# PeopleSafe - Plan Benefit Overrides (PBO) CCR

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**Description****:** Instructions for handling override requests. A Plan Benefit Override (PBO) bypasses the general plan design limitations by permitting a claim to pay and allowing a covered medication to be filled.

Refer to the [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) for information on who is authorized to requests Plan benefit Overrides (PBOs).

 Compass users, refer to [Compass – Plan Benefit Override (PBO) Guide (061708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44418b02-7e70-41cc-bb2e-bb38164a951f).

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| High Level Process | |
| 1. [**Identify**](#IdentifytheNeededPBO) **the needed override type and verify that an override will solve the issue.**   **Notes****:**   * For early refill at Mail Order, refer to [Early Refills - Mail Order](#_Early_Refills_-). * If the Override is for the **local pharmacy, make sure there is a rejection first.** * If the rejected claim is due to fill limit restrictions, some clients do offer Maintenance Choice Opt Out. This allows the member to continue filling prescriptions at other retail pharmacies while keeping the plan’s retail copay & day supply. Refer to Maintenance Choice Opt Out. This may be the better solution. | |
| 1. [**Review**](#ReviewCIFtoDetermineAvailable) **the CIF in the Overrides section to determine if the override is available.**   **Commercial CCRs can enter ONLY the following overrides IF the CIF allows:**   * Disaster/Emergency * Dosage Increase/Change * Duplicate Therapy * Participant Lost/Stolen/Damaged Meds * Retail Refill Limit/Allowed Fill/Annual Fill Limit (AFL) * Transform Care * Vacation   **Note:** Other overrides must be entered by Senior Team.  **Specialty medications allow ONLY the following overrides:**   * Dosage Increase/Change * Duplicate Therapy * Plan Limitations Exceeded * Participant Lost/Stolen/Damaged Medication * Retail Refill Limit/Allowed Fill/Annual Fill Limit (AFL) * Specialty Retail Lock Out * Transform Care * Vacation | |
| 1. **[Review](#ReviewCIFOverrideAllowed) the Client Information Form (CIF) in theSource to check if the override(s) is allowed.**  * If allowed, proceed to Step 5. * If not allowed, advise the caller  I apologize, the plan does not allow for the <override being requested>. Your plan will allow you to fill this medication on <steps to follow to obtain Rx>.   + Research the CIF for an exception process. If none is listed, do not call Senior Team.   + The member can pay out of pocket, and we can educate on coupons.   + Research generic alternatives that may be cheaper.   + If plan will not allow the entire duration the member needs, provide what is allowed and they can pay for the remainder. * **CCR:** Proceed to Step 5.  1. [**Check**](#CheckForExistingPBOs) **for existing PBOs or PBO RM Tasks.**  * If a PBO or PBO RM Task has been entered, determine if it addresses the situation at hand: * If yes, provide the status to the caller. * If no and the PBO must be updated or voided, refer to [Updating a PBO](#_Updating_a_PBO) or [Voiding a PBO](#_Voiding_a_PBO). * If a PBO or PBO RM Task has NOT been entered, proceed to Step 4.   If there is an active Clinical Prior Authorization (PA) that needs to be edited, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).  **Note:** You may determine whether an override is a PA or some other type of PBO by viewing PA status or by taking note of the approval dates. Most PBOs are for 5 days or less, PAs will be for several months to several years. | **Items to check on CIF:**   * Restrictions on who can enter PBO * Financial requirements * Instructions on controlled medications * Plan specific criteria or instructions (**Example:** Limited days’ supply on overrides) * Do “Stolen” medications require police report submission   **PBO types allowed for CCRs:**   * Disaster/Emergency * Dosage Increase/Change * Duplicate Therapy * Participant Lost/Stolen/Damaged Meds * Retail Refill Limit/Allowed Fill/Annual Fill Limit (AFL) * Transform Care * Vacation   **Tip:** Overrides only work to process the prescription order during the specified date entered in the PBO. Verify the date that the prescription will be ran through benefits at the Pharmacy with the caller before completion of the call. |
| 1. [**Enter**](#EnterthePBO)**the PBO or PBO RM Task.**  * If allowed and CCR is trained to enter overrides, enter the override, and proceed to Step 6. Refer to [Adding a PBO](#_Adding_a_Plan). * If Add PBO button is not present or if CCR is not trained to enter overrides, ask if member can wait up to 3 business days: * If yes, submit a Plan Benefit Override RM Task. Refer to [Creating a PBO RM Task.](#_Creating_a_PBO)   **Note:** If member cannot wait up to 3 business days, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) to have the override entered as procedural transfer. |

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| Determining If an Override Is Allowed and Necessary |

Follow the steps below to determine if a member qualifies for a requested override:

**Note:** Refer to [Future Fill (Refill Too Soon) (007827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=554327a5-017f-4586-aa72-6cde5fc72fa8) for future fill orders.

