# Compass – Plan Benefit Override (PBO) Guide

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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.

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| Determining if an Override Is Appropriate |

When a member needs medication before they would normally be able to pick up, it is important to determine the best option for the member that is consistent with the plan. Always research to determine if an override is appropriate, or if there is a different option/solution.

Refer to the CIF to determine what the plan allows based on the situation.



 Review the medication to determine if the drug is a controlled substance before entering an override. For more assistance, refer to [Compass - Identifying Controlled Substances (057979)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52472a65-b1b1-4026-b85e-816a2c329d9e).

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 request PBOs.

Complete the steps below:

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| **Step** | **Action** | |
| **1** | Run a [test claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) to determine the rejection. | |
| **If claim…** | **Then…** |
| Accepts | No override is needed. |
| Rejects | * Refer to [Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045). * Proceed to next step. |
| **2** | Ask probing questions and give options/solutions based on the situation.  **Example:** Member has 4 days’ supply of medication remaining and test claim rejection states medication can be filled tomorrow, give member the option to have the pharmacy process the medication tomorrow when a claim will be accepted, rather than use an override (especially if the plan has limitations on overrides, such as 1 per medication per year). | |
| **3** | Refer to the **CIF** or **Benefits Tab** to determine what the plan allows based on the situation.  After reviewing the **Override Section** in the **CIF**, review the entire CIF to identify any specific guidelines related to overrides. | |
| **If…** | **Then…** |
| Allowed | Proceed to next step. |
| Not allowed | Offer Alternatives. Refer to [Compass - Member Low or Out of Medication (063003)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91f73b9d-e568-48dd-9ab4-88cb2654d4c9). |
| **4** | Review the rejection on file for the claim.   * For retail claims:   + A rejection MUST be on file before an override can be placed.   + Determine if a submission clarification code (SCC) code can be entered by the pharmacy instead. | |

 For the following overrides, **DO NOT** enter, instead:

**Commercial & Medicaid:** Contact [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7).

**Med D and EGWP:** Refer to [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7).

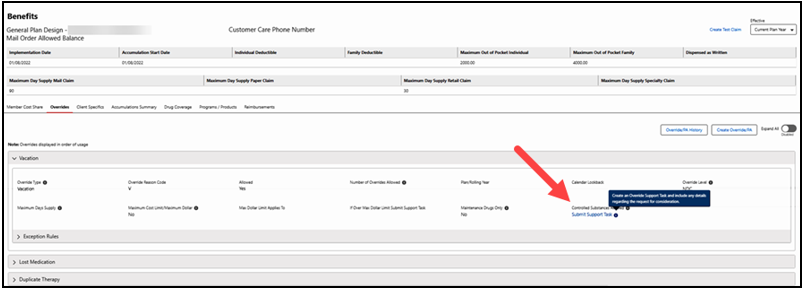
* + Any override for Compounds
  + Copay
  + DAW 9
  + DAW Cost Difference
  + Expatriate Employee
  + Pharmacy Network Exclusion
  + Drug message popup displays that this is a Sensitive Drug (HIV) or (HEP C)
  + Plan Limitations Exceeded Override for Specialty Medications
  + Any other override not listed in the [Compass – Override Reference Table (061701)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=922592a2-b585-40da-9acb-f128fed94c62).

**Specialty** medications **ONLY** allowthe 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

**Notes:**

* Refer to the **Benefits Tab** for GPI tables for Drugs with extended days’ supply and Exclusive Specialty overrides.
* When an override is allowed and a Support Task is required for the override, a Submit Support Task hyperlink and additional help text will display.



**Note:** For scenarios to determine if an override is appropriate, refer to the following scenario tables below:

* [Determine if an Override is Appropriate Scenarios](#_Determine_if_an)
* [Common Override Scenarios](#_Common_Override_Scenarios)
* [Controlled / Sensitive Drug Scenarios](#_Controlled_/_Sensitive)
* [LTC Override Scenarios](#_LTC_Override_Scenarios)

**Reminder:** If an override is not appropriate, or will not resolve the situation, and the member is low and/or out of medication, refer to [Compass - Member Low or Out of Medication (063003)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91f73b9d-e568-48dd-9ab4-88cb2654d4c9).

