# Compass – Viewing and Advising on Prior Authorization (PA) or Clinical Exception Status

[Viewing ePA Status](#_Toc208311092)

[Advising on Prior Authorization (PA) or Clinical Exception](#_Toc208311093)

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[Related Documents](#_Toc208311096)

**Description:** Provides information on how to view the status of a Prior Authorization (PA) or Clinical Exception, which may allow for a prescription (Rx) to be covered that initially does not meet guidelines in Compass.

 This work instruction only applies to PA or Exception Requests. For what to do after a PA or Exception has been denied, refer to [Compass - Appeals (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426).

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| Viewing ePA Status |

The steps in the following section do not apply to the Medicare D Line of Business.

To view the status of an existing, initiated ePA (electronic Prior Authorization) Request in Compass, perform the following steps:

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| **Step** | **Action** | | |
| **1** | From the **Claims** tab on the Claims Landing page, click **Override/PA History** in the **Quick Actions** panel.  **Note:** The **Expiring Override/PA Flag** () is displayed when the **Override/PA History** tab has a record which will expire in 45 days from the current date. Once the **Override/PA History** hyperlink is clicked, the flag () is visible on the row that contains the expiring override.  **Note: PA Renewals of previously approved Prior Authorizations or Exceptions on file that are set to expire within 90 days.**   * Perform a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) and postdate the test claim one day past the PA expiration date to determine if the medication still requires a PA or Exception. If the medication does still require a PA or Exception, [initiate an ePA request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4) from the View Test Claim Results screen’s row level action for the medication. * If the member does not wish to start **the PA process** today, advise the member to have their prescriber call or fax **renewal requests** up to **90 days** prior to the **expiration date** of the current **Prior Authorization or Exception**. Provide the Expiration date of the PA or Exception if they do not already have it.   **Reminder:** Refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4) assist members with starting a new PA, Exception, or Appeal now, before the old one expires.    **Result:** The Override/PA history screen displays. This screen will display a list of overrides and Prior Authorizations (including ePAs) submitted from Compass in the last 90 days. | | |
| **2** | Review the **Initiated ePA** section of the Override/PA history screen for the Rx in question.  The following information may be identified in this section:   * **Rx #** will populate from the claim the ePA was initiated from in Compass (hovering over the **Rx #** hyperlink displays the vendor’s name “CMM-CoverMyMeds”) * Drug Name * Request Date * Request ID (keycode used to identify requests in CoverMyMeds) * Status:   + Submitted - The request was successfully submitted.   + Pending - The request is currently being reviewed.   + Approved - The request has been approved for coverage.   + Denied - The requested has been denied for coverage.   + Provider Notification Failure - CMM was unable to establish contact with the provider’s office   + Aborted - The request has been cancelled/aborted by Caremark PA department. This can be for reasons such as PA is not required by the plan, PA is not handled by Caremark, duplicate PA received, Specialty PA (not handled by Commercial), etc.   **Notes:**   * Once an ePA request is acted upon by the provider, our PA system should show the status within 1-3 business days. * Three ePA requests are automatically submitted to the provider for a response within 10 calendar days (the initial request and two (2) follow-up requests. If no response is received after this timeframe, you will need to create a new ePA request. * Another ePA request for the same medication cannot be initiated in Compass until 10 calendar days have passed from the initial request.   + If the caller states the ePA request needs to be initiated again due to the provider not receiving the ePA request within the 10 calendar day timeframe, or a request needs to be sent to a different provider with the 10 calendar day timeframe, refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4).   Refer to the following scenarios as needed: | | |