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| **Step** | **Action** | | | | | | |
| **1** | Identify the needed override type and verify that an override will solve the issue. Refer to [Refill Too Soon Scenarios](#TooSoonScenarios) and [Other Scenarios that are NOT Refill Too Soon](#NOTTooSoonScenarios).  **Notes:**  **Icon_-_Important_Information** If early refill at Mail Order: Refer to [Early Refills - Mail Order](#_Early_Refills_-).   * For Override scenarios: Refer to the [Override Reference Table](#_Override_Reference_Table) for scenarios as needed. * For MED D CCRs: Refer to [MED D - Early Refills/Plan Benefit Overrides (PBO) - CCR (118356)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57919825-5b90-4db2-b30f-33c6911e4d13) to find the override types authorized for Medicare D. * Check View Activity screen to determine if a PBO RM Task has already been submitted.   **Note:** If there is suspicion of abuse or over-utilization of ANY medication, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). Before contacting senior team for a controlled medication override contact filling pharmacy to check if override is approved pharmacy will honor the override. Being some states and pharmacies have their own regulations pharmacy must follow.  **Examples:** Member has received multiple early refills for a controlled substance, possibly for different reason codes. Member has several “Lost/Stolen” medication overrides requested on account.  [Return to High Level Process](#_High_Level_Process) | | | | | | |
| **#** | **Refill Too Soon Scenarios** | | | | | |
| **1** | Is the member going on vacation and needing extra meds for their trip? This is a **Vacation override**. The duration is usually 30 or 90—check the CIF for what duration is allowed and how many vacation overrides are allowed per year.  **Example:** A member is leaving for Paris for the next 5 months. The CIF allows 2 90-day vacation overrides per year. That is 6 months of medication so this is sufficient for his vacation—he can fill 2 90-day supplies, totaling 6 months. | | | | | |
| **2** | Is the member moving out of the country, going to school abroad, or going on a vacation for a duration of longer than 30 or 90 days (depending on what the client allows) so that a vacation override (or multiple vacation overrides if the CIF allows) will not be sufficient? This is an **Expatriate override**. This will need to be submitted for the consideration of the account manager by the Senior Team, or through a PBO task. | | | | | |
| **3** | Did the member’s dosage increase since their last fill (**Example:** A member was taking 1/day and now is taking 2/day)? This is a **Dosage Change** override. Verify with a test claim that an override is needed before entering this override. | | | | | |
| **4** | Was the member’s medication processed incorrectly with the wrong day supply due to a retail pharmacy error?  **Example:** The doctor prescribed 90 pills for a 30-day supply and the pharmacy mistakenly transcribed it as 90 pills for a 90-day supply.  This is an **Incorrect Days’ Supply** override. The error will most likely also need to be corrected—possibly with an entirely new Rx from the doctor—but this will allow a fill when it is too late to fix that initial erroneous fill. | | | | | |
| **5** | Was the member’s medication Lost, Stolen or damaged? This is a **Lost/Stolen/Damaged Medication** override.  **Note:** If medication is **Defective** (refers to the potential manufacturer’s defect with one or more of the products received by the beneficiary) or the member mentions a medication recall, transfer member to Clinical Counseling Pharmacist. | | | | | |
| **6** | Is the member waiting on a mail order that will not get to them before they run out of medication? This is a **Mail Order Delay** or **Participant Mail in Delay override**.  Mail Order Delay is when it is our error, participant mail in delay is when it is the member’s error (didn’t submit for the refill in time), but either way it’s the same override. We don’t want members to be out of medication so if they need a short-term fill to allow time for the mail order to be shipped out and arrive, this is the override we would use. | | | | | |
| **7** | Was the member admitted into a long-term care facility or nursing home? This is a **Nursing Home / LTC override**.  Nursing homes in some states do not allow patients to bring existing prescription supplies into the facility. This Override allows the nursing homes to fill drugs using their own pharmacies and not have to use the Caremark Mail order.   * Reach out to [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) if you don’t have access to the “OA” override to enter for Nursing Home/LTC. | | | | | |
| **8** | Was the member prescribed 2 medications within the same class? This is a **Duplicate Therapy** override.  **Example:** Member was prescribed Atorvastatin, and found out they were allergic to the medication, so the doctor prescribed Lipitor. Lipitor is the brand name for Atorvastatin so the member’s claim for Lipitor will reject as refill too soon because they just filled Atorvastatin. | | | | | |
| **9** | Is the member trying to fill a medication that has a quantity limit? This is a **Quantity Vs Time** override. This override isn’t always allowed, Check the CIF. Often a QVT override is used to allow a member to get ‘back on track’ with their medication.  **Example:** Member is allowed 6 Cialis in 25-day period, or 18 in 75-day period. He fills 6 the first month. Next month he tries to fill 18 but he’s only allowed 12 because he already filled 6. If he fills the 12, next time he will only be able to fill 6. A QVT override would allow him to fill 18 every three months so that he isn’t stuck filling 12, then 6, then 12, then 6, etc. | | | | | |
| **10** | Does the member need an early refill due to evacuation or medication being lost/damaged in a disaster or emergency? This is a **Disaster/Emergency** override. The government must have issued a State of Emergency. Check the CIF as well for any client specific process. | | | | | |
| **11** | Does the claim reject for 7X – ‘Days’ Supply Exceeds Plan Limitation’? This is common with opioids—plans often allow 7 days in a 90-day period without a Prior Authorization but reject if the quantity or day supply exceeds that amount. Rarely, this can be overridden, but most of the time the member will need a Prior Authorization to override this Quantity Limit. Check the CIF for a possible override, but you will most likely need to follow the PA process or contact Senior Team if an override is allowed. | | | | | |
| **#** | **Other Scenarios that are NOT Refill Too Soon** | | | | | |
| **1** | Is the member trying to pick up a 30-day supply but the claim rejects with 76 - Plan Limits Exceeded or 73 - Refills are Not Covered?This is an **Annual Fill Limit (AFL) / Retail Refill Limits Exceeded** override.  **Example:** Member has already filled two 30-day supplies of medication, and now a third fill is rejecting with ‘73 - Refills are Not Covered’ because of Maintenance Choice requiring a 90-day supply, but he needs the medication right now and will worry about getting a new Rx for a 90-day supply later—he did not know this would be an issue. If the CIF shows that an AFL override is allowed, you may enter this override to allow one more 30-day fill to allow time for the member to arrange for a new Rx from his doctor. | | | | | |
| **2** | Is the member trying to pick up a 30-day supply but the claim rejects with ‘76 - Days Supply not covered due to program limitations’ or ‘73 - Fills Exceed the program limitations’? This is a **Transform Care** override. The rejection is due to a program called Transform Diabetes Care, and it has limitations similar to Maintenance Choice for some medications, requiring a 90-day supply at a Transform Care Pharmacy. | | | | | |
| **3** | Does the pharmacy claim reject with Reject ‘85 – Claim not processed’? This is a system issue with the pharmacy, there is no override for this. The pharmacy will need to contact their software vendor for assistance. | | | | | |
| **4** | Is the medication only allowed to process at mail order (due to maintenance choice), but that medication is backordered, so the member must fill at retail? This is a Retail Fill for **Manufacture Back Order override**. This override allows a member to fill at retail when a medication cannot be filled at mail due to the medication being backordered. This override will need to be entered by the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).  [Return to High Level Process](#_High_Level_Process) | | | | | |
| **2** | Review the CIF in the Overrides section to determine if the override is available. If so, proceed to the next step.  **Commercial CCRs are allowed to enter ONLY the following overrides IF the CIF allows:**   * Disaster/Emergency * Dosage Increase/Change * Duplicate Therapy * Participant Lost/Stolen/Damaged Meds * Retail Refill Limit/Allowed Fill/Annual Fill Limit (AFL) * Transform Care * Vacation   **Note****:** Other overrides must be entered by Senior Team.  **Specialty medications allow ONLY the following overrides:**   * Dosage Increase/Change * Duplicate Therapy * Participant Lost/Stolen/Damaged Medication * Plan Limitations Exceeded * Retail Refill Limit/Allowed Fill/Annual Fill Limit (AFL) * Specialty Retail Lock Out * Transform Care * Vacation   **Note:** Other overrides must be entered by Senior Team.  [Return to High Level Process](#_High_Level_Process) | | | | | | |
| **If There Is…** | | | **Then…** | | | |
| A rejected claim within the past 30 days | | | 1. From the Main Screen in PeopleSafe, select the rejected claim by clicking the Rx number in blue. 2. On the Prescription Details screen, review the Settlement/Reject Codes and Description to determine why the claim is rejecting. 3. Ensure the codes/messaging reflects the issue at hand. 4. Proceed to [Submission Clarification Codes (SCC).](#SubmissionClarificationCodes) | | | |
