**Compass MED D - Blue MedicareRx (NEJE) - Beneficiary is Calling About the Cost of Medication**

[Process](#_Toc196228270)

[Related Documents](#_Toc196228271)

**Description:** This document outlines the process the Blue MedicareRx (NEJE) CCR will follow when receiving a call from a beneficiary regarding the cost of medication.

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| Process |

Follow the steps below:

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| **Step** | **Action** | | |
| **1** | Is there a paid claim located under the claims landing page under Claims? | | |
| **If…** | **Then…** | |
| Yes | Find the prescription details. Refer to [Compass - Search for Prescription and View Prescription Details](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b672049a-a159-42e5-a395-7bdb0ed24fd8).  Proceed to the **next step.** | |
| No | Run a test claim. Refer to [Compass - Test Claims](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe).  Proceed to the **next step.** | |
| **2** | After reviewing financial details of the claim or the test claim, is there a deducible being applied to the prescription? | | |
| **If…** | **Then…** | |
| Yes | Educate the beneficiary that they are responsible for 100% cost until the deducible is met. Provide plans deducible.    Proceed to the **next step.** | |
| No | Proceed to the **next step.** | |
| **3** | Check the formulary list. Refer to [Compass MED D - Digital Evidence of Coverage, Formulary and Pharmacy Directory](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0fc09008-a33e-4f1a-8f7a-ea3727577f22).  Do you have the formulary list? | | |
| **If…** | **Then…** | |
| Yes | Ask the beneficiary to reference **page 6** of the formulary.  Proceed to the **next step.** | |
| No | Submit a request to send a formulary list. Refer to [Compass MED D - Member Resource Orders (Fulfillment Request)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a2c4b14-9101-4e14-8221-652e4e6b5b8a).  Educate the beneficiary that they can view the formulary on website Blue MedicareRx (NEJE)- <http://www.rxmedicareplans.com/>  Proceed to the **next step.** | |
| **4** | Press **CTRL + F** to search for the medication name in the formulary list and to verify what tier the medication is on. | | |
| **5** | Refer to [MED D - Blue MedicareRx (NEJE) 2025 AEP Readiness](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f60711f5-97b8-491f-a9e0-1e73b5ca03fc) and educate the beneficiary on what the cost is for the level of tier the RX is on. | | |
| **6** | Offer to search for alternatives.  Remember to give the alternatives disclaimer. | | |
| **If…** | | **Then…** |
| The beneficiary is okay with the alternative and will talk to their doctor’s office | | Refer to [Compass - Viewing and Running Test Claims for Alternative Rx(s)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b3dbfb44-1c9e-47a6-b8f4-6010f553731b).  Continue to assist the caller.  If there is dissatisfaction, a Grievance must be filed. Refer to [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3). |
| Beneficiary does not want alternatives. | | Proceed to the **next step.** |
| **7** | Let’s check if a Tiering exception can be submitted.  Do NOT state this will be approved. We are submitting a request and can not make any guarantees.  For a brand name drug to be approved to a lower tier there must be a brand name drug in a lower tier used to treat the beneficiary’s condition. **Blue MedicareRx (NEJE)** has no brand name drugs in tier 1 or 2 so any tier exception request for a tier 3 brand name drug would be denied.  5 tier formulary allows for tiering exceptions if a lower tier alternative is available on:   * **Tier 4** medication to move to a **Tier 3** * **Tier 3** medication to move to a **Tier 2** * **Tier 2** medication to move to a **Tier 1**   **3 Tier EGWP Plans:** Tiering exceptions may be approved for Tier 3 medication to move to a Tier 2 only. Tier 3 Medications cannot be approved down to a tier 1.  **1 and 2 Tier EGWP Plans:** Tiering exceptions are not allowed for these plan options. | | |
| **8** | Does the medication tier level qualify? | | |
| **If…** | | **Then…** |
| Yes | | Offer to submit a coverage determination to see if the tier can be lowered.  Refer to [Compass MED D - Initiate Coverage Determinations from Test Claim Results](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd008e39-837c-4493-9708-c98080c448f4). |
| No | | File a grievance if the beneficiary has expressed dissatisfaction with cost of medication. Refer to [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3). |
| **9** | Ask if the beneficiary has any additional questions. | | |
| **If…** | | **Then…** |
| Yes | | * Assist the beneficiary with the additional questions they have. * If the beneficiary has questions about filling out the application for Extra Help, they should visit [www.socialsecurity.gov](http://www.socialsecurity.gov) or call Social Security at **1-800-772-1213**.   Refer to [Compass MED D - Low Income Subsidy (LIS) Informational Overview](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=93b72be9-06a0-4bd8-9177-7f2c41653f9e). |
| No | | Close the call. |

[Top of the Document](#_top)

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| Related Documents |

[Compass MED D - How to File a Grievance in Compass](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1bfd5ce-4c26-4dbb-a851-188f548bdf81)

**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](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Top of the Document](#_top)

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