# Compass MED D - Handling Employer Group Waiver (EGWP) Maintenance Choice Calls

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**Description:** This document provides the process for handling Employer Group Waiver (EGWP) Maintenance Choice calls.

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| High Level Process | |
| 1. [**Determine**](#Step1) **if the client takes part in the Maintenance Choice Voluntary Program.**  * If client offers program, proceed to next step. * If client does not offer program, continue with the call according to current policies and procedures. | **Note:** For information about the Maintenance Choice Program, refer to:   * [Additional Information about Maintenance Choice](#_Additional_Information_about) * [FAQs for Maintenance Choice Voluntary (MCV)](#_Questions_and_Answers) * [FAQs for Maintenance Choice Incentivized (MCI)](#_FAQs_for_Maintenance_1) |
| 1. **Determine type of prescription.**  * If new/expired prescription, proceed to next step. * If 30-Day prescription at CVS Retail Pharmacy, proceed to [30-Day Prescription at CVS Retail Pharmacy](#_30-Day_Prescription_at_CVS Retail P). * If 30-Day prescription at Non - CVS Retail Pharmacy, proceed to [30-Day Prescription at Non-CVS Retail Pharmacy](#_30-Day_Prescription_at). | |
| 1. [**Advise**](#Step2) **beneficiary of the benefits of the Maintenance Choice Program and** [**determine**](#Step2) **if they would like to participate.**  * If yes, proceed to next step. * If no, continue with the call according to current policies and procedures. | |
| 1. [**Determine**](#Step3) **which prescription(s) the beneficiary would like to switch to Maintenance Choice.**  * If new prescription(s), determine where they would like to fill the new prescription and advise accordingly. * If current prescription (s) have expired, beneficiary is already receiving the benefits of the Maintenance Choice program and a new prescription is needed. Advise beneficiary accordingly. | **Note:** Run a Test claim to advise the beneficiary of the drug coverage and copay information |

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| New/Expired Prescription Call |

Perform the following steps:

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| **Step** | **Action** | | | |
| **1** | Determine if the client takes part in the Maintenance Choice Voluntary Program.   * Click the **Client program offerings** hyperlink in the **Quick Actions** panel of the Claims Landing Page. A popup will indicate which version, if any, of Maintenance Choice is offered and other plan design highlights. * Information as to whether the client is offering the Maintenance Choice Program can also be found on the CIF.     **Result:** A popup will indicate which version, if any, of Maintenance Choice is offered, and other plan design highlights.    [Return to High Level Process](#HLP) | | | |
| **If the client…** | | | **Then…** |
| **Offers** the Maintenance Choice Voluntary Program | | | Proceed to the next step. |
| Does **NOT** offer the Maintenance Choice Voluntary Program | | | Continue with the call according to current policies and procedures. |
| **2** | Advise the beneficiary of the benefits of the Maintenance Choice Program and determine if they would like to participate.  The benefits of participating in the Maintenance Choice Program include:   * **Choose where you fill** your maintenance prescriptions either by mail or at CVS/pharmacy. * **Save Money.** You’re paying more than you need, when you fill your long-term medicines every 30 days at your current retail pharmacy.   **Note:** For clients moving to MCV for EGWP, there is a cost savings for the beneficiary if they fill their maintenance medications in 90-day supplies either with our Mail Order or at CVS/pharmacy.   * For clients moving to Retail 90/Voluntary Mail for EGWP, the beneficiary will **only** see savings by using Mail Order. * **Save Time** with no more monthly pharmacy trips. Plus, with Mail Order, your medicine is delivered right to you. That means fewer trips to the pharmacy and the gas pump. * **Save Effort** sincewe will contact your doctor for you for a 90-day prescription of your current medicine.   [Return to High Level Process](#HLP) | | | |
| **If the beneficiary…** | | | **Then…** |
| Wants to participate in Maintenance Choice | | | Proceed to the next step. |
| Does **NOT** want to participate in Maintenance Choice | | | Continue with the call according to current policies and procedures. |
| **3** | Determine which prescription(s) the beneficiary would like to switch to Maintenance Choice.  **Note:** Run a Test claim to advise the beneficiary of the drug coverage and copay information. Refer to [Compass - Test Claims](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe).  [Return to High Level Process](#HLP) | | | |
| **If the prescription…** | **Then…** | | |
| Is new | Ask the beneficiary where they would like to fill the new prescription: | | |
| **If at…** | **Then…** | |
| Mail Order | Follow the same procedures in place today in helping beneficiary with a new prescription through Mail Order.  Refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706) to initiate a new prescription request and to view other options such as mailing a prescription or having a prescriber contact CVS Caremark. | |
| Maintenance Choice Retail Pharmacy (CVS) | Advise the beneficiary to take the prescription to the CVS retail pharmacy. | |
| Is a current Mail Order prescription(s) that has/have expired | * Advise the beneficiary that they are already receiving the benefits of the Maintenance Choice program. * Advise the beneficiary that their current prescription has expired, and a NEW prescription will be needed. | | |
| **If the beneficiary wants to fill at…** | **Then…** | |
| Mail Order | Follow the current processes for submitting a New Order.  Refer to [Compass - Mail Rx Refill/Renewal (Order Placement)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=ad3a7263-725b-4d5d-a2ec-440f1f30d79c). | |
| Maintenance Choice Retail Pharmacy (CVS) | Inform the beneficiary to:   * Have prescriber call in new prescription to CVS retail pharmacy of their choice.   **OR**   * Obtain new prescription from prescriber and go to a CVS retail pharmacy of their choice. | |