| No rejected claim | | | 1. Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to confirm the rejection. 2. Advise the caller that there must be a rejected claim present before an override can be entered. If it rejects, enter the override on the member’s behalf, or the pharmacy can call the [Pharmacy Help Desk (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) number on the back of the member’s ID card for an override.   **Notes:**   * For retail claims, a rejected Test Claim is not considered a rejected claim – a rejected claim at retail is needed to enter an override. The rejection does NOT need to reject for today’s date in order to apply the override (same day rejection). * If the member is escalated or out of medication, contact the pharmacy for the rejection. * If the Test Claim shows Vacation, Lost/Stolen/Damaged, or Dosage Change rejections for 79 (refill too soon) and/or 88 (Drug Utilization Review - DUR), view the **Available Overrides** option from the Test Claim Results screen to view how many overrides, if any, are available, how many have been used, and any parameters set by the client. You can advise the member that the pharmacy can resubmit the claim with the appropriate Submission Clarification Code (SCC) to override the rejection: * Vacation – 03 * Lost/Stolen/Damaged – 04 * Dosage/Therapy Changed – 05   [Return to High Level Process](#_High_Level_Process) | | | |
| **3** | Check for Submission Clarification Codes (SCC) if rejection is at a retail pharmacy. (If mail order, continue to [Step 4](#ReviewClientInformation)). If there is a rejection other than a Vacation, Lost/Stolen/Damaged, or Dosage Change rejection: No SCC codes are available. Proceed through Step 3.   * If there is a Vacation, Lost/Stolen/Damaged, or Dosage Change rejection:  1. Click the **Rx Number** to display thePrescription Details screen for the rejected claim. 2. Click the **Available Overrides** button to display the View Overrides screen.       **Result:** The View Overrides screen displays.       1. Review the information on the View Overrides screen to determine if there are any overrides available and proceed as follows:   [Return to High Level Process](#_High_Level_Process) | | | | | | |
| **If…** | | **Then…** | | | | |
| The member is calling regarding the rejection and the requested override is available through SCC code (# Allowed > # Used) | | 1. Ask permission to place the member on hold while you call the pharmacy. 2. Call the pharmacy. 3. Ask them to enter the appropriate SCC code on the member’s behalf. SCC Codes include:    * Vacation – 03    * Lost/Stolen/Damaged – 04    * Dosage/Therapy Changed – 05 4. Remain on the line until the claim is paid.   **Note:** Reach out to your supervisor for an appropriate hold time for the pharmacy. | | | | |
| The pharmacy is calling regarding the rejection and the requested override is available through SCC code (# Allowed > # Used) | | 1. Advise the pharmacy to resubmit the claim with the appropriate SCC code. SCC Codes include:    * Vacation – 03    * Lost/Stolen/Damaged – 04    * Dosage/Therapy Changed – 05 2. Remain on the line until the claim is paid. | | | | |
| A section is blank below the specific override | | The client has not adopted SCC code use. [Review the CIF](#ReviewCIFOverrideAllowed) in theSource to determine if an override is allowed. | | | | |
| A Rejected Claim is received when an SCC code used | | 1. Verify if member override limit exceeded (Allowed = Used). 2. Verify if Client does not support SCC codes (Reject 8R). 3. Verify if SCC Code used and resulted in an additional reject code.    * 7X – Max Day supply – Direct pharmacy to resubmit claim to match DS allowed – Per screen below.    * 78 – Review process for drug cost maximum – Per Screen below:     **Note:** Code used on other reject codes (76, 19, 70) is not eligible. Follow current process based on reject message.   1. Verify if Incorrect SCC code was used based on the override request (**Example:** 05 used for VA). Provide valid code and resubmit.   CCRs are **NOT** required to review the CIF for these types of overrides and manually enter Plan Benefit Overrides based on these three new systematic overrides.  **Reminder:** If one of these codes are input but the system has previously used all allowed occurrences, the claim will reject.   * If no SCC available, move on to [Review the CIF](#ReviewCIFOverrideAllowed) in theSource to check if the override is allowed. * If the SCC code is allowed, has been entered correctly, but is still not working properly, contact Senior Team. | | | | |
| **4** | Review the Client Information Form (CIF) in theSource to check if the override(s) is allowed. | | | | | | |
| **If the CIF…** | | | | **Then…** | | |
| Allows for specific PBO request or states CCR may enter override | | | | Proceed to Step 5.  **Note:** The rejection does NOT need to reject for today’s date in order to apply the override (same day rejection).  **Icon - Important Information** If the CIF indicates pricing, copay, formulary adjustments, or any other financial requirements, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) to determine if the override is a procedural transfer.  **Example:** Override allowed at $0 copay. | | |
| States **AM Contact** to enter a PBO or to “CCR Submit PBO RM Task for Approval” | | | | Proceed to Step 5. | | |
| **DOES NOT** allow for specific plan benefit override request | | | | Communicate to the caller that the plan does not allow for the specified override.  **Example:** Icon_-_Conversation2 I apologize, the plan does not allow for the <override being requested>. Your plan will allow you to fill this medication on <steps to follow to obtain Rx>.  Assist the member with alternative options if needed. Refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c) and [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af).  **Note:** Refer to [Standard Formulary Changes (114719)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0afb51c4-054b-4d6e-b989-5aeefdb37145) for talking points to address formulary changes, as needed.    [Return to High Level Process](#_High_Level_Process) | | |
| **5** | Check for existing PBOs or PBO RM tasks.   1. Check **View Activity** screen to determine if a PBO RM Task has already been submitted. 2. Check **Plan Benefit Override** screen to determine if an override has already been entered. 3. Review for previous overrides according to CIF limits (**Example:** One allowed per year).   **Note:** If there is suspicion of abuse or over-utilization of ANY medication, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).  **Examples:** Member has received multiple early refills for a controlled substance, possibly for different reason codes. Member has several “Lost/Stolen” overrides requested inside account. | | | | | | |
| **If a PBO / PBO RM Task has…** | | | **Then…** | | | |
| Been entered | | | Determine if the situation at hand is already being addressed by the existing PBO or PBO RM task.   * If yes, provide the status to the caller. * If no and the PBO needs to be updated or voided, refer to [Updating a PBO](#_Updating_a_PBO) or [Voiding a PBO](#_Voiding_a_PBO).   If there is an active Clinical Prior Authorization (PA) that needs to be edited, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).  **Example:** The member has a prior authorization entered for the plan year and they now need a Refill Too Soon override for that same medication. | | | |
| Not been entered | | | The PBO can be entered or requested via RM task. If the CIF:   * Allows for specific PBO request. * States CCR may enter override. * States AM Contact to enter a PBO or “CCR Submit PBO RM Task for Approval”.   Proceed to step 6.  [Return to High Level Process](#_High_Level_Process) | | | |
| **6** | Enter the PBO or PBO RM Task.  **Commercial CCRs may enter the following overrides, only if the CIF allows:**   * Disaster/Emergency * Dosage Increase/Change * Duplicate Therapy * Participant Lost/Stolen/Damaged Meds * Retail Refill Limit/Allowed Fill/Annual Fill Limit (AFL) * Transform Care * Vacation   **Specialty medications allow ONLY the following overrides:**   * Dosage Increase/Change * Duplicate Therapy * Participant Lost/Stolen/Damaged Medication * Plan Limitations Exceeded * Retail Refill Limit/Allowed Fill/Annual Fill Limit (AFL) * Specialty Retail Lock Out * Transform Care * Vacation | | | | | | |
| **If…** | | | | | **Then…** | |
| Allowed and CCR is trained to enter overrides | | | | | Proceed to [Adding a PBO](#_Adding_a_Plan). | |
| The medication has an active prior authorization on file | | | | | Proceed to [Adding a PBO](#_Adding_a_Plan). | |
| The list of PBO listed above is not available to the CCR | | | | | Transfer to [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). | |
| The override is not one of the overrides listed above and the CIF says “Yes” then | | | | | Transfer to [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). | |
| The CIF indicates: “CCR submit PBO RM task for approval” | | | | | Ask the caller if they can wait up to 3 business days for the Override to approve by our task team: | |
| **If Speaking To…** | **Then…** |
| A member that can wait **up to 3 business days** | 1. Advise the caller: Icon_-_Conversation2 You will receive a callback (courtesy call) within 3 (three) business days. 2. Create a Plan Benefit Override RM Task under the specific member’s namethat needs the override for his or her medication. Refer to [Creating a PBO RM Task](#_Creating_a_PBO). |
| A Pharmacy or Member that can NOT wait **up to 3 business days**  **Example:** Member is out of medication, or it is an escalated call. | 1. Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) to for a procedural transfer to enter the override.   **Note:** If Senior Team is unavailable, refer to a supervisor.   1. Wait for the override to be entered then return to the caller and advise the member that he or she can contact the pharmacy to have the claim reprocessed and receive the prescription. |

