialty medications and exemplifies the CVS Health commitment to both sound business practices and to the communities we serve. They are not a subsidiary of CVS Health.   The PrudentRx solution is an innovative plan design that requires all specialty medications in a covered class on a client’s Specialty Drug List, as well as select high-cost specialty limited distribution drugs (LDDs), regardless of manufacturer assistance availability to process with a 30% coinsurance.  Enrollment in the PrudentRx solution is an easy two-step process:   1. The first step of the enrollment process is complete, and the member information is on file with PrudentRx.   **2.** The member needs to **call PrudentRx at 1-800-578-4403** within the first 5 days after receiving the letter to register for any copay assistance available from drug manufacturers.  **It is essential for the member to speak with a PrudentRx Member Advocate to complete step two and become fully enrolled to avoid being opted out of the program.**  Any information regarding enrollment in or registration by PrudentRx should be directed to PrudentRx at 1-800-578-4403.  Even if the member currently has a copay card or takes a medication that does not have a copay card available, they will still need to speak with a PrudentRx Member Advocate. A PrudentRx Member Advocate will also attempt to reach the member by phone to confirm their enrollment.  As an example of the PrudentRx Plan Design, if a member’s 30% coinsurance results in a $750 member cost share, the member enrolls in PrudentRx and a manufacturer copay card of $695 is offered, CVS Specialty bills the available copay assistance program for the $695 and the remaining $55 will be billed as COB to the plan; resulting in the participating member paying $0 out of pocket cost.\*  \*For clients that implement the PrudentRx solution on a high-deductible health plan (HDHP) with a health savings account (HSA), participating members must fully satisfy their deductible before they are eligible for a $0 OOP cost under the program, unless the member has been prescribed a medication that qualifies as “preventive care” under the Internal Revenue Code (IRC), which is administered and enforced by the Internal Revenue Service (IRS). **Members may still utilize available manufacturer copay assistance while in their deductible phase** but must satisfy their deductible before the **Plan** is able to pick up any of the costs on the members’ behalf. |
| **What is a manufacturer sponsored copay card?** | A third party sponsored copay card or manufacturer assistance program (**Example:** Copay card) is a direct-to-consumer incentive manufacturers offer to promote brand loyalty and the use of brand-name pharmaceutical products. The copay cards can also be used to lower Out-of-Pocket costs for eligible patients. |
| **Are there different types of copay cards?** | Yes. There are generally two types of copay card/manufacturer assistance programs offered.   1. **Non-needs based:** The first type of copay card is offered to the commercially insured population. These copay cards may be used regardless of a patient’s financial status and do not require any form of eligibility or qualification to obtain assistance. 2. **Needs-based/Patient assistance Program:** The second type of copay card is offered is a copay assistance program offered by a manufacturer sponsor or independent non-profit to help patients who meet specific financial eligibility criteria. These patients may be uninsured, underinsured, or may have been denied coverage by their commercial plans.   **Only non-need-based copay cards/manufacturer assistance programs are included in our Specialty Copay Plan Design Strategies.** |
| **Where would I find definitions for terms in this document?** | Refer to [Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606). |
| **How do clients sign up for the program?** | Clients work with their Sales/Account Executive contact to enroll in the program. |
| **When viewing the CIF, what indicates the client is participating in this program?** | Adjusted deductible/Maximum Out of Pocket (MOOP) details are visible within the manufacturer offset section of Compass.  **Note:** The CIF is updated individually within the Plan Design Highlights section under the SpecialtyRX section advising the client participates and the CVS Specialty Copay Card program applies. |