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| 30-Day Prescription at CVS Retail Pharmacy |

When speaking to a beneficiary about Maintenance Choice for a 30-day prescription at CVS Retail Pharmacy, the CCR will:

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| **Step** | **Action** | | |
| **1** | * Click the **Client program offerings** hyperlink on the **Quick Actions** panel of the Claims Landing Page to determine if the client is taking part in the Maintenance Choice program. A popup will indicate which version, if any, of Maintenance Choice is offered and other plan design highlights. * Information as to whether the client is offering the Maintenance Choice Program can also be found on the CIF. | | |
| **If the client…** | | **Then…** |
| **Offers** the Maintenance Choice Program | | Proceed to the next step. |
| Does **NOT** offer the Maintenance Choice program | | Continue with the call according to current policies and procedures. |
| **2** | Determine where the beneficiary would like to fill their prescription. | | |
| **If the beneficiary…** | **Then…** | |
| Wants to continue using CVS Retail Pharmacy | 1. Advise the beneficiary about the benefits of filling 90-Days’ supplies as opposed to 30-Days’. If an Opt-Out is available, offer that option.   **Note:**MChoice Voluntary does not require an opt-out.   1. Beneficiary should contact their local CVS Retail Pharmacy to determine if enough refills remain to equal a 90-Days’ supply (**Example:** Three remaining 30 Days’ refills). If not, a new prescription is needed. | |
| Move to Mail Order | Offer to initiate **Mail Order** for the beneficiary, either by:   * Performing a Retail to Mail transfer (refer to [Compass - Prescription (Rx) Transfer](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e31ea60-77a3-4bb9-a619-7340ebf57484)), or * Offering to obtain a new 90 Days’ Rx on behalf of the beneficiary (refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706)). | |

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| 30-Day Prescription at Non-CVS Retail Pharmacy |

When speaking to a beneficiary about Maintenance Choice for a 30-day prescription at a Non-Maintenance Choice Pharmacy (CVS), the CCR will:

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| **Step** | **Action** | | |
| **1** | * Click the **Client program offerings** hyperlink on the **Quick Actions** panel of the Claims Landing Page to determine if the client is taking part in the Maintenance Choice program. A popup will indicate which version, if any, of Maintenance Choice is offered and other plan design highlights. * Information as to whether the client is offering the Maintenance Choice Program can also be found on the CIF. | | |
| **If the client…** | | **Then…** |
| **Offers** the Maintenance Choice Program | | Proceed to the next step. |
| Does **NOT** offer the Maintenance Choice program | | Continue with the call according to current policies and procedures. |
| **2** | Determine where the beneficiary would like to fill their prescription. | | |
| **If…** | **Then…** | |
| Mail Order | Offer to initiate **Mail Order** for the beneficiary, either by:   * Performing a Retail to Mail transfer (refer to [Compass - Prescription (Rx) Transfer](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e31ea60-77a3-4bb9-a619-7340ebf57484)), or * Offering to obtain a new 90 Days’ Rx on behalf of the beneficiary (refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706" \t "_blank)). | |
| Maintenance Choice Retail Pharmacy (CVS) | 1. Advise the beneficiary about the benefits of filling 90-Days’ supplies as opposed to 30-Days’. If an Opt-Out is available, offer that option.   **Note:**MChoice Voluntary does not require an opt-out.   1. Beneficiary should contact their local CVS Retail Pharmacy to determine if enough refills remain to equal a 90-Days’ supply (**Example:** Three remaining 30 Days’ refills). If not, a new prescription is needed. | |
| No CVS in the area | * Apologize for the inconvenience. * Explain Mail Order. * Offer to initiate a new Rx request.   Refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706). | |

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| Additional Information about Maintenance Choice |

**Maintenance Choice** represents an evolution of the existing Mandatory Mail and Incentivized Benefit plans by:

* Allowing the client to receive mail rates and the Plan beneficiary to receive mail copays on 84-90 day fills for maintenance drugs at their CVS pharmacy in addition to using Mail Order.
* Providing a best-in-class beneficiary service and quality CVS in-store process, complementing Mail Order, while reaching those plan beneficiaries who prefer face-to-face interaction.

