**MED D - Access to Care**

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**Description:** Access to Care is defined as a situation where the beneficiary is without, or has the potential to run out of, medication regardless of the reasons. It is your responsibility, regardless of the reason, to assist a beneficiary with obtaining access to their medication.

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| Reminders |

* Access to Care situations are **NOT** automatically a Grievance. If the beneficiary is out of medication due to their own fault (for example, not wanting to pay the high price or forgot to order the medication), this is an Access to Care issue only.
  + Refer to the following (as appropriate) to determine if a Grievance should be filed:
* [Compass MED D - When to File a Grievance in Compass](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8895dffc-cf45-44d4-b795-c4d95f7bd555)
* [Compass MED D - How to File a Grievance in Compass](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1bfd5ce-4c26-4dbb-a851-188f548bdf81)
* [Compass MED D - Viewing Grievance History in Compass](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cf46f2f7-d40c-4c65-9155-a37d4075ca22)
* [Med D - Compass Grievances: CCR - First Call Resolution Documentation Templates (Health Plans)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0e126cf2-ca19-4e62-b84f-72733e77b8b9)
* [Med D - Compass Grievances: CCR - First Call Resolution Documentation Templates (NEJE)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cb56c2af-d1ed-4e8a-a309-d0db70d8c751)
* [Med D - Compass Grievances: CCR - First Call Resolution Documentation Templates (SSI PDP, SSI EGWP, Aetna EGWP)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b7f5a139-be8a-493a-8155-3932709e086e)
* If the member is out of medication for any of the following reasons, then a Quality of Care Grievance **MUST** be filed:
  + Missing eligibility due to plan error
  + Account not set up correctly
  + Any delay or error in receiving their medication caused by the Pharmacy, the Prescriber and/or the Plan
* Ensure that you take all necessary steps to ensure the beneficiary has medication before ending the call.
  + Make sure to check the CIF to see if the client offers Bridge Supplies or any Short-Term/Plan Benefit Overrides (PBOs) to assist the member with accessing their medication. Refer to [Member Low or Out of Medication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af).

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| Access to Care Scenarios |

Access to Care is when a beneficiary is out of medication because:

* Prescription has no remaining refills
* Beneficiary is out of medication because they refuse to pay the high cost
* Member is out of or will soon be without medication because they forgot to call and place order or follow correct steps to complete order, such as Expressed Ship Consent.
* Member is out of medication because they forgot to change their address when placing an online order.
* Wrong quantity, strength, medication, brand v. generic, or manufacturer sent by mail service or picked up at a retail pharmacy
* Below is an example of a call with an **Access to Care** situation.

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|  | “Thank you for calling Customer Care. How can I assist you?” |
| [This Photo](https://commons.wikimedia.org/wiki/File:Confused_Guy_Using_A_Smartphone_Cartoon.svg) by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/) | “I have 5 days left of my medication, but there was a hurricane warning issued. I need to make sure I have enough medication on hand.” |
|  | “I’ll be happy to assist you. Your plan currently offers an emergency override for a 10-day supply. Would you like me to have that placed so you can fill at your local CVS Pharmacy?” |

**Summary:** This member is running low on her medication and wants to make sure she has enough on hand due to the hurricane warning issued. The agent checked the CIF to confirm that an emergency override is available for a 10-day supply and offered to help the member. This is an Access to Care situation only as there was no prescriber, plan, or pharmacy delay that caused her to run low on her medication. **No grievance should be filed.**

* Below is an example of a **Quality of Care** Grievance that resulted in the member being out of medication, also **Access to Care**.

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|  | “Thank you for calling Customer Care. How can I assist you?” |
| [This Photo](https://commons.wikimedia.org/wiki/File:Confused_Guy_Using_A_Smartphone_Cartoon.svg) by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/) | “I am out of medication because my doctor forgot to send it in! This is so frustrating!” |
|  | “I see you have a paid claim on file at a Retail Pharmacy in Virginia. Have you picked this up yet?” |
| [This Photo](https://commons.wikimedia.org/wiki/File:Confused_Guy_Using_A_Smartphone_Cartoon.svg) by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/) | “I’m located in Illinois. I don’t know why my doctor would send it to Virginia.” |

**Summary:** This member is out of medication because the prescriber sent the prescription to the wrong retail pharmacy. Even though the member has a valid prescription on file, the prescriber caused the delay in the member obtaining the medication by sending it to the wrong pharmacy. This is a Quality of Care Grievance with Access to Care.

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