| **How do the members of the client participate?** | **For** **True Accumulation:** Once a client is enrolled, the accumulator automatically tracks the true member DED and out-of-pocket costs. Members do not have the choice to participate or not participate, but they can choose to utilize or not utilize available manufacturer assistance/copay card at the pharmacy.  **For the PrudentRx solution:** Enrollment in the PrudentRx solution is an easy two-step process:  1. The first step of the enrollment process is complete, and the member information is on file with PrudentRx.  2. The member will need to call PrudentRx at 1-800-578-4403 within the first 5 days after receiving the letter to register for any copay assistance available from drug manufacturers  It is essential for the member to speak with a PrudentRx Member Advocate to complete step two and become fully enrolled to avoid being opted out of the program. Even if the member currently has a copay card or takes a medication that does not have a copay card available, they will still need to speak with a PrudentRx Member Advocate. A PrudentRx Member Advocate will also attempt to reach the member by phone to confirm their enrollment.  Any information regarding enrollment in or registration by PrudentRx should be directed to PrudentRx at 1-800-578-4403. |
| **Will all the members for the participating client be enrolled?** | Many clients may choose to implement either program at a Carrier level, but some may choose to do so only for specific Plans (Accounts and/or Groups). |
| **How do members typically enroll in a copay card program?** | The member must enroll directly with the copay card program. While the CVS Specialty Pharmacy assists members with enrollment, the enrollment process can vary by copay card, but members can often enroll online. If the plan includes the PrudentRx solution, a PrudentRx Member Advocate will assist members in enrolling in available manufacturer assistance for their PRx-eligible medication and will ensure that information is on file with the pharmacy.  Any information regarding enrollment in or registration by PrudentRx should be directed to PrudentRx at 1-800-578-4403. |
| **Are there special qualifications for each member to participate within the client group for True Accumulation?** | No. |
| **Can members using a Medicare Part D or Medicaid Plan use a copay card?** | No. Federal law prohibits Medicare Part D, Medicaid beneficiaries and certain other federally funded plans from using these incentives. |
| **How can you tell if a member’s plan sponsor has enrolled in the True Accumulation program?** | Within the Client Programs and Offerings section of Compass, it indicates which Specialty Copay Plan Design Strategy the client is enrolled in.  If a member has used a copay card, the value of the copay card used is visible in Compass.    Both applications have been updated to display any manufacturer discount applied to a claim, along with the Final Deductible amount applied and Final Out of Pocket amount applied. |
| **What happens once a member is enrolled in a copay card program?** | The member continues to fill prescriptions as usual. The pharmacy enters the copay assistance details when submitting the claim and the copay assistance is applied by the pharmacy. |
| **What is the duration of copay card programs?** | The duration of copay card programs varies by drug. The expiration depends on the parameters outlined by the third-party sponsor providing the copay card. |
| **What prescription drugs are offered with copay cards?** | Most copay cards are designed for more expensive specialty prescription drugs. CVS Specialty or PrudentRx can tell you if your medication has a copay card program. |
| **How are the funds received?** | Manufacturer copay cards are billed by the specialty pharmacy as a type of COB/secondary claim. Any funding obtained via a manufacturer copay card is automatically applied/used to offset the member’s copay/cost share. |
| **What if the incorrect amount was applied to the members account?** | The amount applied to the members’ account is directly tied to the amount of assistance obtained from a manufacturer’s copay card. Incorrect amounts will not be applied. |
| **Can the amount be recalled after being applied to the member’s account?** | No. |
| **Can a copay card still be used if the member’s plan sponsor has elected to enroll in a CVS Specialty Copay Plan Design Strategy and updated their accumulator?** | Yes. The member may continue to use copay cards to help reduce Out of Pocket expenses. However, any amount of support obtained from the copay card will no longer be applied towards the member’s pharmacy only or integrated pharmacy and medical Out-of-Pocket/deductible.  As an example, if a member’s benefit design requires a $100 specialty copay and uses a manufacturer copay card of $95 whereas the true out-of-pocket cost for the member is $5, the only amount counted towards any accumulator would be the true Out-of-Pocket cost of $5 the member paid.  Compass has been updated to display any manufacturer discount applied to a claim, along with the Final Deductible amount applied and Final Out of Pocket amount applied. |