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| Override Index |

This guide is the only searchable using the Compass PBO document in theSource. All other Compass override documents are hyperlinked in this guide and unsearchable in theSource.

 Agents utilizing Compass may enter any override listed in the [Compass – Override Reference Table (061701)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=922592a2-b585-40da-9acb-f128fed94c62) unless the CIF states CCR Submit PBO Task for Approval, AM approval required for the PBO, or specific notes for the override type state otherwise. Refer to the Submitting a [Plan Benefit Override Support Task](#_Compass_–_Plan) section below. This includes Specialty medication overrides.



**Exceptions:**

* + - * Any override for Compounds
  + Copay
  + DAW 9
  + DAW Cost Difference
  + Expatriate Employee
  + Pharmacy Network Exclusion
  + Any other override not listed in the Override Reference Table

Refer to the table below:

|  |  |
| --- | --- |
| **Title** | **Description** |
| [Compass – Entering an Override When a Prior Authorization is on File (050033)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244) | Process for entering an override when there is a Prior Authorization for the medication already on file. |
| [Compass – Plan Benefit Override (PBO) at Retail (061703)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c603121d-bba5-4ec2-97ab-5b047f1c3ab1)  Review the Override/PA History to determine if a Prior Authorization is on file for the medication that needs an override. If there is, do **not** use this process. Instead, refer to [Compass – Entering an Override When a Prior Authorization is on File (050033)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244). | Steps to take for an override at a Retail pharmacy.  The rejection does **NOT** need to reject for today’s date in order to apply the override (same day rejection).  The Effective Date and Expiration Date of the override auto populates for 5 days. DO NOT edit unless directed by the CIF. |
| [Compass - SCC Override at Retail (061705)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc09207c-b3ff-4c9e-803b-9a00f7038340) | Steps to determine if a SCC code may be used at the pharmacy. SCC codes should be attempted first, if available, before entering an override for a retail prescription. |
| [Compass - Plan Benefit Override (PBO) and Early Refill at Mail Order (061702)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=f90d2d18-98d1-4ba4-b8c1-9138922c065d)  Review the Override/PA History to determine if a Prior Authorization is on file for the medication that needs an override. If there is, do **not** use this process. Instead, refer [Compass – Entering an Override When a Prior Authorization is on File (050033)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5181ac2a-5db5-4f45-9e7d-bb603ba05244). | Steps to place an override for a medication at Mail Order as well as explains the process to create an Early Refill at Mail Order task once an accepted override is on file. |
| [Compass – Editing an Override (043195)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e4c7a718-639f-4797-87c4-2e8c7a7f01db) | Process to edit overrides, including editing an override from the Override Results screen and from the Override History screen. |
| [Compass - Voiding an Override (050045)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88d16b41-cb0d-45e0-86d6-6bd27d559377) | Steps to void an override when needed, such as when an override has been entered incorrectly or is no longer needed and/or was not used. |
| [Compass – Quantity vs. Time (QVT) Override (061704)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ebb38ac4-9984-4685-b0f5-8740059efc94) | Additional information on how to determine if a QVT override is appropriate versus a Prior Authorization. It also includes additional steps to take to enter a QVT override. |
| [Compass – Override Reference Table (061701)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=922592a2-b585-40da-9acb-f128fed94c62) | Additional information for overrides, including explanations of the different types of overrides and when they should be used, additional requirements for each override type, and the reason codes and fields that need to be updated. |
| [Compass – 7x Rejection (061707)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fea6203a-ff9d-4030-9a2f-5f009243fbb2) | Steps to confirm if a medication has a 7x rejection, if an override is appropriate, and then how to enter the override. |
| [Compass – Editing a Specialty Pharmacy Lock PBO (061696)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b23ce43a-3369-45b6-a81b-457ad5d2665e) | Steps to take after entering a Specialty Retail Lock Out Override to edit the override. This is necessary to complete the override and allow the claim to pay. |
| [Compass – Override for Secondary Coverage (061700)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=a5f2957c-56aa-435c-a83a-5e9e59d62c8c) | Additional steps to apply an override to a secondary plan when the member has EGWP, Wrap, and/or a Dual Demo account. |
| [Compass - Override/PA History (050015)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=74e6ea18-d5de-4ba0-9529-5d452f814e93) | Outlines the Override/PA History tab and Override Details screens in Compass. |
| [Compass - Inactive NDC (062782)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1957a718-b3fb-4165-8707-fb495b19cdcf) | Explains how to ensure that our Mail Order pharmacies remain in compliance with states that do not allow the dispensing of inactive NDCs under their state-sponsored plans, clients have requested that a warning and/or a reject message be built for retail/point of sale (POS) claims to notify the retail pharmacies that they are dispensing an inactive NDC. |

