# Safety and Monitoring Solution Program

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**Description:** Outlines the process for CCR’s to follow when responding to Calls Concerning the Safety & Monitoring Solution Letter Process for prescribers and members.

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| Reminders |

The Safety and Monitoring Solution was developed to identify potential medication abuse/misuse of targeted drugs and potentially uncover fraudulent claims for appropriate intervention. The main focus of the current program is to ensure quality patient care and safety.

 Emphasize this is a safety program. Members should **never** be told that they are under review for fraudulent activity.

After extensive system analysis and clinical pharmacist evaluation of a member’s prescription data, a determination is made to enter a plan member into the SMS program. Once entered into the program, the letter process begins.

On the initial mailing, each prescriber that wrote prescriptions for targeted drugs for this member during the time period will be sent a letter (M1 letters) to confirm the validity of the prescriptions and request medical diagnosis. These letters contain a profile that has a list of the most recent 12 months depending on claims available of the prescription drug history for the member along with prescribers and pharmacies the member is utilizing.

Physicians are asked to verify they have written the prescriptions listed and provide medical diagnosis but if there is no response from the physician within two months, the Safety & Monitoring team sends another letter to the prescribers (M2 letter).

A few Safety & Monitoring Solution clients have a member letter; this is a letter that is sent to the member informing them of their prescription history and requesting they contact their prescriber to coordinate care. Only a few clients utilize the member letters, so most if the time, the calls will refer to the physician letter.

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| Prescriber Calls Responding to Calls Concerning the Safety & Monitoring Solution Letter Process |

Prescribers may call with questions about a letter they have received from this program.

* Prescriber may call wanting to know about the letters.
* Prescriber may call stating that this is not their patient.
* Prescribers may call to inform us that we have the wrong address or wrong prescriber (similar names).
* Prescriber may call to ask that we stop sending letters to them/opt out of the program.

Complete the steps below:

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| **Step** | **Action** |
| **1** | Take the prescriber’s name, phone number, and the most convenient time to return a call. |
| **2** | Document patient’s name, Member ID Number, and any other pertinent information that may assist the Safety & Monitoring team. |
| **3** | Assure the prescriber or prescriber’s office that someone from the Safety & Monitoring Solution team will return the call. |
| **4** | Contact the Senior Team and ask them to email the prescriber and member information to [victoria.marretta@caremark.com](mailto:victoria.marretta@caremark.com) or [sarah.nelson@CVSHealth.com](mailto:sarah.nelson@CVSHealth.com). |

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| Member Calls Responding to Calls Concerning the Safety & Monitoring Solution Letter Process |

Members may also call with questions about a letter they have received from this program.

**Notes:**

* Emphasize this is a safety program. Members should **never** be told that they are under review for fraudulent activity.
* Members cannot be opted out of the Safety & Monitoring Solution program.

Complete the steps below:

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| **Step** | **Action** | |
| **1** | Educate the caller that <PBM name> monitors prescription data to ensure quality patient care and safety.  **Notes:**   * Members should **never** be told that they are under review for fraudulent activity. * Members cannot be opted out of the Safety & Monitoring Solution program. | |
| **If caller…** | **Then…** |
| Objects | Refer to the [Frequently Asked Questions and Answers](#_Frequently_Asked_Questions). |
| Wants the call to be escalated | Follow Normal Escalation procedures. |

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| Frequently Asked Questions and Answers |

Refer to as needed:

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| **#** | **Question / Statement** | **Answer** |
| **1** | **Why was I sent this letter?** | We have provided prescribing history to your prescribers for informational purposes due to potential drug safety concerns.  If the prescriber is refusing a future prescription, you will need to discuss the reasons why with that prescriber.  They may be concerned with a safety issue that you should also be concerned about. |
| **2** | **What right do you have to interfere with my medical care? My prescriber is taking care of me.** | This is a Quality Assurance Program, and we are working with your prescriber to ensure that you receive the most appropriate medical care for your condition. |
| **3** | **I am going to call my attorney. You cannot do this!** | As part of its administration of the prescription drug benefits, the plan may disclose information about a plan member’s prescription drug utilization to a treating prescriber or a dispensing pharmacy. |
| **4** | **Which prescribers were sent letters?** | We sent letters to any prescribers that have prescribed targeted medication for you in the last three months. |
| **5** | **Can the representatives see the letter that is send out?** | The letter does not display in the communication history, to view the letter:   1. Access PeopleSafe **Tools** then **Select A Tool** (upper right-hand corner) and select **Find a Communication**. 2. Enter the hyphenated number in the communications ID number field. 3. Ask the person you are speaking with for that number from the letter they received. **Examples** of letter sent to Prescribers office are listed in the [Related Documents](#_Related_Documents) section. |
| **6** | **What information is needed to gather before contacting Senior Team ?** | Obtain the following:   * Prescriber’s name and phone number * Most convenient time to return a call * Patient’s name and Member ID number * Who you are speaking with, and any other pertinent information provided by the caller. |

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| Related Documents |

[Safety and Monitoring Solution Sample Physician Letter 1 (028926)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6575c1c-b43f-43f4-b97b-2b32a18f701f)

[Safety and Monitoring Solution Sample Physician Letter 2 (028927)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=107b51ce-fc30-4497-a2d8-bb5b6aa6475e)

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

[Customer Care Abbreviations, Definitions, and Terms (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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