| **Why will copay card support no longer be contributed towards a member’s accumulator (out-of-pocket/ deductible)?** | Deductibles are established as a means of cost sharing with your plan sponsor while an Out-of-Pocket maximum is the most you will pay during a policy period.  Assistance obtained through a copay card is provided by the copay card sponsor and does not reflect any actual out-of-pocket cost the member pays. Given that deductibles and Out-of-Pocket maximums are intended to capture true member costs only and not third-party assistance, unless otherwise required by law, through a copay card (not including monthly premium payments), the update to accumulators was made.    Compass has been updated to display true patient out-of-pocket costs along with any manufacturer discount applied to a claim, along with the Final Deductible amount applied and Final Out-of-Pocket amount applied.  **IF A MEMBER ASKS ABOUT COPAY ACCUMULATOR RULINGS: We do not provide or offer legal counsel.**  The expectation should be set that it is the Plan’s responsibility to review, analyze, and interpret the activity related to legislation or rulings that may impact how they set up their plan design. Following their own legal review, the plan must decide how they choose to handle treatment of manufacturer assistance. Caremark then works to execute that intent. However, review the updated [Talk Track – Copay Accumulator Ruling (Updated January 22, 2024) INTERNAL USE ONLY](https://protect-usb.mimecast.com/s/efRiC5AoEXi6Y8vQ7JxIz9LNL?domain=cvshealth.highspot.com) to leverage in conversations with clients or members around the HHS ruling. We are continuing to offer the copay accumulator program because there is no federal law preventing it and currently no clear direction from the department of Health and Human Services with respect to what is and what is not allowed. HHS has only advised that they are not taking enforcement action with respect to how plans and issuers use copay accumulator programs. |
| **What is the Specialty Customer Care area that will support Copay Cards?** | Specialty Benefit Verification/Billing. |
| **Why didn’t my deductible amount decrease?** | Your insurance received an update that now can recognize non needs based copay card program payments and reflect those as insurance payments instead of deductible or Out-of-Pocket patient payments.    This was done because the amounts that are applied to an insurance deductible and/or maximum Out-of-Pocket is supposed to be reflective of amounts paid by the insured directly. |
| **Is this change to my benefit plan retroactive?** | No. Once your insurance is updated with the ability to recognize assistance program payments and reflect those as insurance payments instead of deductible or Out-of-Pocket patient payments, the change will take effect on a go forward basis.  Any previous deductible or out of pocket patient payments will not be adjusted. |
| **Do all specialty members use a non-needs-based copay card?** | No. In many instances, members do not use a copay card.  If a copay card is used to offset any cost share, the value of the copay card will **not** be added to your deductible or Out-of-Pocket maximum. |
| **Are members required to use a copay card?** | No. Members are not required to participate in a copay card program. If, however, a client is enrolled in a Specialty Copay Plan Design Strategy, enrollment in a copay card program to help offset Out-of-Pocket costs is strongly recommended and should be encouraged. Members should be directed toward the appropriate copay card enrollment process. |
| **Who can I speak with about the copay card program I am currently using?** | The CVS Specialty Pharmacy can answer questions you have on the copay card.  **CCR:** [Warm Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the caller to Specialty pharmacy.  Let me get you over to our Specialty pharmacy, who will direct you to your correct therapy for further assistance.  **Note:** Some clients may include non-CVS Specialty pharmacies in their Exclusive Specialty network or a client who has implemented the PrudentRx solution may have members continuing to fill their Limited Distribution no access drugs (LDDs) at non-CVS Specialty dispensing pharmacies, but those medications **are** included in the program. The member should be directed back to the dispensing pharmacy accordingly or, where appropriate, to a PrudentRx member advocate at **1-800-578-4403** for further assistance. |
