**PeopleSafe - Status of a Prior Authorization or Clinical Exception**

[Advising Member on Status](#_Toc190698668)

[Advising Prescriber on Status](#_Toc190698669)

[Sample Letters](#_Toc190698670)

[Related Documents](#_Toc190698671)

**Description:** Process for when a member or prescriber calls about the status of a Prior Authorization or Clinical Exception.

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| Advising Member on Status |

 ePA does not apply to Specialty medications or MED D/EGWP members.

Specialty handles its own medication authorization. Refer to **Specialty Prior Authorization, Exception or IBR** section of [Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (007148)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2eb2f621-bbbb-4e0e-9189-6b47d44f42b3).

**Note:** When caller has questions you are unable to answer and wants to speak with the Prior Authorization Department, refer to [When to Contact the Prior Authorization Team (63998)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0bef465-4a70-4ebe-aced-908aad7eec38).

Perform the steps below if the member is on the line:

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| **Step** | **Action** | | | | |
| **1** | Click **Plan Benefit Override**, and then click **View PA Status** to review the status of the prior authorization or clinical exception in PeopleSafe and advise accordingly:   * [In Progress](#MemberInProgress) * [Approved](#MemberApproved) * [Denied](#MemberDenied) * [Auto Closed](#MemberAutoClosed) * [Member Requests Transfer](#MemberRequestsTransfer) * [Expiring](#MemberExpiring)   **Note:** For more information on how to view PA/Clinical Exception Status, refer to [PeopleSafe - Viewing Prior Authorization (PA) and Clinical Exception Information (063994)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1067d7d1-bc06-45aa-8038-9de1a5615388).  **Reminders:**   * If the PA or Clinical Exception has not been initiated **or** is expiring, refer to [Compass and PeopleSafe - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c). * If a fully authenticated third party calls to get information about a PA status, we can release information **only if** they can provide the name of the prescription. | | | | |
| **If the status is…** | **Then…** | | | |
| In Progress | If **2 or fewer business days** since the request was sent to the prescriber:   * Explain that the turnaround time is three (3) business days from the time that the prescriber responds. They can follow up with their prescriber for the status of the request.   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 sent the request. 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 2 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 [PeopleSafe - When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).   If **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).  **Note:** Members can see PA statuses for denied, pending, and no response 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 them they will need to call back to restart their order after the PA or clinical exception is approved. |
| Is using a local pharmacy | | | Advise them 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 View PA Status button in PeopleSafe. Refer to [PeopleSafe - Viewing Prior Authorization (PA) and Clinical Exception Information (063994)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1067d7d1-bc06-45aa-8038-9de1a5615388).  A screenshot of a computer  AI-generated content may be incorrect. |
| Asks about what information is needed from the prescriber | | | Provide an explanation to the member:  Your prescriber 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.  **Note:** If the member states the prescriber has responded, allow the turnaround time of 3 business days from the date the additional information is received to be reviewed. The member can follow up with their prescriber to see the status of the prior authorization. |
| 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, and perform [test claim for alternative medications (031769)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48ee161e-9b5e-4cfb-904f-f80995018f28). |
| Approved | Run a [test claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) for the medication in question to ensure the claim pays.   * 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 [PBM Hold (027255)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b4a37eb-2741-4f6b-ba52-09fa2ec55ccc). * For retail claims, advise the member to contact the pharmacy and re-run the claims with the approved from date listed on the PA or Clinical Exception. | | | |
| Denied | Advise the member of the denial reason provided in PeopleSafe and of the next steps.  **Denied:**  I absolutely understand and 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 may view basic status of prior authorization requests via the Prior Authorization page on Caremark.com.  Not all plans participate in Caremark.com, and some plans require using a different method to log in; review the CIF. | | | |
| **If…** | | | **Then…** |
| There is only **one** (1) denial for the PA or Clinical Exception, **and** the denial is due to insufficient information/information not included | | | Advise the member that a second request may be submitted within 60 days of the first denial.  Your Prior Authorization was denied because we are missing some of the required information from the provider. I will definitely send another Prior Authorization request to your provider. I would recommend you contact your provider and ask them to call our Prior Authorization dept.  **CCR:** Best practice is to recommend the provider’s office call the Prior Authorization number to update the PA request. This enables the PA team to 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/>. |
| There is a denial on file for **does not meet** criteria  OR  There are **two** (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 [Appeals (007339)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cd7126d2-19b7-4743-913c-8e9dd7329c08). |
| Member requests other options | | | You may choose to pay out of pocket for the medication or discuss alternative mediations with your prescriber. If you’d like, I’d be happy to search for a potentially cost-saving alternative that may not require an approval request.  Assist the caller by searching for potential [alternatives (031769)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48ee161e-9b5e-4cfb-904f-f80995018f28). |
| A more thorough explanation as to why the request was denied | | | Review the reason for denial with the member by viewing the denial reason in PeopleSafe.  **Note:** After reviewing the denial reason, if more information is needed, and 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 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.   A screenshot of a computer  AI-generated content may be incorrect. |
| 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 criterion 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 a letter be sent to the member at the preferred address. * Advise the member to allow 7-10 business days to receive the letter. |
| Information 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). |
| Auto Closed | Advise the member that there was no response from the prescriber regarding the PA or Clinical Exception request.  **Note:** Requests are closed after 6 business days without receiving a response from the prescriber. This process does not generate a letter to the member.  I understand that obtaining your medication is important to you. There was no response received from the prescriber. Please have your prescriber contact the Prior Authorization department to re-start the request at <provide PA phone number in CIF/reject claim/test claim>. | | | |
| Member Requests Transfer of a PA or Clinical Exception from one plan we handle to another plan we handle | In PeopleSafe, verify if the member was with our PBM when previous PA or Clinical Exception was approved by performing a name and DOB search.  Do not commit to transferring Prior Authorization or Clinical Exception before going through all the steps. | | | |
| **If…** | **Then…** | | |
| Yes | Verify whether both accounts are under the same client. | | |
| **If…** | **Then…** | |
| Yes | Consult the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) 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, you may call/provide **1-800-294-5979**. | | |
| Expiring | PBO tab in PeopleSafe will appear gold if there is an expiring opportunity. Refer to [ePA Starter - Create an ePA via CoverMyMeds (031201)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=846fc4bb-be62-4f48-aba4-23a47785db6c) to assist member with a new PA request. | | | |