| **If the Status for the Rx is…** | **Then…** | |
| **Approved, Pending, or Denied** | Refer to [Advising on Prior Authorization (PA) or Clinical Exception](#_Advising_on_Prior). | |
| **Not found** | Proceed to the next step and review the PA Status section on the Override/PA History screen to check if the prescriber has submitted a prior authorization (PA) request to us directly.  **Note:** Ensure no “ePA” or “CMM” (Cover My Meds) notes are found in Member Alerts, Member’s Recent Cases, and no PA request was submitted via Support Task. | |
| **Has a status of Submitted** | Verify provider’s name, address, and phone number to determine request was submitted correctly.  **Note:** Ensure no “ePA” or “CMM” (Cover My Meds) notes are found in Member Alerts, Member’s Recent Cases, and no PA request was submitted via Support Task. | |
| **PA Request Failed** | Assist the member with beginning the PA or Exception process. Refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  **Note:**  Ensure no “ePA” or “CMM” (Cover My Meds) notes are found in Member Alerts, Member’s Recent Cases, and no PA request was submitted via Support Task. | |
| **3** | Review the **PA Status** section of the Override/PA history screen for the Rx in question.  **Result:** The screen displays with the following information:   * **ID (a letter signifies this is an appeal)** - Provides the number assigned to the PA by the ASAP system * **Documents** - Information is provided in documents attached to the PA/Appeal/Clinical Exception * **Drug Name/Strength** - Provides the name and strength of the drug needing the PA * **Status** - Advises if request is Open or Closed * **Date Posted** - Advises the date the request was created * **Last Activity** - Describes the last activity (approved, denied, closed, no response, pending) * **Activity Date** - Provides the date of the last activity * **Resolution** - Advises of the decision made on the PA * **Effective** - Provides the date the approval began * **Expiration** - Provides the date the approval expires     **Note:**  Tool Tip information will vary based on the Line of Business. | | |
| **If Prior Authorization is…** | | **Then…** |
| Found for this Rx | | Refer to [Advising on Prior Authorization (PA) or Clinical Exception](#_Viewing/Advising_on_PA,). |
| Not found for this Rx | | Proceed to next step. |
| **4** | Review the **Override History** section of the Override/PA history screen for the Rx in question. The following information may be identified in this section:   * ID * Drug name * Drug Type (NDC/GPI <National Drug Code/Generic Product Identifier>) * Drug ID (NDC/GPI number) * Effective * Expiration * Reason * Last Update   Icon - Important Check the **Drug ID** for the GPI of the medication the member is requesting to determine if there is already a Prior Authorization on file.  **Notes:**   * Prior Authorization and Exceptions not handled by Caremark, and some Exceptions handled by Caremark, will often appear as a long-term override (**Example:** 6 months – 1 year).  Refer to the Client Information Form (CIF) to ensure who handles PA and Exception requests for the plan. * Only PA/Overrides for the selected **Carrier/Account/Group** will display. View all coverages to get a full view of these records. * Most Prior Authorizations are placed for an extended period (**Example:** 6 months – 1 year). * If the Prior Authorization contains wildcard numbers (\*\*) within the GPI, it will cover multiple strengths of the medication. This does not apply to medications with quantity limits. If the member has further questions or concerns regarding prior authorizations for more than one strength of a medication, warm transfer the member to the Prior Authorization Department. See [Phone Numbers (004378)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). * The **Expiring Override/PA Flag** () is displayed when the **Override/PA History** tab has a record which will expire within 45 days from the current date. Once the **Override/PA History** hyperlink is clicked, the flag () is visible on the row that contains the expiring override. | | |
| **If Prior Authorization or Exception is …** | | **Then…** |
| Found | | Refer to [Advising on Prior Authorization (PA) or Clinical Exception](#_Viewing/Advising_on_PA,). |
| **Not** found | | Proceed to next step. |
| **5** | Assist the member with beginning the PA or Exception process. Refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  **Note:** Ensure no “ePA” or “CMM” (Cover My Meds) notes are found in Member Alerts, Member’s Recent Cases, and no PA request was submitted via Support Task. | | |