| **Is the needs-based foundation/ patient assistance program copay card included as part of this change?** | No. The benefit change applies only to **non-needs-based** copay card programs. The **needs-based** foundation/patient assistance programs are not included as part of the benefit change. |
| **Can you tell me how much was contributed towards my deductible/ maximum out of pocket for my last prescription?** | Yes. Accumulator updates are now visible within Compass. For clients enrolled in the program and have changed their benefit, the manufacturer offset (**Example:** Copay card support) is populated and the final amount of Deductible/Maximum Out-of-Pocket (MOOP) contribution will be listed. |
| **Can a member opt out of this program or can an exception can be made to have their copay card apply to their accumulators again?** | **For True Accumulations:** A member can choose not to utilize assistance. This way, every penny the member pays gets applied to their accumulation.  **OR**  A member using the assistance card on an insurance/prescription plan is subject to the program plan design. Members cannot opt out; they have the option to present/advise the pharmacy to use the copay card.  **For the PrudentRx solution:** Enrollment in the PrudentRx solution is an easy two-step process:  **1:** The first step of the enrollment process is complete, and the member information is on file with PrudentRx.  **2:** The member needs to call PrudentRx at 1-800-578-4403 within the first 5 days after receiving the letter to register for any copay assistance available from drug manufacturers  **It is essential for the member to speak with a PrudentRx Member Advocate to complete step two and become fully enrolled to avoid being opted out of the program.**  Even if the member currently has a copay card or takes a medication that does not have a copay card available, they will still need to speak with a PrudentRx Member Advocate. A PrudentRx Member Advocate will also attempt to reach the member by phone to confirm their enrollment.  Some manufacturers require members to sign up to take advantage of the copay assistance that they provide for their medications in that case; members must speak to someone at PrudentRx at **1-800-578-4403** to provide any additional information needed to enroll in the copay program.  A trained PrudentRx advocate contacts members if they are required to enroll in the copay assistance for any medication that they take.  Any information regarding enrollment in or registration by PrudentRx should be directed to PrudentRx at 1-800-578-4403.  For clients that implement the PrudentRx solution, members will be encouraged to remain enrolled in the PrudentRx program. Members who elect to opt out of the program will be responsible for the full 30 percent coinsurance even after the deductible has been satisfied. Clients cannot choose to allow members who opt out to receive a different cost share; members who opt out are responsible for the member cost share under the elected coverage plan.  If a drug is listed as a non-EHB, member payments toward the 30 percent coinsurance will not count toward the ACA MOOP unless otherwise required by law and the member will be responsible for the 30 percent coinsurance for non-EHB drugs even after the MOOP is met.  If a drug is listed as non-EHB, payments made by members enrolled in HDHPs with HSAs will count toward the annual deductible limit set forth by the Plan. However, member payments will not count toward the ACA MOOP unless otherwise required by law. Less than one percent of members opt out of the program. |
| **Could I possibly exhaust the manufacturer assistance available and potentially must pay more out of pocket on a future fill?** | Any amount received from a non-needs-based manufacturer program does not accumulate toward your Deductible or OOP. Depending on the manufacturer’s yearly maximum card program amounts, that value could be reached by your claims.    At that point, with no other pharmacy or integrated medical claim activity, with no available assistance, you then are responsible for the Deductible and Out of Pocket amounts as defined by the plan you enrolled in. |

[Top of the Document](#_top)

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| PrudentRx Specific FAQs |

**Note:** Questions/concerns that may seem to point to a coding/setup issue or an operational process not followed appropriately at the pharmacy (or with a PrudentRx Member Advocate), it is best practice to validate if any known issues are indicated on the CIF by the **Account Team** or to appropriately route an inquiry to the client **Account Team** for review/advisement to determine how best to assist the member further and research accordingly.