[Return to High Level Process](#_High_Level_Process)

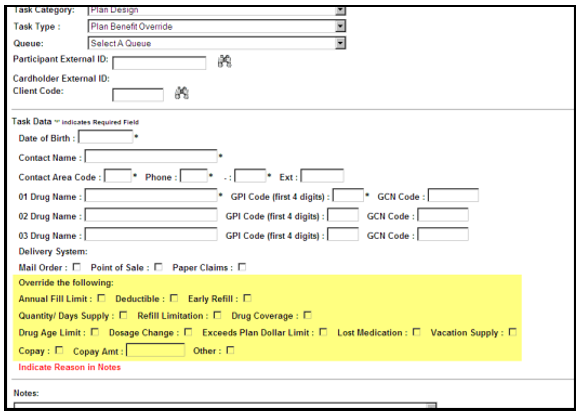
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| Creating a PBO RM Task |

Perform the steps below:

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| **Step** | **Action** |
| **1** | Access the 71816-1 and create a New Resolution Manager Task. Refer to [PeopleSafe - Being a Power House - Submitting Resolution Manager Tasks (019151)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fc5cb591-e18b-40bb-b060-6e62794bb259). |
| **2** | Enter a Plan Benefit Override RM Task as follows:   * **Task Category:** Plan Design * **Task Type:** Plan Benefit Override * **Queue:** CC Internal Processes - Client Support   In the **Notes** field:   * Add the reason why you are submitting the RM Task. (**Examples:** I am not trained to enter PBOs OR Requires AM approval) * Provide the day supply the member has on hand in the task notes to ensure that the task is worked correctly. * Refer to [Override Reference Table](#_Override_Reference_Table) for specific override RM task requirements. |

**For early refills at Mail Order**, proceed to [Early Refills - Mail Order Step 8](#EarlyRefillMailOrderStep8) after entering the PBO RM Task.