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| Advising Prescriber on Status |

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Perform the steps below if the prescriber is on the line:

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| **Step** | **Action** | | | |
| **1** | Review the status in PeopleSafe and advise accordingly:   * [In Progress](#PrescriberInProgress) * [Approved](#PrescriberApproved) * [Denied](#PrescriberDenied) * [Auto Closed](#PrescriberAutoClosed) * [Member Requests Transfer](#PrescriberMemberRequestsTransfer) * [Expiring](#PrescriberExpiring)   Refer to [PeopleSafe - Viewing Prior Authorization (PA) and Clinical Exception Information (063994)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1067d7d1-bc06-45aa-8038-9de1a5615388).  **Note:** If the prescriber states the request is urgent, 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). | | | |
| **If the status is…** | **Then…** | | |
| In Progress | Inform the prescriber’s office of the status.   * If additional information is needed, or the prescriber asks to speak with the [PA team (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad), provide the phone number from the rejected test claim (for future reference) and [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call. * If there is no phone number in the reject, you may call/provide **1-800-294-5979**. | | |
| Approved | * Inform the prescriber of the result. * For Mail Order Claims: Advise the prescriber to have the member contact Customer Care * Retail claims: Advise the prescriber to have the member contact the Retail Pharmacy. | | |
| Denied | Determine the following: | | |
| **If prescriber asks for…** | **Then…** | |
| Further review and there is only **1 denial** on file for the medication in the last 60 days | * Provide the phone number from the rejected test claim (for future reference) and [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call. * If there is no phone number in the reject, you may call/provide **1-800-294-5979**. | |
| Further review and there are **2 denials** on file for the medication in the last 60 days | * Review CIF to determine who handles the Appeals process. * Review the information with the prescriber to begin the [Appeals (007339)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=cd7126d2-19b7-4743-913c-8e9dd7329c08) process.   **Note:** Appeals can be started as soon as denial is received. | |
| A more thorough explanation as to why the request was denied | Review the reason for denial with the prescriber by viewing the denial reason in PeopleSafe.  **Note:** After reviewing denial reason, if more information is required.   * If the CIF indicates that our PBM handles the PA or Clinical Exception Process, contact the PA department using the number from the reject. * 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 them to the appropriate place listed in the CIF.   A screenshot of a computer  AI-generated content may be incorrect. | |
| Prescriber requests possible alternatives | Assist the caller by searching for potential alternatives, refer to [alternatives (031769)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=48ee161e-9b5e-4cfb-904f-f80995018f28). | |
| More information 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). | |
| Auto Closed | * Inform the prescriber’s office there was no response received regarding the request. Either they did not return the necessary forms, or we did not receive them. * Provide ePA option or [warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the call to the PA team using the number from the reject.  If there is no phone number in the reject, you may call/provide **1-800-294-5979**. | | |
| Member Requests Transfer | **Note:** Do not commit to transferring a Prior Authorization or Clinical Exception before going through all the steps.  In PeopleSafe, verify if the member was without PBM when 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 [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) 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 form the rejected claim to verify. If there is no phone number in the reject, you may call/provide **1-800-294-5979**. | |
| Expiring | PBO tab in PeopleSafe will appear gold if there is an expiring opportunity. Refer to [ePA Starter - Create an ePA via CoverMyMeds (031201)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=846fc4bb-be62-4f48-aba4-23a47785db6c) to assist member with a new PA request. | | |

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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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| Related Documents |

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

[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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