# PeopleSafe - Prescription Verification

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**Description:** Process when a Member calls Customer Care to verify how their mail order prescription was filled. This may include the following prescription details: Medication Name, Medication Strength, Directions, Number of Refills, Plan Member’s Name, Physician’s/Prescribers Name, Quantity/Day Supply, Date Prescription was written, May Sub (DAW) Field, Dosage Form and Language of Counseling Sheets.

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| Clinical Counseling Pharmacist Hours of Operation |

Some situations may require the assistance of a Clinical Counseling Pharmacist. Their operating hours are as follows:

* Monday – Friday: 7 am – 7 pm CT
* Saturday: 7 am – 4:30 pm CT
* Sunday: 9 am – 6pm CT

Contact: **1-866-251-3591**

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| Potential Issues |

At times, a member may be concerned that their prescription was filled incorrectly or received in the incorrect language. Examples of potential issues are described below and should be handled by following the [Prescription Verification Process](#_Various_Work_Instructions).

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| **Issue** | **Description** |
| Incorrect directions | Member states that the directions are incorrect or not what they thought. |
| Incorrect medication | Member states that the medication they received was not what their physician prescribed.  **Note:** The medication dispensed may differ from the originally prescribed medication if an order has undergone a CCM, DAW or TIP intervention. |
| Incorrect number of refills | Member states that the number of refills indicated on prescription received is incorrect.  **Note:** Refills may have been reduced by CCM or TIP conversion. |
| Incorrect plan member name | Member states that the member name on medication received is incorrect. |
| Incorrect day supply or quantity | Member did not receive the day supply or quantity they were expecting. |
| Incorrect prescriber name | Member states that the incorrect prescriber’s name is shown on their prescription. |
| Counseling sheets received in incorrect language | Member states received Spanish counseling sheets and needs English, or vice versa. |
| Incorrect strength | Member state the strength they received is incorrect. |

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| Prescription Verification Process |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Click on the **Order Number** containing theRx Number of the medication in question.  **Result:** The Order Statusscreen displays. | |
| **2** | Confirm the shipping address.   * If address is incorrect, refer to [Address, Email and Phone Number Changes (004566)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a09925d4-9dbb-407b-b579-c17eec6e62ee). * If order is to be shipped to an alternate address, indicate in comments.   **Note:** If the member is questioning how a prescription was filled and indicates information was written on their order form, refer to [View Order Image (025777)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcdeb93d-a0ff-4af4-93c9-b52178710593). | |
| **3** | Click on the **(+)** button for the Rx number to expand or display its Prescription Details. | |
| **4** | Provide the translation information from PeopleSafe to the member.   * Prescribed Drug * Quantity/Day Supply   **Note:** A new prescription is not required if denial 76 - Plan limitations exceeded.   * DAW, TIP or CCM intervention information * Prescription Level Comments that describe how the Rx was filled | |
| **If…** | **Then…** |
| Prescription Details indicate that an intervention has occurred | Prior to transferring call, determine if plan member requires further assistance   * Warm transfer to Clinical Care Services. Refer to [Intervention Changebacks (004594)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=92f4cbaf-20a3-4f57-a897-7b2f9f1b4f36). * Ensure Clinical Care Services are within their [Hours of Operation](#_Clinical_Counseling_Pharmacist). * Warm transfer when the matter is complicated or escalated. These are not appropriate calls for a cold transfer. * Medicare D beneficiaries should continue to be warm transferred. * Review all client specific processes, if applicable. * If after hours, provide plan member with the toll free number and hours of operation. Refer to [Clinical Care Services – Intervention Changebacks within Phone Numbers (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). |
| Additional prescription information, such as Number of Refills, Physician’s Name, Date Prescription was Written, May Sub (DAW) Field are needed | Click on the Rx number to navigate to the **Prescription Details** screen.   * If the information viewed does not resolve the member’s inquiry or they are dissatisfied with the information provided and insist on verifying the prescription image, warm transfer the call to a [Clinical Counseling Pharmacist (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). Provide the pharmacist with the details of the member’s inquiry. |
| If the member is questioning the following items (potential Class 1 errors),   * Medication Name * Medication Strength * Directions * Plan Member's Name * Dosage Form * Medications Appearance (Mixed/Incorrect Medication Dispensed) | * Ensure Clinical Care Services are within their [Hours of Operation](#_Clinical_Counseling_Pharmacist). * Warm transfer the call to a [Clinical Counseling Pharmacist (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). * Warm transfer MED D beneficiaries or when the matter is complicated or escalated. These are not appropriate calls for a cold transfer. * Review client specific processes, if applicable. |
| If after hours, and plan member has a question on a prescription such as:   * Medication Name * Medication Strength * Medications Appearance | Refer to the [After Hours Process](#_After_Hours_Process) section below. |

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| After Hours Process |

Refer to [Clinical Counseling Pharmacist after Hours Process (025502)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=11046d79-1420-4e0e-b312-affdbc9efa9a) when the member is requesting verification of their prescription and the Clinical Care Counseling line is closed.

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| Related Documents |

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

[Customer Care Abbreviations, Definitions, and Terms (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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