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| Determine if an Override is Appropriate Scenarios |

This is a list of common call types and the steps to determine if an override is appropriate, or other steps should be taken. Refer to the table below:

|  |  |
| --- | --- |
| **Scenario** | **Actions** |
| Rejection states M/I (Missing Information) | Use [Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045) to research the rejection and work with the pharmacy to assist them based on the rejection action steps listed to input the missing information. |
| Rejection states drug not covered and/or Prior Authorization required, or other similar messaging.  Rejection codes 70, 75, 76, 606, 608 | An Override is not appropriate. Assist the member with a [Prior Authorization, Exception, or Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).  **Reminder:** Use the drug alternatives tool to determine if another drug can be accepted without a Prior Authorization or would potentially be more cost effective for the member. |
| Rejection states not FDA approved | An override is not appropriate. If the FDA does not approve medication, there is no option for our plans to cover this medication. **Even an appeal cannot over-rule the FDA.** |
| Rejection is for refill too soon | Run a [test claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) for a date after the next time the plan would normally allow this to occur. If the future dated test claim accepts, an override may be appropriate.   * Determine the type of override needed based on the member’s situation. **Example:** Member is on vacation and left their medication at home, member lost their medication, etcetera. * Refer to the CIF to ensure the plan allows that type of override and/or does not have additional requirements. Follow directions in the CIF. **Example:** If the plan allows one (1) vacation override per medication per year and the member has already had one for that medication, override is denied. * If allowed by the plan, enter the override. Refer to:   + [Compass – Plan Benefit Override (PBO) at Retail (061703)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c603121d-bba5-4ec2-97ab-5b047f1c3ab1)   + [Compass - Plan Benefit Override (PBO) and Early Refill at Mail Order (061702)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f90d2d18-98d1-4ba4-b8c1-9138922c065d) |
| Rejection is for 7x | Refer to [Compass – 7x Rejection (061707)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fea6203a-ff9d-4030-9a2f-5f009243fbb2).  If the situation is not appropriate for the override as allowed by the CIF, do **not** enter the override.  **Note:** If a plan has 7x overrides, once an override is used and a medication is filled early, all future fills of that medication will require the member to call us to request a 7x override until the lookback period expired (usually 180 days). |
| Medication was mail order, and member never received the shipment. | Refer to [Compass - Order Reships (057985)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6851523-18b2-4009-90a5-8fd53ee9669b).   * If the member cannot wait for a reshipment review the CIF and assist member with a Mail Order Delay override, if allowed. |
| Member is inquiring about lowering the cost of copay. | This is typically an exception, such as a tier exception (request to have the drug covered at a lower tier) or DAW exception (request to waive the DAW Cost Share). Refer to [Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).   * If the medication is a brand name, it may have a copay card that can be used at retail. For additional options, refer to [Member Cannot Afford Medication (Alternatives and Financial Assistance) (026963)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=62aa67ac-8298-4fa1-b1ba-fda383d15b4c). |
| CIF states the type of override is not allowed on the plan | Override is denied, assist member with other options/solutions. Refer to [Compass - Member Low or Out of Medication (063003)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91f73b9d-e568-48dd-9ab4-88cb2654d4c9). |
| Member’s plan requires maintenance doses after the allowed grace fills.  **Example:** Maintenance Choice | Check the Client Program Offerings link and refer to the CIF to determine if the plan allows an opt out.   * If the plan allows an opt out, assist the member with the [Opt Out (053799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=071ddb5a-1f72-4cef-baa6-5164c512e782). * If the plan does not allow an opt out, check the CIF for an Annual Fill limit override. |
| Member is requesting to get one more fill of their medication before their plan expires, or their new plan year begins | Override is not appropriate. Members should get their medication as allowed by the plan utilization rate and plan limitations. |

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| Common Override Scenarios |

**Note:** Callers or documents may refer to “Refill Too Soon.” All overrides are for refills needed too soon (or before the normal utilization rate allowed on the plan). Select the override appropriate for the specific situation, such as lost medication, dosage change, etcetera.