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| Advising on Prior Authorization (PA) or Clinical Exception |

Perform the steps below:

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| **Step** | **Action** | | | | | | | | | | | |
| **1** | Review Compass to determine the PA or Clinical Exception status.  The following statuses will be listed on the PA Status table in the Override/PA History screen.   * In Progress * Approved * Denied * Auto Closed * Aborted   To determine the Real Time status of the PA/Clinical Exception/Appeal, click the on the ID # hyperlink. | | | | | | | | | | | |
| **2** | Advise to the PA or Clinical Exception according to the information in the **Member Facing Information** section in the PA Status pop-up.    **Refer to the table below for Member Facing Information Statuses:** | | | | | | | | | | | |
| **New** |  | | **New** | | **New** |  |  |  |  | **New** |  |
| [**Initiated**](#Initiated) | [**Pending**](#Pending) | | [**Response Needed**](#ResponseNeeded) | | [**Under Review**](#UnderReview) | [**Not Completed**](#NotCompleted) | [**Approved**](#Approved) | [**Denied**](#Denied) | **Aborted** | **Appeal** | [**Expiration**](#Expiration) |
| To notify the Member when a Prior Authorization request has been sent to their Prescriber by the pharmacy. | To notify the Member that we have received the initial paperwork back from the Prescriber | | To notify the Member that we require additional clinical information and have reached back out to the Prescriber | | Notifying the Member that we have received all paperwork back from the Prescriber and we are making a final decision on the PA | To notify the Member that the Prior Authorization is not completed due to either cancellation or timing out from lack of response etc. | To notify the Member that the Prior Authorization has been Approved | To notify the Member that the Prior Authorization has been Denied | To notify the Member that the Prior Authorization was not completed, and has been Aborted | To notify the Member that we have received their request for Appeal on the Denied Prior Authorization  **Note:** If the status is appeal, Refer to [Compass - Appeals (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426). | To notify the Member that the Prior Authorization that was previously Approved is approaching the Expiration date and they should contact their Prescriber to avoid being out of Medication |
| **Notes:**   * If the status is ‘Not Completed,’ it was canceled by the prescriber or the PA dept. * **Expiration:** If the PA or Clinical Exception has not been initiated OR is expiring, refer to [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c). * If Member Requests Transfer of PA or Clinical Exception from one plan we handle to another plan we handle, refer to the [section](#MemberRequestsTransfer) below. * If a third party who is fully authenticated calls to get information about a PA status, we can release information ONLY IF they can provide the name of the prescription. | | | | | | | | | | | |
| **Prior Authorization or Clinical Exception is Initiated** | | | | | | | | | | | |
| **And the…** | | **Then…** | | | | | | | | | |
| **Member is calling** | | Icon - Important Verify provider’s name, address, and phone number to determine request was submitted correctly.   * **If 2 or less business days since the request was sent to the prescriber:**    I’m happy to share that I see a Prior Authorization request has been started for your medication. The turnaround time for this process is about 3 business days from the time the prescriber responds. Please follow up with your prescriber for the status of your request, or you can see it on our website once approved if it is approved. * **If greater than 3 or more business days since the request was sent to the prescriber:**    + Contact the PA department by calling the number from the reject for details on the pending request. If there is no phone number in the reject, you may call/provide **1-800-294-5979**.     - If the member is satisfied with the information, re-educate on the turnaround time for the process to be completed.     - If the member is not satisfied with the information and wishes to escalate the call, contact the Senior Team for assistance and refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). * **If the caller states that the request is urgent:** For Urgent requests, refer to [Prior Authorization or Clinical Exception Urgent, Duplicate, and Back Dating Requests (059538)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3ab218b-4ed8-445b-955e-eaae57a8a8ed).   Icon - Important If the medication is needed right away, have the member contact their prescriber to either contact the PA dept directly or ask them to promptly respond to the PA request that was sent.  **Note:** Members will be able to see PA statuses from the PA page on Caremark.com except for specific clients. Refer to [Caremark.com – Prior Authorization (070305)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=20ba7691-5b2a-4780-9c3a-f671151ab55c). | | | | | | | | | |
| **If the member...** | | | **Then…** | | | | | | |
| Is using Mail Order | | | Advise the member they will need to call back to restart their order after the PA or Clinical Exception is approved. | | | | | | |
| Is using a local pharmacy | | | Advise the member they will need to call the local pharmacy to fill the Rx after the PA or Clinical Exception is approved. | | | | | | |
| Asks for more information regarding the status of the PA | | | Provide more information to the member by utilizing the Override/PA History hyperlink button in Compass. Refer to [Compass - Override / PA History (050015)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=74e6ea18-d5de-4ba0-9529-5d452f814e93).  Click the Prior Authorization ID # to access the PA Status pop-up.    Review the following fields for more detailed information regarding the status:   * Reason * Status Description * Denial Reason * Diagnosis Code/Description | | | | | | |