**PBO RM Task**

*  Do not create callback tasks when submitting PBO tasks. Callbacks are automatic once the PBO has been completed to advise member if it has been approved or denied.
* Never use the queue PHD-Assist Line Team. Do Not Use if member is in urgent need of Rx TAT is 3 business days. Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) if member is out or almost in need of Rx.

**Note:** The contact and contact number fields are the member’s information.

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| Disaster Relief Override |

* This is to be used only when the Government has issued a State of Emergency (**Example:** Natural Disaster).
* SCC13 is available in 50 states, District of Columbia, and Puerto Rico. This does NOT apply to non-Maintenance medications.
* This refill-too-soon override will apply to all statesincluding District of Columbia and Puerto Rico.
* This applies to all Commercial, Exchange and Medicare Part D plans that have opted to implement the refill-too-soon override.
* We are prepared to implement this for Medicaid members, subject to a client’s determination that the applicable state allows this action.

Refer to [PeopleSafe - Disaster / State of Emergency Process (029795)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=09939158-0c4e-4f2b-a7c1-6d09a38d5231).

**Note:** SCC codes may need to be used in partnership with an override to ensure the claim adjudicates as needed. Submission Clarification Codes (SCC) are added to a claim before submission (or resubmission) to provide further details about the dispensing event. They are used to proactively prevent or override claim rejections.

**Reminders:**

* If the rejected claim is up to 7 days in the past (day 1 would be the date of the call), back-date the override to match the rejected fill date submitted by the pharmacy.
* If the rejected claim is more than 7 days in the past, contact the Senior Team.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Ask the Retail Pharmacy if they have attempted to process the prescription using the SCC-13 code override.   * If no, ask them to have the pharmacy process the prescription using the SCC-13 override code. * If yes, and the pharmacy is stating they are using the SCC-13 override code and the claim is rejecting for 8R (Submission Clarification Code not supported. Proceed to step 2. | |
| **2** | Review the CIF to determine if there is a client specific process. | |
| **If…** | **Then…** |
| No | * Determine if the medication is a Maintenance Medication. (Do not enter DR override for non-maintenance or controlled medications.) * Determine if plan allows for a 90 day fill vs. 30 day fill. (**Example:** Maintenance Choice or Retail 90) * Use code **DR – Disaster Relief** for 30 day or 90 day dependent upon Client Program Offerings. Refer to instructions on [Adding a PBO](#_Adding_a_Plan).   **Icon - Important Information** Calls using the **DR** Override Code should **NOT** be transferred to the Senior Team.    **Reminder:** When using the DR Override, add a note stating: **Disaster Emergency overrides.** |
| Yes | * If CIF states to use override code Disaster Relief (**DR)** and the plan has MChoice Incentivized, PA or QVT issues because of early refill **OR** any other rejection outside of early refill not previously specified, follow your standard transfer process to the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).      * + For **Retail claims**, once override is entered, have the pharmacy reprocess.   + For **Mail Order claims**, refer to [Early Refills-Mail Order](#_Early_Refills_-) to complete the process and release the order. |

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| Nursing Home (LTC) Override |

When a Member is in Long Term Care (LTC), the LTC pharmacy will submit a request for the member’s prescriptions to be refilled upon arrival or soon after.

**Logic:** Members are normally not allowed to bring their own medication to the LTC facility and the designated LTC pharmacy submits a request for a refill, and it is rejected for refill too early forcing them to call in for an override.

 Only the LTC pharmacy can call to request LTC override. LTC override will not be entered if member or anyone else call for LTC override.

 If caller is not the LTC pharmacy **do not** contact Senior Team for assistance.

**Reminders:**

* If the rejected claim is **up to 7 days** in the past (day 1 would be the date of the call), back-date the override to match the rejected fill date submitted by the pharmacy.
* If the rejected claim is **more than 7 days** in the past, contact the Senior Team.

Perform the steps below to enter a LTC Override:

 If CCR is not empowered to enter PBO’s, Contact [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance.

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| **Step** | **Action** | | | |
| **1** | Locate the rejected Claim in PeopleSafe to determine the type of rejection: | | | |
| **If…** | | **Then…** | |
| Maintenance Choice Opt out | | Follow process to opt out each rejected claim. Refer [Maintenance Choice Opt Out (058982)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=20791340-d563-44f1-a4ef-e7d39a495112). | |
| Refill too soon | | Check CIF if Duplicate Therapy PBO is allowed.  Do not proceed with LTC. | |
| **If...** | **Then...** |
| Yes | * 1. Input two overrides: * Input a Duplicate Therapy for refill too soon rejection. * Input an LTC override.   1. Proceed to Step 2. |
| No | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). |
| Annual Fill / Retail Refill Limits Exceeded | | Proceed to step 2. | |
| Annual fill /Retail Refill Limits **AND** Refill too soon | | Enter two overrides:   * Enter a [Duplicate Therapy](#DuplicateTherapy) for refill too soon rejection. * Enter a LTC override (Proceed to Step 2) for annual fill/retail refill. | |
| **2** | Review the CIF to determine if the Override is allowed. | | | |
| **If…** | **Then…** | | |
| Yes | Follow the process in the CIF.   * If CIF allows override with no specific instructions:  1. Determine if the medication is a Maintenance Medication. 2. Determine if plan allows for a 90 day fill vs. 30 day fill. (**Example:** Maintenance Choice or Retail 90). 3. Use code **OA – O/R Period Fills; Not DUR** for 30 day. Refer to instructions on [Adding a PBO](#_Adding_a_Plan). 4. **Set the Expiration date for the end of current plan year.**     If **OA – O/R Period Fills; Not DUR** is not availble, Contact Senior Team for assistance.  If caller is not the LTC pharmacy **do not** contact Senior Team for assistance. | | |
| No | Communicate to the caller that the plan does not allow for the specified override.  **Example:** Icon_-_Conversation2 I apologize, the plan does not allow for the <override being requested>. Your plan will allow you to fill this medication on <steps to follow to obtain Rx>.  Assist the caller with alternative options if needed. Refer to [Prescription Financial Assistance for Members (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c) and [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af).  **Note:** Refer to [Standard Formulary Changes FAQ (114719)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0afb51c4-054b-4d6e-b989-5aeefdb37145) for talking points to address formulary changes, as needed. | | |
| **3** | Once override is entered, have the pharmacy reprocess. | | | |
| **4** | Add detailed notes to call indicating LTC Override has been entered. | | | |

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| Adding a PBO |

Follow steps below to enter (Add) a PBO when requested by a member or authorized party ONLY:

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| **Step** | **Action** | | |
| **1** | On the Main screen, select the line of eligibility in the drop-down box for the member that needs the override. | | |
| **2** | Review to determine if the member has an account requiring senior team to complete override.   * EGWP with STCOB account * NEJE with STCOB account      * If yes, [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the following to the [MED D Senior Team (018060)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d3ca13af-f894-45b7-b16a-f2cb777adf77) to complete the override to ensure the claim will adjudicate correctly. * If no, Refer to [MED D - Early Refills/Plan Benefit Overrides (PBO) - CCR (118356)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57919825-5b90-4db2-b30f-33c6911e4d13) for additional information.   Overrides must be entered on both the primary and secondary account for EGWP plans. | | |
| **3** | Click the **Add PBO**button.  **Note:** Ensure the “All Claims” Delivery System is set on the Main screen. The Add PBO button does not display if “Mail Order” is selected. The Add PBO button displays in retail claims that have been rejected. Click on the Rx number and then Add PBO. | | |
| **4** | Select **National Drug Code - NDC** OR **Generic Product Identifier – GPI** from the GPI / NDC drop-down box.    **Result:** If the PBO screen was accessed from the Prescription Details screen, PeopleSafe transfers the drug details to the PBOscreen.      **Note:** If MOR override, select the binoculars in the NDC field. This displays the Find a Drug screen. Type the medication name in the Drug Name field. Select the radio button next to the correct strength and click **Select**. This displays the PBO screen and populates the GPI/NDC: Code and GPI/NDC: Description fields. | | |
| **5** | Enter a date in the **Effective** and **Expiration** fields.   * If the member is calling for the override, make the PBO valid for five (5) days if the member has not picked up the medication. (Day override is entered is day 1.)   **Example:** If the override were being placed for a 5-day span starting July 1, then the override would be effective July 1-July 5.  **Note:** Early refill requests for vacation supplies can be made up to 30 days prior to departure.   * If the member already paid out of pocket for the medication (rejected claim MUST be visible in system):   + If the rejected claim is up to 7 days in the past (day 1 would be the date of the call), backdate the override to match the rejected fill date submitted by the pharmacy.   + If the rejected claim is more than 7 days in the past, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).   **Example:** If an override is being placed 7 days in the past and the member is calling on July 1, then the override would be effective June 25-July 1: 7/1 = Day 1, 6/30 =Day 2, 6/29= Day 3, 6/28= Day 4, 6/27 = Day 5, 6/26 = Day 6, 6/25 = Day 7. | | |
| **6** | Select the appropriate **Reason** code from the drop-down menu.  **Note****:** Reason codes vary by department/role. If the reason code needed is not available in PeopleSafe contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for further assistance.      **Note:** Calls using the DR Override Code should NOT be transferred to the Senior Team.  Refer to [Override Reference Table](#_Override_Reference_Table) for scenarios related to these override types. (Refer to CIF for plan specific override codes for each client.) | | |
| **7** | Select **P - Plan Sponsor** from the Agent drop-down menu (if not automatically selected). | | |
| **8** | Add Notes in the Plan Benefit Override Notes field then **Save**.  Icon - Important Information **Required:** If a Plan Benefit Override is being input, the Plan Override Notes box is a required field.  Urgent If the user tries to save a new override entry without adding a note, the system will display a new Pop-up message (Please enter Note Message) to remind the user that an override note must be entered.       * Use the following format: <Override Type> per CIF.   **Example:** Vacation PBO per CIF Member leaving international travel 07/01. | | |
| **9** | Enter additional criteria. It should automatically take you to the edit optional fields screen. | | |
| **If…** | | **Then…** |
| For ALL early refills | | Change the Refill Limits and DUR option to **Yes**. |
| Maintenance Choice client and for early fills at Retail (POS) for 83 days’ supply or less | | Change the Maintenance Choice option to **Yes**.  **Note:** Changing the Maintenance Choice flag to “Yes”will prevent the claim from rejecting due to Maintenance Choice day supply limits. For the MChoice field to be changed, the following criteria must be true:   * The plan participates in Maintenance Choice (MChoice). * The drug in question is a maintenance drug. * The days’ supply of the prescription is less than 84.   Changing this field in any other circumstance can lead to client reimbursement errors, copay errors, and the need for manual reprocessing. Be vigilant when changing this field. |
| Maintenance Choice client and for early fills at Retail (POS) for 84 days’ supply or more | | Do not change the maintenance choice flag to “yes” if the days supply is 84 days or greater.   * If the test claim rejects, check the CIF. If the plan allows, you may need to manually update the days' supply field. |
| The Transform Care override is being entered. | | Change the Transform Care Network option to **Yes**.  **Note:**   * Transform Care Network is NOT authorized to be overridden in conjunction with other overrides UNLESS the Transform Care Network override is allowed per the CIF. |
| **10** | Enter any specific criteria according to plan instructions found in the CIF. If no specific requirements, skip this step.   * [CIF specifies override is allowed only for time remaining until the next refill date](#cifspecifiesonlyfortimeremaining) * [CIF allows for an override greater than the typical plan limits](#cifallowsgreaterthanplanlimits) | | |
| **If…** | **Then…** | |
| CIF specifies override is allowed only for time remaining until the next refill date | 1. Ask the member how much medication he or she has on hand. 2. Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to identify the next refill date for the medication OR calculate the refill date based on the client’s utilization rate (Plan Summary screen, shown below).        1. Calculate the day’s supply of medication to authorize by subtracting today’s date from the next refill date, and then subtracting the amount the member has on hand. 2. Under the Range Data section, type in the authorized days’ supply in the **Maximum Days’ Supply** field.   **Example:** If today is 11/5 and next refill date is 11/16 and the member has 3 days’ supply on hand then days’ supply authorized for the override is 8 days. | |
| CIF allows for an override greater than the typical plan limits.  **Example:** Retail days’ supply maximum is 30-day supply, but vacation supplies are allowed up to 90 days’ supply.  **Note:** Mail Order PBO’s: Reach out to the Senior team for PBOs greater than a 90-day supply. | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for a Procedural Transfer to have the maximum day supply edited, as copay adjustment may be needed. | |
| **11** | Click **Save** to save the changes made to the Edit Optional Fields screen.  **Result:** A Save Successful pop-up window displays. | | |
| **12** | Click **OK**. Then click the **BACK** button in the lower right-hand corner.  **Result:** PeopleSafe returns to the Plan Benefit Override Maintenance screen. | | |
| **13** | Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to ensure that the claim pays.   * If claim pays, then override is successful. * If claim continues to reject,correct any errors in entered PBO or contact the senior team.   **Note:** For Annual Fill Limit, reach out to filling pharmacy to ensure claim is reprocessed and paid. | | |
| **14** | Review to determine if any additional actions are needed.   * If the member has an EGWP account, refer to [MED D - Early Refills/Plan Benefit Overrides (PBO) - CCR (118356)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=57919825-5b90-4db2-b30f-33c6911e4d13) for additional information.   Icon - Important Information Overrides must be entered on both the primary and secondary account for EGWP plans.   * For early refills at Mail Order**,** proceed to[Early Refills - Mail Order Step 8](#EarlyRefillMailOrderStep8). | | |
| **15** | Explain next steps.   * If PBO successful, advise the caller on how to obtain the prescription with override in place. * If PBO not successful, explain to the caller why the override could not be completed, lay out alternative solutions, and advise the caller when/if their medication will be eligible for next refill. * Refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c) and [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af) as needed. | | |

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| Updating a PBO |

Follow the steps below to update a PBO:

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| **Step** | **Action** |
| **1** | From the Main screen, select the member that needs the PBO. |
| **2** | Click the **Plan Benefit Override** tab then click the **Radio button** for the PBO that needs to be updated. |
| **3** | Click the **Edit Optional Fields** button.  **Result:** PeopleSafe displays the Plan Benefit Override Maintenancescreen. |
| **4** | * Investigate why the PBO is not working correctly:   + Review flags for all refill too soon overrides to see if they need to be changed to allow the medication to fill (**Example:** Refill Limits or Maintenance Choice to Yes).   + Review NDC/GPI to ensure it is the same as the rejected claim or test claim, including generic vs brand.   + Review dates – the effective date of the PBO must be the same as the date on the claim/test claim.   + Review the days’ supply of the claim or test claim and ensure they are within the guidelines the plan allows. (Are they trying to fill 90 days when plan is limited to 30?) * Then change necessary details on the PBO.   **Examples:**   * Update the Days’ Supply:      * Update the Effective Period(Effective and Expirations Dates):      * For ALL early fills, change the Refill Limits and DURoptions to **Yes**. * For clients with Maintenance Choice, for early fills at Retail (POS) for 83 days’ supply or less, also change the change the Maintenance Choice option to **Yes**.   + Changing the Maintenance Choice flag to “Yes” will prevent the claim from rejecting due to Maintenance Choice day supply limits. * If the Transform Care override is being entered, change the Transform Care Network option to **Yes**.   + Transform Care Network is not authorized to be overridden in conjunction with other overrides UNLESS the Transform Care Network override is allowed per the CIF.     **Note:** Annual Fill Limit is not authorized to be overridden in conjunction with other overrides UNLESS the Annual Fill Limit override is allowed per the CIF.  **Example:** If the plan allows for a vacation override but does not allow for the Annual Fill Limit override, the Refill Limits and Maintenance Choice options should not be changed to Yes in the vacation override. |
| **5** | Click **Save** to save the changes made to the Edit Optional Fields screen. |
| **6** | Click the **Notes** button.  **Result:** A pop-up displays “Notes are not available for override.” Click **OK**, and then add the Note. |
| **7** | Add notes that indicate why the PBO is being updated.   * Use the following format: <Override Type> per CIF.   **Note:** There are limited characters in the Plan Benefits Override Notes field. If more space is needed, save the first note then add another note. |
| **8** | Click **Save** twice.  **Result:** PeopleSafe returns to the Plan Benefit Override Maintenance screen. |
| **9** | Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to ensure that the claim pays.   * If the claim continues to reject, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). |

