# Compass MED D - Book of Business - Coverage Determination/Appeals CCR Missed Opportunity (Reviewers and Supervisors Only)

[Coverage Determination Submission Process](#_Toc201152246)

[Related Documents](#_Toc201152247)

**Description:** Provides the Med D Call Reviewers and Supervisors with details necessary to initiate a Coverage Determination, if it is determined that a representative missed an opportunity to initiate the Coverage Determination as a result of any of the following:

* While performing a QA
* Receiving the results of a QA
* As a result of a MED D Coaching
* While reviewing a call recording

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| Coverage Determination Submission Process |

Perform the steps below:

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| **Step** | **Action** | | |
| **1** | Select the **claims tab** in Compass and then select the **Override/PA History** hyperlink to view PA Status to determine if a Coverage Determination Request was initiated. | | |
| **If…** | **Then…** | |
| Yes | Proceed to [Step 5](#Step5). | |
| No | Proceed to [Step 2](#Step2). | |
| **2** | Run a test claim on the medication to determine if coverage determination request is needed. | | |
| **3** | Determine if the Coverage Determination request is Standard or Expedited.  **TIPS for Expedited:**   * The caller indicates that an expedited review is needed (Low on medication, serious harm to the beneficiary’s health) = expedited. * A request is considered expedited if any the following urgent indicators are present within the context of applying a timeframe to the review:   + - * Expedite       * Urgent       * Immediate       * Stat       * Emergency       * Exigent       * 24 hours or today/tomorrow       * Patient is out of medication.       * Patients will be hospitalized if they do not receive medication.   **TIPS for Standard:**   * The caller does not indicate urgency, or an expedited review = standard. | | |
| **If…** | | **Then…** |
| **Standard**  (Decision within **72 hours** from date/time of receipt of the request (which is the date/time of the call). Exception requests have up to **408 hours** if a statement of medical necessity is needed from the Prescriber. This includes nights, weekends, and holidays.) | | Submit Support Task. Refer to [Compass MED D - Initiate Coverage Determinations from Test Claim Results (064996).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd008e39-837c-4493-9708-c98080c448f4) |
| **Expedited**  (Decision within **24 hours** from date/time of receipt of the request (which is the date/time of the call). Exception requests have up to **360 hours** if a statement of medical necessity is needed from the Prescriber. This includes nights, weekends, and holidays.) | | Submit Support Task. Refer to [Compass MED D - Initiate Coverage Determinations from Test Claim Results (064996).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd008e39-837c-4493-9708-c98080c448f4) |
| **4** | Document the account in Compass with the following:   * A **Note** stating: Coverage determination initiated for <beneficiary’s name> as a result of an inbound call and/or call log review. * The Support Task Number. | | |
| **5** | Review the call and notes in Compass:   * Provide coaching to CCR accordingly. Using Veirnt for Internal reps and Sharepoint if vendor rep. | | |

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| Related Documents |

[Compass MED D - Initiate Coverage Determinations from Test Claim Results (064996)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd008e39-837c-4493-9708-c98080c448f4)

[Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals) (064997)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a23bc09d-37f7-4105-ba57-d4e9d7f512ff)

**Parent Document:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0048)

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