Maintenance Choice provides participating Plan Beneficiaries the choice of receiving 90-day maintenance prescriptions through the CVS Caremark Mail Order Pharmacy or at a CVS retail pharmacy at the same mail benefits.

Maintenance Choice for all participating MED D clients is voluntary.

**Maintenance Choice Voluntary (MCV):**

* **The beneficiary will not have any refill restrictions or penalties.**

 Maintenance Choice prescriptions are subject to controlled substance state laws.

* When advising a beneficiary about Maintenance Choice options, the CCR should access the [Controlled Substance State Laws Reference Table](https://aetnao365-my.sharepoint.com/personal/reginald_smith_cvshealth_com/Downloads/CMS-2-004776) for **Mail Order** prescriptions to verify if any state restrictions will apply to the medication.

**Note:** A **retail version** of the Controlled Substance State Laws Reference Table is **NOT** available.

* For questions about filling a controlled substance at retail, please note the following:
  + CCRs should provide test claim results to determine plan coverage for the controlled substance.
  + A disclaimer should be provided to the beneficiary that in some instances, the laws in the state where the pharmacy is located may restrict the quantity that the pharmacy is able to dispense.
  + For further information about if a state law will affect the prescription, the beneficiary should consult with their local pharmacy.

**Maintenance Choice Incentivized (MCI):**

* This prescription benefit impacts the following clients:
  + Harley Davidson
  + United Continental Holdings
  + Consol
  + BASF
* Maintenance Choice Incentivized offers two ways for beneficiaries to save on their long-term medication by obtaining 90-day supplies at either CVS/pharmacy or CVS/Caremark Mail Order Pharmacy.

**Note:** When referring to this initiative, the CCR should **not** state Incentivized. This will only be known as Maintenance Choice to the beneficiary.

Refer to [FAQs](#_FAQs_for_Maintenance) section below for further information.

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| FAQs for Maintenance Choice Voluntary (MCV) |

The following questions and answers will assist the CCR with general questions about Maintenance Choice Voluntary:

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| **Question** | **Answer** |
| 1. **Can a script be transferred back and forth several times between Caremark and CVS on the Maintenance Choice program?** | In some instances, this can be done.   * There are several states where transfers are either limited or not allowed. * That would come in to play as well as controlled medication regulations.   **CCR Process Note:**   * Transfers from Mail to Retail are validated by:   + Navigating to the **Mail Rx** tab on the Claims Landing Page,   + Checking the box next to the **Rx#** for each medication the beneficiary would like to be transferred, then   + Clicking **Add to Selected Rx(s)**.   + Once all Rx’s are added to the Selected Rx(s), click the **MChoice Transfer** button.   Refer to [Compass - Maintenance Choice (MChoice) Rx Transfer](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=cc2503bf-62dc-4db1-ad98-abfe4e9e98d4) for additional information.   * Retail to Mail Transfers will be managed from a retail perspective.   **Example:** New York (NY) only allows one refill to be transferred.   * If an original prescription (Rx) had 4 refills at the time of the transfer, only one will be transferred and then the beneficiary will receive notification when the Rx is filled at the NY retail store. |

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| FAQs for Maintenance Choice Incentivized (MCI) |

The following questions and answers will assist the CCR with general questions about Maintenance Choice Incentivized.

**Note:** When referring to this initiative, the CCR should **not** state Incentivized. This will only be known as Maintenance Choice to the beneficiary.

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| **Question** | **Answer** |
| 1. **What is Maintenance Choice (Incentivized)?** | Maintenance Choice offers two ways for you to save on your long-term medication by obtaining 90-day supplies at either CVS/pharmacy or CVS/Caremark Mail Order Pharmacy. |
| 1. **This is the first time I’m hearing about this. Why did my plan not tell me about this?** | This information was included in the plan Annual Notice of Change (ANOC) and Evidence of Coverage (EOC). |
| 1. **What would happen if I don’t fill my medications at CVS/Pharmacy or CVS Mail Order Pharmacy?** | * You can continue to fill your medications at other pharmacies. * However, if you fill at CVS Pharmacy, you will have the lowest copay. |
| 1. **What is the benefit of Maintenance Choice?** | * This Maintenance Choice Program may help lower your costs for maintenance medications. * Your plan allows **two** 30-day fills of long-term medication at **any network** pharmacy.   **Exception:** For United Continental Holdings, beneficiaries are allowed **three** 30-day fills   * However, if you continue to get 30-day fills after that, you may have a higher copay. * To obtain the lowest copay, you can choose 90-day supplies through CVS/Caremark Mail Order Pharmacy or CVS retail pharmacy. |

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| Related Documents |

Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in the appropriate work instruction linked to from [Compass MED D - Grievances Index](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3).

**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://aetnao365-my.sharepoint.com/personal/reginald_smith_cvshealth_com/Downloads/CMS-2-017428)

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