Use as needed:

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| **Question** | **Answer** |
| **How does the program work?** | We have chosen to collaborate with our vendor, PrudentRx, exclusively for the program. PrudentRx is integrated with our pharmacy operations to help ensure seamless member experience. PrudentRx can help support members requiring specialty medications and exemplifies the CVS Health commitment to both sound business practices and to the communities we serve. They are not a subsidiary of CVS Health.  The PrudentRx solution is an innovative plan design that requires all specialty medications in a covered class on a client’s Specialty Drug List, as well as select high-cost specialty limited distribution drugs (LDDs), regardless of manufacturer assistance availability to process with a 30% coinsurance.  Enrollment in the PrudentRx solution is an easy two-step process:  **1:** The first step of the enrollment process is complete, and the member information is on file with PrudentRx.  **2:** The member will need to call PrudentRx at 1-800-578-4403 within the first 5 days after receiving the letter to register for any copay assistance available from drug manufacturers  It is essential for the member to speak with a PrudentRx Member Advocate to complete step two and become fully enrolled to avoid being opted out of the program. Even if the member currently has a copay card or takes a medication that does not have a copay card available, they will still need to speak with a PrudentRx Member Advocate. A PrudentRx Member Advocate will also attempt to reach the member by phone to confirm their enrollment.  Any information regarding enrollment in or registration by PrudentRx should be directed to PrudentRx at 1-800-578-4403.  As an example of the PrudentRx Plan Design, if a member’s 30% coinsurance results in a $750 member cost share, the member enrolls in PrudentRx and a manufacturer copay card of $695 is offered, CVS Specialty bills the available copay assistance program for the $695 and the remaining $55 will be billed as COB to the plan; resulting in the participating member paying $0 out of pocket cost.\*  \* For clients that implement the PrudentRx solution on a high-deductible health plan (HDHP) with a health savings account (HSA), participating members must fully satisfy their deductible before they are eligible for a $0 OOP cost under the program, unless the member has been prescribed a medication that qualifies as “preventive care” under the Internal Revenue Code (IRC), which is administered and enforced by the Internal Revenue Service (IRS). Members may still utilize available manufacturer copay assistance while in their deductible phase but must satisfy their deductible before the Plan is able to pick up any of the costs on the members’ behalf. |
| **How does this program handle drug categories like HIV and limited distribution drugs (LDD) not available at CVS Specialty?** | This innovative plan design includes all specialty medications on a client’s specialty drug list, as well as select high-cost specialty limited distribution drugs (LDDs)\* to help drive value for clients while participating members have $0 out-of- pocket costs (OOP)\*\*.  \*Due to limitations that exist within various external pharmacy systems, implementing the PrudentRx solution on HDHPs with HSAs will be limited to only those medications included on the client’s specialty drug list and dispensed by CVS Specialty© and will not include LDDs.  \*\*Participating members enrolled in an HDHP with an HSA must fully satisfy their deductible before they are eligible for a final $0 OOP cost, unless the member has been prescribed a medication that qualifies as “preventive care” under the IRC, which is administered and enforced by the IRS. Members may still utilize available manufacturer copay assistance while in their deductible phase but must satisfy their deductible before the Plan is able to pick up any of the costs on the members’ behalf.  Clients with human immunodeficiency virus (HIV), transplant or hepatitis B excluded from their Exclusive Specialty setup, or that have an open HIV network, would not have those categories included in the PrudentRx program. Clients with an infertility maximum allowable benefit (MAB) or those that exclude fertility from their prescription benefits will not have that category included in the PrudentRx program.  For a class like HIV (et. al. mentioned above), the drugs will be included in the program if the client includes this as a covered class listed on the PrudentRx program drug list. If they are open network or excluded as specialty products, they will be excluded from the PrudentRx program.  Any medication or covered class **not** included on the PrudentRx program drug list will continue to adjudicate at the plan applicable member cost share. |
| **What if members do not want to participate in this plan design strategy?** | For clients that implement the PrudentRx solution, members will be encouraged to remain enrolled in the PrudentRx program. Members who elect to opt out of the program will be responsible for the full 30 percent coinsurance even after the deductible has been satisfied. Clients cannot choose to allow members who opt out to receive a different cost share; members who opt out are responsible for the member cost share under the elected coverage plan.  If a drug is listed as a non-EHB, member payments toward the 30 percent coinsurance will not count toward the ACA MOOP unless otherwise required by law and the member will be responsible for the 30 percent coinsurance for non-EHB drugs even after the MOOP is met.  If a drug is listed as non-EHB, payments made by members enrolled in HDHPs with HSAs will count toward the annual deductible limit set forth by the Plan. However, member payments will not count toward the ACA MOOP unless otherwise required by law. Less than one percent of members opt out of the program. |