For types of overrides and examples, refer to [Compass – Override Reference Table (061701)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=922592a2-b585-40da-9acb-f128fed94c62).

Refer to the following scenarios as needed:

|  |  |
| --- | --- |
| **Scenario** | **Action** |
| The member is 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 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 needs the medication right now and will worry about getting a new Rx for a 90-day supply later and the member did not know this would be an issue. If the CIF shows that an AFL override is allowed, enter this override to allow one more 30-day fill to allow time for the member to arrange for a new Rx from their provider.  **Note:** The copay they pay will be for the higher day supply per the plan’s parameters. |
| The pharmacy claim rejects 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. |
| The medication is 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. |
| CIF specifies override is allowed only for time remaining until the next refill date | * Run a [Test Claim (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) to identify the next refill date for the medication. * Calculate the day’s supply of medication to authorize by subtracting today’s date from the next refill date and then subtract the amount the member has on hand.   **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.   * Type in the authorized days’ supply in the **Maximum Days’ Supply** field.      * Copay adjustment may be needed when editing the maximum day supply by the senior team:   + **Commercial & Medicaid:** Contact [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7).   + **Med D and EGWP:** Refer to [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7). * Contact the senior team for mail order PBO’s greater than a 90-day supply:   + **Commercial & Medicaid:** Contact [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7).   + **Med D and EGWP:** Refer to [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7). |
| Member already paid out of pocket for the medication | Rejected claim MUST be visible.   * If the member already paid out of pocket for the medication (rejected claim must be visible in Compass):   + 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. Advise the caller the pharmacy can reprocess the claim on the date the claim was originally processed.   + If the rejected claim is more than 7 days in the past, contact Lifeline Quick Assist. |

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| Controlled / Sensitive Drug Scenarios |

 If there is suspicion of abuse or over-utilization of any medication, call the Senior Team:

* **Commercial & Medicaid:** Contact [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7).
* **Med D and EGWP:** Refer to [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7)

**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.
* An override does not guarantee the pharmacy will fill a medication; often, states and pharmacies have their own regulations pharmacies must follow, and pharmacists have the right to refuse to fill any prescription at their discretion.
* Before pursuing an override for a Controlled Substance, review the CIF to ensure it is allowed by the client. If override is allowed by the client, contact the retail pharmacy, and speak to the pharmacist to ensure that they will be willing to fill the Rx early, as even if we get an override, there is no guarantee the pharmacist will fill it. Document the pharmacy name, pharmacists’ first name and last name initial, then follow the process outlined below, unless specified otherwise in the CIF. Refer to [Compass - Controlled Substance Information (C2-C5) (062851)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=43924b4f-9576-4024-93db-2b594c89bb00). If an override for controlled substance is approved for mail order, A call to Clinical is needed to have a pharmacist review and release the order.

Refer to the following scenarios as needed:

|  |  |
| --- | --- |
| **Scenario** | **Action** |
| Drug is Controlled | The following **Controlled Drug Selected** popup displays, prompting the agent to confirm if the client allows the override.     * Review the **CIF** or **benefits tab** for client specific rules.   + If client allows the override, click **Yes**,and continue to the next Step.   + If the client does not allow, click **No**.   **Result:** After clicking **No**, the **Accept Terms** window displays: |
| Client opted into Sensitive Drug notifications, and Sensitive Drug classes are selected | The following **Sensitive Drug Selected (HIV)** or **Sensitive Drug Selected (HEP C)** popup displays:      Contact [Compass - Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7) to enter the override. |

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| LTC Override Scenarios |

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

**Notes:**

* Often, Long Term Care (LTC) facilities do not allow members to bring in or have shipped in medication. It may be too soon to refill normally, so the LTC facility will request an LTC override to allow them to dispense the medication(s) from their own in-house pharmacy.