| Asks about what we need from the prescriber | | | Provide an explanation to the member:  Icon - Callout Your provider needs to answer a set of questions to determine if the medication prescribed is safe, effective, and appropriate given the options available for your condition. | | | | | | |
| Member asks about alternative medications that would not require a PA | | | * Inform the member that the plan’s formulary contains a list of covered medications, and they can review their plan formulary on our website. * Offer to search for potentially cost-saving alternatives that may not require a PA. Refer to [Compass - Viewing and Running Test Claims for Alternative Rx(s) (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b). | | | | | | |
| **Provider is calling** | | Inform the provider’s office of the status. If additional information is needed, or the provider asks to speak with the [PA Department (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad), provide the phone number from the rejected claim (for future reference) and warm transfer the call. If there is no phone number in the reject, provide **1-800-294-5979**. | | | | | | | | | |
| **Prior Authorization or Clinical Exception is Pending** | | | | | | | | | | | |
| **And the…** | | **Then…** | | | | | | | | | |
| **Member is calling** | | The Prior Authorization or Clinical Exception request has been received from the prescriber. If a completed criteria form is received from the prescriber, the review process for the PA will begin. The request for coverage cannot be processed until we received the completed criteria form back.  Once we process the information sent by the prescriber, updates will be sent via SMS/Email/Digital portal. | | | | | | | | | |
| **Provider is calling** | | Inform the provider’s office of the status. If the provider has questions regarding the criteria form or additional information is needed, or the provider asks to speak with the [PA Department (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad), provide the phone number from the rejected claim (for future reference) and warm transfer the call. If there is no phone number in the reject, provide **1-800-294-5979**. | | | | | | | | | |
| **Prior Authorization or Clinical Exception Response Needed** | | | | | | | | | | | |
| **And the…** | | **Then…** | | | | | | | | | |
| **Member is calling** | | Advise the member that the Prior Authorization department has contacted their prescriber due to additional clinical information that is needed to process the request. **Notes:**   * If the PA is initiated by Customer Care through Compass, after it has been submitted, the status will display Response Needed. * This status could also be due to not enough or missing information was received on the initial response from your prescriber and they never responded to our request for more information.   For more information to try and determine why the request could not be initially processed, click the **View** in the document section of the PA Status table to review the documents associated with the request to determine why more information was needed or what was missing from the initial response from the prescriber.    **Note:** If “Not Available” appears in the **Documents** column, documents are not viewable through Compass. This does not mean there are not documents attached to the PA or Clinical Exception; contact Prior Authorization dept. if needed for more information.   * If no documents are available, a message will display “No Documents available.” * If only one document is associated with the PA or Clinical Exception, the document will display in a new window. * If more than one document is associated with the PA or Clinical Exception, a **View Documents** pop-up will display with hyperlinks to the documents associated with the request. | | | | | | | | | |
| **Provider is calling** | | Advise the prescriber’s office the Prior Authorization department has contacted their office due to additional clinical information that is needed to process the request. Warm Transfer the prescriber’s office to the PA team. | | | | | | | | | |
| **Prior Authorization or Clinical Exception is Under Review** | | | | | | | | | | | |
| **And the…** | | **Then…** | | | | | | | | | |
| **Member is calling** | | If a response was needed from the prescriber, advise the member that we have received all paperwork and/or clarification back from the prescriber. The request for coverage is under review as we are making a final decision on the PA. Once we process the information sent by the prescriber, we will come to a decision and send updates via SMS/Email/Digital portal. | | | | | | | | | |
| **Provider is calling** | | Inform the provider’s office of the status. If additional information is needed, or the provider asks to speak with the [PA Department (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad), provide the phone number from the rejected claim (for future reference) and warm transfer the call. If there is no phone number in the reject, provide **1-800-294-5979**. | | | | | | | | | |
| **Prior Authorization or Clinical Exception is Not Completed** | | | | | | | | | | | |
| **And the…** | | **Then…** | | | | | | | | | |
| **Member is calling** | | Advise the member that there was no response from the doctor regarding the PA or Clinical Exception request.  The Prior Authorization was not completed due to either cancellation or timing out due to no response.  **Note:** Requests are closed after 6 business days without receiving a response from the doctor.  I understand that obtaining your medication is important to you. There was no response received from the provider. Please have your provider contact the Authorization department to re-start the request at <provide PA phone number in CIF, rejected claim or test claim>. | | | | | | | | | |
| **Provider is calling** | | 1. Inform the provider’s office there was no response received regarding the request. Either they did not return the necessary forms, or we did not receive them.   b. Provide ePA option or warm transfer the call to the PA team using the number from the reject. If there is no phone number in the reject, provide **1-800-294-5979**. | | | | | | | | | |