| **What if a member opts out, but then wishes to re-enroll; can they?** | Yes, a member may choose to opt-out at any time and re-enroll at any time. Any claims that process while they are opted out will do so at the 30% coinsurance and the member will be responsible for the 30% if no manufacturer copay card/assistance is utilized, but they are not guaranteed the $0 OOP as they would not be enrolled in PrudentRx. |
| **What if a member opts out then asks for an Exception to a Non-Essential Health Benefit?** | For **PrudentRx:** If the member says they have opted out of the program and are requesting an exception to a Non-Essential Health Benefits (EHB designation for their medication, **warm transfer to the Senior Team** or, if documented to do so on the CIF, send request to client Account Team for review.  **Note:** Do **not** send requests for a non-EHB exception to the Product Team. |
| **If a member enrolls in the PrudentRx solution, what is the process for obtaining a specialty copay card and ensuring that it is used when a prescription is submitted?** | For existing members on specialty medications, PrudentRx will send a welcome letter to the member on behalf of the client that provides specific information about the program as it pertains to the member’s medication. PrudentRx will also proactively follow-up with the member via telephone. Member outreach occurs approximately 30 days prior to go-live. PrudentRx continuously monitors copay card utilization and will conduct proactive member outreach as needed.  When a new prescription is received and processed by the pharmacy, there is an administrative process to capture the claim and perform member outreach. From there, CVS Specialty offers to transfer the member to PrudentRx or will provide the member with PrudentRx contact information. Prior Authorization and formulary are not affected by the PrudentRx program.  PrudentRx enrolls the member in the manufacturer copay card program and obtain the necessary manufacturer copay where applicable. This process usually takes less than ten minutes but may take up to five to seven days depending on the manufacturer’s process. The member will be informed through the process.  Any information regarding enrollment in or registration by PrudentRx should be directed to PrudentRx at 1-800-578-4403. |
| **What happens if the specialty copay card is no longer offered?** | Specialty copay cards are monitored on a regular basis to quickly respond to any changes that may impact the member savings.   * If a specialty copay card is no longer being offered, the drug will still adjudicate at 30% coinsurance and participating members’ out of pocket costs will be $0\*. * If the member declines enrollment, they are responsible for the 30% coinsurance.   \*Participating members enrolled in High Deductible Health Plans (HDHPs) with Health Savings Accounts (HSAs) must fully satisfy their deductible before they are eligible for a $0 OOP, unless the member has been prescribed medication that qualifies as “preventive care” under IRS statutes for HDHPs with HSAs. |
| **What if a drug does not have a specialty copay card?** | If the member remains enrolled in the PrudentRx solution, the participating member’s OOP cost will be $0.\*  \*Participating members enrolled in High Deductible Health Plans (HDHPs) with Health Savings Accounts (HSAs) must fully satisfy their deductible before they are eligible for a $0 OOP, unless the member has been prescribed medication that qualifies as “preventive care” under IRS statutes for HDHPs with HSAs. |
| **What happens if the member maxes out the annual manufacturer assistance available?** | If the member remains enrolled in the PrudentRx solution, the participating member’s OOP cost will be $0.\*  \*Participating members enrolled in High Deductible Health Plans (HDHPs) with Health Savings Accounts (HSAs) must fully satisfy their deductible before they are eligible for a $0 OOP, unless the member has been prescribed medication that qualifies as “preventive care” under IRS statutes for HDHPs with HSAs. |
| **What is the difference between EHB and non-EHB drugs?** | Under the ACA, non-grandfathered, self-funded plans are not required to cover EHB, but they are subject to annual maximum out-of-pocket (MOOP) limits. Covered benefits that fall outside the authorized definition are deemed non-EHB and need not be counted toward a member’s ACA MOOP limit. In the PrudentRx solution, non-EHB drugs are included in the program, and may still be covered by the plan; however, member paid amounts for a non-EHB do not count toward the ACA MOOP in accordance with the ACA standards for EHB and MOOP limits, however if a member is enrolled in an HDHP with HSA, member paid amounts for a non-EHB drug count toward the deductible. |
| **What language services do they offer?** | They offer Spanish-speaking advocates as well as language services to accommodate members whose primary language is not English. |

[Top of the Document](#_top)

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| Related Documents |

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

[Top of the Document](#_top)

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