 Only the LTC pharmacy can call to request LTC override. **Do not** enter an LTC override if anyone else other than the LTC pharmacy makes the request. Advise the caller to have the LTC pharmacy contact us directly.

 For Nursing Home/LTC override, unless the CIF specifies otherwise, enter the Override using Reason Code **OA Period to Date not DUR**. Refer to [Compass – Override Reference Table (061701)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=922592a2-b585-40da-9acb-f128fed94c62) for more information.

Refer to the following scenarios as needed:

|  |  |
| --- | --- |
| **Scenario** | **Action** |
| 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 LTC pharmacy. |
| Rejected claim is more than 7 days in the past. | * **Commercial & Medicaid:** Contact [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7). * **Med D and EGWP:** Refer to [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) |
| The pharmacy has questions regarding MChoice, and there is an Opt Out option available. | * Override is not appropriate. * Educate the pharmacy on MChoice.   Referto the [Compass - Handling Maintenance Choice Calls (062836)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2caace6e-39db-4411-9813-86cc2997a67d) for who can request an Opt Out. **Do not** enter an Opt Out for non-approved callers. |
| Caller requests an LTC override for longer than default effective/expiration dates. | * **Commercial & Medicaid:** Contact [Compass – Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7). * **Med D and EGWP:** Refer to [Compass MED D - When to Transfer Calls to the Senior Team (062944)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0990aac5-274f-424d-9400-546d74b3fed7) |

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| **Submitting a Plan Benefit Override Support Task** |



Use the guide below to determine how to submit a Plan Benefit Override (PBO) Support Task.

 The PBO Support Task requires approval from the Account Manager (AM).

**Note:** The TAT for this Support Task is 3 business days. If member cannot wait up to 3 business days, contact the Senior Team via [Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7).

Complete the following steps:

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | Review the CIF and determine which of the following is applicable:  **Note:** If unsure if a Plan Benefit Override Support Task is appropriate, reach out to your supervisor or a Senior Representative via [Lifeline Quick Assist (072646)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cfa341fa-0ce1-4886-9650-f3cb112508e7). | |
| **If the CIF…** | **Then…** |
| Specifies that the **CCR Submit RM/PBO Task for Approval** | Proceed to the next step. |
| Specifies **AM contact/AM review required** | Proceed to the next step. |
| Instructions specify that a **Salesforce Case** must be opened to request AM approval | Warm transfer to the **Senior Team** for further handling. |
| **2** | Create a Plan Benefit Override Support Task. Refer to [Compass - Create a Support Task (050031)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=64f18e5a-4d56-4175-ba8e-e7d094e501d6) as needed.   Notes are required; include all relevant information.  **Task Type:**Plan Benefit Override – Care Only  **Complete all required and applicable fields.**  **Notes:**   * Notate “Per CIF, PBO Support Task or AM contact required.” * Must include name and date of the prescriptions. * Must include the **number of days of medication on hand** the member currently has. Offer Alternatives. Refer to [Compass - Member Low or Out of Medication (063003)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91f73b9d-e568-48dd-9ab4-88cb2654d4c9). * Request details.   **Notes Example:** Per CIF, PBO Support Task required. Rx# 123456 Atorvastatin 20mg, Member has 5 days of medication on hand and is leaving for vacation on <date>.  Verify the contact telephone number with the caller by reading it back to them.  **Turnaround time** for the Support Task is indicated in Compass; This turnaround time is for the PBO Task to be worked. This does not include the response time for the AM.    **Note:**A follow-up call to the member will be performed by the RM/Support Task Research Team once there is a response from the AM.  For information on expected turnaround times, refer to [Support Task Types and Uses with Turnaround Time (TAT) (056365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ac2747d-17b4-4986-8c4e-3bdaca477cf1). | |
| **3** | After completing the Plan Benefit Override Support Task information, click **Save** to submit the Support Task. | |

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| Related Documents |

[Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Compass - Identifying Controlled Substances (057979)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52472a65-b1b1-4026-b85e-816a2c329d9e)

**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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