| **Prior Authorization or Clinical Exception is Approved** | | | | | | | | | | | |
| **And the…** | | **Then…** | | | | | | | | | |
| **Member is calling** | | Run a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) for the medication in question to ensure the claim pays.  **Note:** You can select **Create** **Test Claims** from the Override/PA Detail screen.     * If it is accepted, advise the member of the approval and next steps.  **Approved:**  Great news! Your authorization for <medication name> has been approved for <provide date range>. Your medication will now process through your prescription benefit coverage. If there are any changes to the prescription, such as changes in quantity, dose, strength, or formulation, your plan may require a new request for coverage. Please remember to ask your prescriber to renew your authorization again before <provide expiration date>. * If it is denied, assist the member based on the rejection code and reject message. **Example:** A medication may need a PA to be covered on the plan. The PA for coverage is accepted, but the plan has a Quantity vs. Time (QVT) limitation, and the member will need a separate PA to request coverage for the additional quantity beyond what the plan normally allows.   **Notes:**   * If there is a Home Delivery/Mail Order prescription on hold which now shows an accepted test claim, assist the member with ordering their medication. Refer to [Compass - Manage Diverts / Conflicts (Release Order) (056291)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d4ef5860-ef38-4ae9-afd8-a4cb0d1f12e6) to manage divert and release order. * For retail claims, advise the caller to have the pharmacy reprocess the claim. If there is pushback, offer to reach out to the retail pharmacy to ensure the claim goes through for the member. Follow the **Placing the Caller on** Hold guidelines listed in [Compass-Basic Call Handling-Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0). * If the pharmacy is closed, advise the member to contact the pharmacy during normal business hours to have them and re-run the claims with the approved from date listed on the PA or Clinical Exception. | | | | | | | | | |
| **Provider is calling** | | 1. Inform the provider of the result. 2. Advise the provider to have the member contact Customer Care for Mail Order claims; for Retail claims contact the Retail pharmacy. | | | | | | | | | |
| **Prior Authorization or Clinical Exception is Denied** **Note:**  Members or providers may request a free or additional copy of the guidelines/criteria. Contact the [PA Department (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad) for the copy. | | | | | | | | | | | |
| **And the…** | | **Then…** | | | | | | | | | |
| **Member is calling** | | Advise the member of the denial reason provided and the next steps.  **Denied: Icon - Conversation** I absolutely understand that obtaining your medication is important to you. The Prior Authorization has been denied. You will be mailed a copy of the denial letter.  **Note:** Members will only see approved PAs or Clinical Exception on Caremark.com except for specific clients. | | | | | | | | | |
| **If…** | | | **Then…** | | | | | | |
| There is only **one** denial for the PA or Clinical Exception, **and** the denial is due to insufficient information/information not included | | | Icon - Important Best practice is to recommend the provider’s office call the Prior Authorization number within 60 days of the first denial, to update the PA request. This way the PA team can ensure every question is fully answered. Provide the phone number from the rejected claim. Refer to the CIF to determine who handles Prior Authorizations.  If we handle the PA, and there is no phone number in the reject, you may provide **1-800-294-5979**.   * The provider may also submit an ePA request through <https://www.covermymeds.com/epa/caremark/>.   Your Prior Authorization was denied because we are missing some of the required information from the provider. I recommend you contact your provider and ask them to call our Prior Authorization dept, so the provider can understand what was missing in the previous request before resubmitting another.  If the member states the provider cannot call or asks for another request to be sent to their provider, advise the member that you will submit another ePA request to their provider. To initiate the request, refer to [Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4). | | | | | | |
| There is a denial on file for **does not meet criteria**.  OR  There are any 2 denials on file for the same medication within the last 60 days | | | * Review the CIF to determine who handles the Appeals process. * Review the information with the member to begin the Appeals process.   Refer to [Compass - Appeals (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426). | | | | | | |
| Member requests other options | | | You may choose to pay out of pocket for the medication or discuss alternative mediations with your prescriber. If you would like, I would be happy to search for potentially cost-saving alternative that may not require an approval request.  Assist the caller by searching for potential [alternatives (056849)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b). | | | | | | |