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| Voiding a PBO |

Follow the steps below to void a PBO:

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| **Step** | **Action** |
| **1** | From the PeopleSafe Main screen, select the member that needs the PBO. |
| **2** | Click the **Plan Benefit Override** tab then click the **Radio button** for the PBO that needs to be voided. |
| **3** | Click the **Void**button.  **Result:** PeopleSafe displays the following pop-up message:    **Note:** If the pop-up message indicates that you cannot void the override, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). If PBO is voided, a note should be added as to why. DO NOT void PBO that has a paid claim. |
| **4** | Click the **OK** button twice then add notes that indicate why the PBO is being voided.  **Result:** A second pop-up message displays to confirm the void and PBO that was VOIDED displays in GREEN. |

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| Early Refills - Mail Order |

Perform the following steps when receiving a request to process an early refill at Mail Order:

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| **Step** | **Action** | |
| **1** | Determine the reason for the early refill request.   * **Travel:**   1. Offer option to mail to an alternate address on refill date indicated in system.   2. Confirm departure date.      + If insufficient time for mail order, refer to plan design for retail options.   3. Confirm return date.      + Determine if current supply on hand is sufficient to meet member's needs.      + **Lost/Stolen/Damaged**      + **Duplicate Therapy**   **Note:** If prescription is expired, discontinued, out of refills, transferred, or if there is a change in directions/dosage/day supply, inform the member they will need a new prescription. Offer to initiate a new Prescription for the Member. Refer to [PeopleSafe - Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). | |
| **2** | Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to confirm the rejection.   * Review the reject codes and/or messaging to confirm a PBO is needed for refill too soon, duplicate therapy, DUR, etce. | |
| **3** | Determine if any of the prescriptions are controlled substances.   * If yes, check the CIF to ensure it’s allowed by the client, and refer to [Controlled Substance Information (C2-C5) (067214)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dc09fa82-fcf6-495a-ae85-50cd798c6815) for more information, such as dispensing regulations and state-specific restrictions. * A disclaimer should be provided to the member that in some instances, the laws in the state where the pharmacy is located may restrict the quantity that the pharmacy is able to dispense. * If override is allowed by the CIF, follow the process in the CIF —usually either a PBO task or escalating to the Senior Team. | |
| **4** | Review the CIF and determine if the client will allow an override for the early refill and if there are any limitations listed for that specific override (limit 1x per year per medication etc).   * Review the Plan Benefit Override (PBO) tab to determine if any overrides have been added. | |
| **5** | Check to make sure there are enough refills on the prescription to cover the amount the member is requesting for the early fill.  **Example:** Member needs a 6-month supply for travel. A typical 90-day mail service prescription would need to have at least 2 refills remaining.   * If yes, proceed to Step 6. * If no,proceed as follows:  1. Advise the member a new prescription will be needed.    * Offer to initiate a New Rx Request or educate on methods for prescriber to send us a new prescription. Refer to [PeopleSafe - Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). 2. Ensure the member has Messaging Preferences (email, phone call or text) set up for their order status, which will send them an alert when their order is received. Refer to [Obtaining an Email Address and Managing Messaging Platform Alerts (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471). 3. Advise the member to call us back once the order is received to initiate the early refill process. | |
| **6** | Determine when the member needs the order. | |
| **If…** | **Then…** |
| Member can waitfor mail order to be processed according to normal turnaround times | Proceed to Step 7. |
| Member cannot wait because they need the medication either immediately or up to 10 days | Offer other alternatives to Mail Order, if applicable:   * Maintenance Choice transfer * Retail fill * Paper claim options |
| Retail is not an option | Discuss expedited shipping options. |
| **Note:** If member requests that the mail order prescription be transferred to retail, be sure to inform member that a new prescription is required for future mail orders. | |
| **7** | Enter the PBO or PBO RM Task.  **Note:** If CIF states SCC-13, code has been turned on for this client, do not enter the PBO or the PBO RM Task and proceed to Step 8.   * If you are trained to enter overrides: Add the override if authorized by the CIF and extend for 5 days to allow the pharmacy sufficient time to process the request (counting the date entered as day 1). Refer to [Adding a PBO](#_Adding_a_Plan), and then proceed to Step 8. * If you are NOT trained to enter overrides, OR the CIF states “AM Contact” to enter a PBO or to contact the Account Management Team: Create a Plan Benefit Override RM Task under the specific member’s name that needs the override for his or her medication. Refer to [Creating a PBO RM Task](#_Creating_a_PBO), document the PBO RM Task number in your notes, and then proceed to Step 8.   Plans may restrict specialty medications to be filled at our pharmacy only. This override will allow the claim to process at a POS pharmacy once more while getting started our Specialty Pharmacy. It is an override that will need to be entered by the senior team.  **Note:** For mail order overrides, CCR will have to enter applicable override manually as there will not be an ADD PBO button on mail order claims like retail claims do. | |
| **8** | After entering the PBO or PBO RM Task, determine if the order has been started.   * If the order is already processing and PBO added, then manage divert. If that doesn’t work, then do an Expedite Order in Process. * If the order isNOT in process (when submitting a task for the PBO, if a same day PBO place via Order Placement), create an Early Refill task: * **Task Category:** Order Placement * **Task Type:** Early Refills – Mail * **Queue:** Order Placement – Participant Services * **Notes:** Document the following in the Notes field: * For all overrides: * Include the**Plan Design PBO task number** * Indicate which **payment method** the member wants to use for the order. * List a reason for the override (**Example:** Member’s medication was thrown away) * For vacation overrides:   + Date plan member is leaving   + Date plan member is returning   + Indicate if the trip is out of the country or within the U.S. | |
| **9** | Advise the member that the request for early refill may take up to two (2) business days, after which the order will be shipped. | |

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| Provider Lock |

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| **Step** | **Action** |
| **1** | Click on View Provider Lock. |
| **2** | View to the Provider or Pharmacy Lock Out and provide the information to the member.  **Note:** If the member needs the medication and cannot go to the allowed pharmacy or provider, check the CIF for override and contact [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) if needed.    **Plan Benefit Override Screen in PeopleSafe**    **New Provider Lock Screen** |

* The Name and Drug links on new “Provider Lock” screen will lead to “Pharmacy Details” and “Drug Details” screens for additional pharmacy/drug information.

Icon_-_Important_Information Once on the “Provider Details” and “Drug Details” screens, the user can click the Back button to return to the “Provider Lock” screen.

* The Effective and Expiration fields indicate the date range of the lock in/out.
* The Qualifier field values indicate:
* Exclude = Exclusive overrides only
* Include = Inclusive overrides only
* The Status field values indicate:
* A = Active
* I = Inactive
* The Type field values indicate:
* A = Always
* P = Paid only
* R = Rejected only
* Blank = no value

**Prescriber and Pharmacy Lock In/Out:**

* Prevents ‘doctor shopping’: A prescriber lock is entered on a member’s profile, locking into a particular prescriber. Claims from any other prescriber will reject.
* Prevents ‘pharmacy shopping’: A pharmacy lock is entered on member’s profile, locking them into a particular pharmacy. Claims from any other pharmacy will reject.
* Can also prevent access to particular pharmacies or prescribers, or even lists of providers.
* Can also be limited to specific drugs. Examples:
* Member A must always fill Drug Y at CVS on Main Street.
* Claims for Drug Z written by Doctor B will always be denied.

