# MED D - Senior Team - Copay Adjustment

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**Description:** This document provides the process for the senior team to perform copay adjustments.

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| Reminders |

Copay adjustments may be required for specific process for MED D. This will allow the beneficiary to pay valid amount of coinsurance or copay for medication based on the plan setup or valid Tier.

* Copay adjustments/claims are handled by Senior Team.

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| Process |

Perform the below steps to maintain the prior authorization override for appropriate copay based on the specific work instruction direction or the CIF:

** Copay Adjustments need to be approved per the CIF or specific work instruction detail**.

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| **Step** | **Action** |
| **1** | * Locate the override on the **Prior Authorization** screen. * The Senior Team representative can either page down or **type** in their initials in the field below. * Press **Enter**.     **Note:** The system will query for the override. |
| **2** | * **Type** the number **2** (edit) on the space below the question mark. * Press **Enter**.     **Result:** The **Member Prior Auth Override** screen. |
| **3** | On the **Member Prior Auth Override Details** screen, determine and make necessary edits.   * Change the **Refill Limit** and **DUR** fields to **Yes**. * For **Ophthalmic (eye drops)** – change the 1st 3 GPI flags to “**Y**”.   + GPI List, GPI Period Fills, and GPI Contingent Therapy   For all EGWP plans, **Refill Limit** flag should always reflect **5**.  **Note:** For STCOB plans, enter the override on both the primary and secondary accounts  Update additional Flags as needed based on medication, CIF or specific process notes within the work instructions.  **Examples:**   * Brand = Y. * Generic = N. * OTC   **Notes:**   * If claim rejects for OTC not Covered after override entry adjust OTC Flag to “**Y**”. * If additional flag adjustments to the override is required, based on the standard entry process, see: [MED D - Senior Team - Plan Benefit Overrides](../../../../Downloads/CMS-PRD1-118359" \t "_blank) .   Press **Enter**.  **Result:** The **User** field will populate. |
| **4** | **Press F7=Optn**  **Result: Member Prior Auth NDC Detail Page 1 of 3** screen. |
| **5** | On the **Member Prior Auth NDC** **Detail Page 1 of 3** screen, refer to the CIF to determine the appropriate **Maximum Day Supply** edits on the override.  Press **Enter** to save any updates. |
| **6** | Press **F10=Price.**  **Result:** **Member NDC PA Price** screen. |
| **7** | On the **Member NDC PA Price** screen, type in **A** on the pink line and press **F6**.    **Result:** **Member NDC PA Price Detail** Pop-up box displays. |
| **8** | If **Multisource Code** or **PSC** field is blank, type **A** in each field.    Press **Enter**.  **Result:** **Member NDC PA Price Detail** **Page 1** screen. |
| **9** | On the **Member NDC PA Price Detail Page 1** screen,   * In the **Status** field, type **A** on the pink line. * In the **Generic Indicator Override** field, Type **A** for Brand name drugs or **Y** for Generic drugs. * In the **Copay** field, type the appropriate copay based on the specific work instruction direction or the CIF, next to the copay field. * Type **1** in the **Step** Field.   + Copay figures must be entered exactly as they are listed (**Examples**: Copay listed as $0 will be entered into RxClaim as $0; Co-pay listed as ZERO will be entered into RxClaim as **ZERO**) * Press **Enter** to save. * Type **Y** to **Confirm**. |
| **10** | Press **F12** three (3) timesto go back to the **Prior Authorization Profile.** |
| **11** | On the **Prior Authorization Profile** screen, locate your override and type a **0** on the line of the override and press **Enter**.  **Result:** **Member Prior Authorization Note** screen displays. |
| **12** | On the **Member Prior Authorization Note** screen, type in the reason for the override (i.e. vacation, duplicate therapy, etc.), and notate the fields you made edits on within the override. Explain the edits were made due to existing PA in the system for the medication. Then Press **Enter**.    **Example:** Entered mail order delay override for 14 day max at no cost to member per CIF. |
| **13** | Run a Mock Claim to verify if the copay will adjudicate correctly. |
| **14** | Ask the caller to have the claim reprocessed. |
| **15** | Close the call using closing process and proceed to [Log Activity](#_Log_Activity). |

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| Log Activity |

**Always type required notes in the following format in Activity Log field:**

* **Who:** Name and title of Caller
* **Why:** The reason for the call (**Examples:** Override request, check research, NDC inquiry etc.)
* **What:** What you did to resolve the call (**Examples**: Placed override per CIF, submitted task, provided processing information)

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| Resolution Time |

Real Time

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| Related Documents |

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](../../../../Downloads/CMS-2-017428)

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