| A more thorough explanation as to why the request was denied | | | Review the reason for denial with the member by clicking on the PA status ID in Compass.       * After reviewing the denial reason, to check if more information is available, in the **Documents** column of the PA Status section, click **View** to see if more information is provided in documents attached to the PA/Appeal/Clinical Exception.   **Note:** If “Not Available” appears in the **Documents** column, documents are not viewable through Compass. This does not mean there are not documents attached to the PA/Appeal/Clinical Exception; contact Prior Authorization dept. if needed for more information.     * If no documents are available, a message will display “No Documents available.” * If only one document is associated with the PA/Appeal/Clinical Exception, the document will display in a new window. * If more than one document is associated with the PA/Appeal/Clinical Exception, a **View Documents** pop-up will display with hyperlinks to the documents associated with the request.     If the member requests to speak directly to the PA team for more information on why the request was denied, [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) to the PA team.   * If the CIF indicated that our PBM (Pharmacy Benefits Manager) handles the PA or Clinical Exception process, contact the PA team using the number from the reject code. * If there is no phone number in the reject, you may call **1-800-294-5979**. * If we do not handle the PA or Clinical Exception process, direct the caller to the appropriate place listed in the CIF. | | | | | | |
| Another copy of the Prior Authorization determination letter (Approval or Denial)  OR  A free copy of the actual benefit provision, guideline, protocol, or other similar criteria used to make the decision and any other information related to this decision | | | * Confirm the medication and the member’s mailing address where the letter will be sent. * Contact the Prior Authorization Department to request letter be sent to the member at the preferred address. * Advise the member to allow 7-10 business days to receive the letter. | | | | | | |
| **Caller is inquiring about Opioid DUR Hard reject for above 200 MME/day** | | Refer to [Prior Authorization (PA) or Clinical Exception Opioid DUR Hard Reject for Above 200 MME/Day Job Aid (059540)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1606b044-3af6-43bf-bf37-188c2355eed3). | | | | | | | | | |
| **Provider is calling** | | Determine the following: | | | | | | | | | |
| **If provider asks for…** | | | **Then…** | | | | | | |
| Further review | | | 1. Review CIF to determine who handles the Appeals process. 2. Review the information with the provider to begin the [Compass - Appeals (057981)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2afb93f5-6068-48b7-af0f-e04000f90426) process. | | | | | | |
| A more thorough explanation as to why the request was denied | | | Review the reason for denial with the member by clicking on the PA status ID in Compass.  **Note:** After reviewing denial reason, if more information is required, contact the PA department using the number from the reject if the CIF indicates that our PBM handles the PA or Clinical Exception. If there is no phone number in the reject, you may call **1-800-294-5979**. If we do not handle the PA or Clinical Exception, direct them to the appropriate place listed in the CIF. | | | | | | |
| **Notes:**   * Appeals can be started as soon as denial is received. * If a PA or Clinical Exception is denied due to information provided being incomplete or inaccurate, the provider may contact the PA department at **1-800-294-5979** to correct or update the information without moving forward into the appeal process. | | | | | | | | | |
| **Member Requests Transfer of PA or Clinical Exception from one plan we handle to another plan we handle** | | | | | | | | | | | |
| **And the…** | | **Then…** | | | | | | | | | |
| **Member is calling** | | Do not commit to transferring a PA or Clinical Exception before going through all steps.  Verify if the member was with our PBM when the previous PA or Clinical Exception was approved by performing a name and DOB search. | | | | | | | | | |
| **If…** | | **Then…** | | | | | | | |
| **Yes** | | Verify whether both accounts are under the same client. | | | | | | | |
| **If…** | **Then…** | | | | | | |
| **Yes** | Consult the Senior Team to have them reach out to Account Management for transfer. | | | | | | |
| **No** | The member will need to obtain a new PA or Clinical Exception. | | | | | | |
| **No** | | Review the CIF to see if the client opted to have PAs or Clinical Exceptions transferred over from the previous PBM:   * If yes, follow directions in CIF for how to request transfer if not already in system. * If no, the member will need to obtain a new PA or Clinical Exception.   When not referenced in the CIF, reach out to the Prior Authorization team using the number from the rejected claim to verify. If there is no phone number in the reject, provide **1-800-294-5979**. | | | | | | | |
| **Provider is calling** | | Follow the same steps listed above for when a Member is calling. | | | | | | | | | |

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| Sample Letters |

[Standard Prior Authorization (PA) Approval Member Letter (074662)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c757b2f6-6515-4c6e-9ee1-cda836e3d04f)

[Standard Prior Authorization (PA) Denial Member Letter (074661)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=401a939c-e68d-4c8d-ba86-051b14f15a8b)

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| Turnaround Time (TAT) |

Refer to Turnaround Time section in [Compass and PeopleSafe - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).

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| Related Documents |

[Compass - Initiating an ePA Request (055814)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=18bb86b7-af5b-4f25-af23-9c635e8a0aa4)

[Compass and PeopleSafe - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)

[PAs and Appeals Flow Chart (074015)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=309dc876-14ef-40f4-907d-d604d0125e8e)

[Standard Prior Authorization (PA) Approval Member Letter (074662)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c757b2f6-6515-4c6e-9ee1-cda836e3d04f)

[Standard Prior Authorization (PA) Denial Member Letter (074661)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=401a939c-e68d-4c8d-ba86-051b14f15a8b)

[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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