Refer to [PeopleSafe - Pharmacy or Prescriber Lock In (Commercial and Medicaid) (014281)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=01616463-5a9d-415c-824d-9d8878d817bd).

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| Override Reference Table |

The following is a list of common override types.

**Notes:**

* Specialty medications can ONLY have overrides done by CCRs for the following reasons: Dosage change, Duplicate Therapy, Lost / Stolen / Damaged, Vacation Supply, Annual Fill Limit, Transform Care.
* Do not submit a PBO RM task if the member is out of medication or will run out of medication before the 3-business day turnaround time. For the task, [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance.

 Overrides entered by a CCR do not change any QVT restrictions on that drug. If a QVT needs to be entered, then [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).

Icon_-_Important_Information Do not create callback tasks when submitting PBO RM tasks. Callbacks are automatic once the PBO has been completed.

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| **Override Type** | **Potential Reject Code(s)/ Descriptions** | **Can CCR Enter PBO? / Reason Code** | **Requirements for PBO** |
| **Annual Fill Limit (AFL) / Retail Refill Limits Exceeded**   * If NDC classified as a maintenance medication and member has exhausted allotted number of 30-day fills, plan requires a 90-day supply. * Member states unaware of fill limit. * Compounds for topical use, but NDC classified as a maintenance medication. Plan requires 90-day supply, but compounds become unstable after 30 days so compound must be filled monthly.   **Note:** Additional scenarios may apply. | 76 - Plan Limits Exceeded  73 - Refills are Not Covered | CCR can enter. Refer to [Adding a PBO](#_Adding_a_Plan).  **Reason Code:**  **RF** - Override Refill Code Edit  **Note:** Some clients do offer Maintenance Choice Opt Out. This allows the member to continue filling prescriptions at other retail pharmacies while keeping the plan’s retail copay & day supply.  Refer to [Maintenance Choice Opt Out (058982)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=20791340-d563-44f1-a4ef-e7d39a495112).  This may be the better solution. | **Requirements:**  Rejected claim must be in the system.  If entering a PBO RM Task:   * **Notes** **field:** Include reason for the override.   “Override the Following” checkbox: Select **Annual Fill Limit (AFL)**. |
| **Disaster Emergency**  Member needs an early refill due to evacuation or medication being lost/damaged in a disaster or emergency.  Clients may opt to Turn ON the SCC-13 code to allow claims to process without the need for an override for some medications.  Use of SCC code will override QTY limits if necessary.  Refer to [Disaster/State of Emergency Process (029795)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=09939158-0c4e-4f2b-a7c1-6d09a38d5231) | 76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | **DR** – Disaster Relief | **Requirements:**  Rejected claim must be in the system.  Government must have issued a State of Emergency.  **Notes** **field:** Include reason for the override.  “Override the Following” checkbox: Select **Annual Fill Limit (AFL)**. |
| **Dosage Change**  Prescriber increased or decreased dosage for previously filled medication supply.  **This is not the same as Dose Optimization.**  Clients may opt to Turn ON the SCC-05 code to allow claims to process without the need for an override for some medications.  Use of SCC code will override QTY limits if necessary. | 76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | CCR can enter. Refer to [Adding a PBO](#_Adding_a_Plan).  **Reason Code:**  **DC** - Dosage Change | **Requirements:**   * PeopleSafe must reflect that there was a dosage change since the last fill of the same medication-- this means an RX on file from POS with higher dosing than the previous Rx. * Rejected claim must be in system.   If entering a PBO RM Task:   * **Notes** **field:** Include the reason for the override and the prior medication information (drug name and dosage) that is causing the DUR / RTS rejection.   “Override the Following” checkbox: Select **Dosage Change** and **Annual Fill Limit (AFL)**. |
| **Dose Optimization**  **Example:** A member is taking two Lipitor 10mg tablets a day and there is a 20mg tablet available the claim may reject. Rejection is based on if the plan has opted to enroll in this program. This is the time a member may need a Dose optimization override. | 76 – Plan Limits Exceeded  79 – Refill too soon  88 – DUR = Drug Utilization Review | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). | **Requirements:**  There must be a higher mg does for a once daily prescribing versus a lower mg dose, which would require multiple daily prescribing for the same medication.  Override must be available in the CIF.  There must be a rejected claim. |
| **Duplicate Therapy**  Member was prescribed TWO medications in same class (first four digits of GPI are the same).  **Examples:** Two strengths of the same medication; Therapy changed to different brand; same eye drops being filled for the other eye.  Member needs one inhaler for home and one for school. | 88 - DUR = Drug Utilization Review | CCR can enter. Refer to [Adding a PBO](#_Adding_a_Plan).  **Reason Code:**  **DT** - Duplicate Therapy | **Requirements:**  Rejected claim must be in system.    If entering a PBO RM Task:   * **Notes** **field:** Include the reason for the override and include the prior medication information (drug name and dosage) that is causing the DUR / RTS rejection.   “Override the Following” checkbox: Select **Early Refill**. |
| **Expatriate Employees**  Member lives or works outside the country and needs a larger supply of medication to take with them than the plan normally allows, even with the vacation overrides allowed.  **Example:** Plan allows two 90-day overrides for vacation supply, but member will be living abroad for 9 months. | 79 - Refill too soon  88 - DUR = Drug Utilization Review | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51)  **UNLESS** member can wait up to 3 business days, then submit a PBO task. Refer to [Creating a PBO RM Task.](#_Creating_a_PBO) | **Requirements:**  Rejected claim must be in the system.  If entering a PBO RM Task:   * **Notes** **field:** Include departure and return dates, the days’ supply needed and where member will be traveling, all drug information and the dosage that is needed, indicate it is an Expatriate override request.   “Override the Following” checkbox: Select **Vacation Supply** and **Annual Fill Limit (AFL)**. |
| **Incorrect Days’ Supply**  Prescription was processed incorrectly with the wrong day supply due to retail pharmacy error. | 79 - Refill too soon  88 - DUR = Drug Utilization Review | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51)  **UNLESS** member can wait up to 3 business days, then submit a PBO task. Refer to [Creating a PBO RM Task.](#_Creating_a_PBO) | **Requirements:**  Rejected claim must be in the system.  Icon_-_Important_Information Contact the pharmacy first to attempt reverse and reprocess before proceeding with override request.  If entering a PBO RM Task:   * **Notes** **field:** Include the reason for the override (date of service for the incorrect days’ supply).   “Override the Following” checkbox: Select **Quantity / Days’ Supply** and **Annual Fill Limit (AFL)**. |
| **Lost/Stolen/Damaged Medication**  Member reports medication lost, stolen, or damaged to an extent that the medication is no longer usable.  **Exception:** For mail order prescriptions reportedly lost or damaged during shipping, refer to [Order Reships (038651)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1d44c6bc-e5ba-4f93-b5ab-0b733ad871d6).  **Defective Medications****:** If medication is Defective (refers to the potential manufacturer’s defect with one or more of the products received by the beneficiary) or the member mentions a medication recall, transfer member to Clinical Counseling Pharmacist.  Clients may opt to Turn ON the SCC-04 code to allow claims to process without the need for an override for some medications.  Use of SCC code will override QTY limits if necessary. | 76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | CCR can enter. Refer to [Adding a PBO](#_Adding_a_Plan).  **Reason Codes:**  **LM** - Lost Medication  **SM** - Stolen Medication  **DM** - Damaged Medication | **Requirements:**  Rejected claim must be in the system.  If entering a PBO RM Task:   * **Notes** **field:** Include how the medication was lost, stolen or damaged.   “Override the Following” checkbox: Select **Lost Medication** or **Early Refill** and **Annual Fill Limit (AFL)**. |
| **Mail Order Delay or Participant Mail in Delay**   * May be used when bridge supply is not an option, and the mail order has shipped but will not arrive in time. * May be used to resolve future fills due to short term retail fills and ensure the mail order arrives on time.   **Note:** Additional scenarios may apply.  **Participant vs Mail Order Delay:**   * **Participant Delay** is if the member failed to order medication in time. * **Mail Order Delay** is if pharmacy failed to complete the order. **Example:** Rx is on the automatic refill program and order was not processed. | 76 - Plan Limits Exceeded | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).  **Reason Code:**  **MO-** Retail Fill Until Mail RX  **Note:** Some clients do offer Maintenance Choice Opt Out. This allows the member to continue filling prescriptions at other retail pharmacies while keeping the plan’s retail copay & day supply.  Refer to [PeopleSafe - Maintenance Choice Opt Out (058982)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=20791340-d563-44f1-a4ef-e7d39a495112). This may be the better solution. | **Requirements:**  Rejected claim must be in the system.  If entering a PBO RM Task:   * **Notes** **field:** Include reason for   the override.  “Override the Following” checkbox: Select **Early Refill**  **Note:** Some clients allow Mail Order Delay overrides but do not allow Participant Mail-In Delay overrides. This is the same override, but the difference may matter depending on the CIF. |
| **Maximum Claim Limit Reject / High Dollar Claim Reject**  Prescription exceeds the maximum dollar limit established by the plan. | 76 - Plan Limits Exceeded | [Creating a PBO RM Task](#_Creating_a_PBO) | **Requirements:**  Rejected claim must be in system.  If entering a PBO RM Task:   * **Notes** **field:** Include the dollar amount for the claim.   “Override the Following” checkbox: Select **Exceeds Plan Dollar Limit**. |
| **Nursing Home / LTC**  Nursing homes in some states do not allow patients to bring existing prescription supplies into facility. New prescription fills are required. This Override allows the nursing homes to fill drugs using their own pharmacies and not have to use the Caremark Mail order. | 76 - Plan Limits Exceeded | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51)  **UNLESS** CCR has access to reason code below  **Reason Code:**  **OA** – O/R Period Fills; Not DUR | **Requirements:**  If entering a PBO RM Task:   * **Notes** **field:** Include all drug information and the dosage that is needed. Include Nursing Home / LTC in the Notes.   “Override the Following” checkbox: Select **Annual Fill Limit**. |
| **Reject 7X**  This is common with opioids—plans often allow 7 days in a 90-day period without a Prior Authorization but rejects if the quantity or day supply exceeds that amount. | 7X - Days’ Supply Exceeds Plan Limitation | Check CIF.  If override allowed, contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) **UNLESS** member can wait 3 business days, then submit a PBO task. Refer to [Creating a PBO RM Task](#_Creating_a_PBO) If the CIF doesn’t state override allowed, follow PA process. | **Requirements:**  Rejected claim must be in system.  Check CIF to see if override allowed. |
| **Reject 85**  This is a system issue—the pharmacy will need to contact their software vendor to correct it. | 85 – Claim Not Processed | No override can be entered. | **Requirements:**  None—no override can be entered. |
| **Retail Fill for Manufacture Back Order**  This override allows a member to fill at retail when a medication cannot be filled at mail due to the medication being backordered.  Check the CIF if out of network pharmacy can be used. | 76 - Plan Limits Exceeded  73 - Refills are Not Covered | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51)  **UNLESS** member can wait 3 business days, then submit a PBO task. Refer to [Creating a PBO RM Task](#_Creating_a_PBO). | **Requirements:**  Rejected claim must be in system.  Confirm with clinical that medication is back ordered, and we cannot fill through MOR. |
| **Specialty Retail Lock Out**  Plans may restrict specialty medications to be filled at our pharmacy only. This override will allow the claim to process at a POS pharmacy once more while getting started with our Specialty Pharmacy. | 76 – Plan Limits Exceeeded  4W – Must Fill through Specialty Pharmacy  R6 - Product/Service Not Appropriate for this location | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). | **Requirements:**  Member needs to fill medication at Specialty Pharmacy.  Override must be available in the CIF.  There must be a rejected claim. |
| **Transform Care**  If NDC classified as a maintenance medication in one of the Specialized Transform Care Networks and member has filled the allotted amount of 30-day fills, plan is now requiring a 90-day supply. | 70 - NDC Not Covered  76 - Days Supply not covered due to program limitations  73 - Fills Exceed the program limitations | CCR can enter. Refer to [Adding a PBO](#_Adding_a_Plan).  **Reason Code:**  **TC** - Transform Care Opt Out | **Requirements:**  Rejected claim must be in system.  Transform Care Network is NOT authorized to be overridden in conjunction with other overrides UNLESS the Transform Care Network override is allowed per the CIF.  If entering a PBO RM Task:   * **Notes** **field:** Include reason for the override.   “Override the Following” checkbox: Select **Annual Fill Limit**. |
| **Quantity Vs Time**  This override is used to override a qty limit.  **Example:** Member is allowed 6 Cialis in 25-day period, or 18 in 75-day period. He fills 6 the first month. Next month he tries to fill 18 but he’s only allowed 12 because he already filled 6. If he fills the 12, next time he will only be able to fill 6. A QVT override would allow him to fill 18 every three months so that he isn’t stuck filling 12, then 6, then 12, then 6, etc.  That’s why these overrides are often called ‘Back on Track’ overrides—it gets the member back on track for filling his meds for the full qty every three months. | Code 76 - Plan Limits Exceeded | QVT – Quantity vs Time | **Requirements:**  Rejected claim must be in the system.  This override isn’t always allowed. Check the CIF. |
| **Vacation Supply**  Member requests an early refill because he or she is going on vacation or leaving the country.  **Note:** Early refill requests for vacation supplies can be made up to **30 days prior to departure**.  **Reminders:**   * Review CIF for drug quantity limits. * Confirm this override is even needed by running a test claim to compare the next available fill date with the member’s departure date. * Compare CIF allowance with duration and Rx days’ supply. * If the CIF does not say otherwise, the location does not matter as long as the duration is allowed.   Clients may opt to Turn ON the SCC-03 code to allow claims to process without the need for an override for some medications.  Use of SCC code will override QTY limits if necessary. | 76 - Plan Limits Exceeded  79 - Refill too soon  88 - DUR = Drug Utilization Review | CCR can enter. Refer to [Adding a PBO](#_Adding_a_Plan).  **Reason Code:**  **V** - Vacation | **Requirements:**  If a Quantity vs. Time (QVT) medication (**Example:** Drug quantity limited to 6 per 25 days), check to see if there is an existing **Prior Authorization** in place or a standard allowance per the CIF. Common drug classes with QVT are sleep aids and lifestyle drugs.  **Note:** For more information see [Quantity Versus Time Limit (QVT) (021696)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=81832d97-2dbd-48dc-b545-8a413e55450d).  Ensure the member only needs a vacation supply for short term, not for an extended period, which may require a PA.  If entering a PBO RM Task:   * **Notes** **field:** Include departure and return dates, days’ supply needed, if member is leaving the country or not all drug information and the dosage that is needed.   “Override the Following” checkbox: Select **Vacation Supply** and **Annual Fill Limit (AFL)**. |
| **Any override type not listed above** |  | Contact the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51)  **UNLESS** member can wait 3-business days, then submit a PBO task. Refer to [Creating a PBO RM Task.](#_Creating_a_PBO) |  |

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| Related Documents |

[PBO Access Request Form (071471)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4247bf5b-112c-4531-adfe-f2ebf43145ae)

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

[Member Initiated Prior Use Exemption (MIPUE) Process for Formulary Exclusions (031682)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d18776b6-c98d-44aa-9872-16be0b7a5d28)

[Standard Formulary Changes (114719)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0afb51c4-054b-4d6e-b989-5aeefdb37145)

[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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