# Compass MED D - Member Specific Utilization Management Edit (MSUME)

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| Reminders |

If Prescriber is not satisfied, document the call and Transfer to the **Senior Team**.



* If Beneficiary received [PARB letter](#Member_PARB), Transfer to the Senior Team.
* If Beneficiary received [ARB letter](#Member_ARB) **OR** would like to [file an Exception](#Member_Exception), refer to [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-061745).
* If Beneficiary [does not want to file an Exception](#Member_NoException), address other benefit questions and [close the call](#MemberStep2).

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| Overview |

In accordance with the 2013 Call Letter requirements for Improving DUR Controls, the Member Specific Utilization Management (MSUME) edit was created for **controlled substances**.

**Note:** CMS allows for other, non-controlled medications to be restricted with an MSUME edit and the same lettering and exceptions processes apply to these, as well.

* The MSUME is a specific type of utilization management edit that is identified by the MU code in the **Override/PA History** screen in Compass.
* It is different from other prior authorization (PA) or exception requests.

This edit will provide Safety and Monitoring enhancements and is implemented for all beneficiaries.

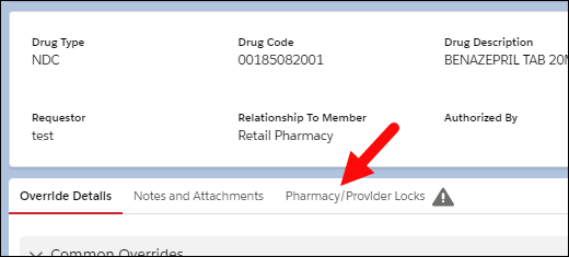
* These beneficiaries, along with specific prescribers of **controlled substances** for those beneficiaries, will be receiving letters detailing the review of the patient case.
* PBM physicians will be working with beneficiaries and prescribers to verify case information and determine the best and safest therapy for the beneficiary.
* These letters will be sent to beneficiaries and prescribers notifying them of any restrictions put in place.

**Note:**

* The icon displays on the **Pharmacy / Provider Locks** tab indicates a lock is present.



* As with any other edit, the beneficiary will have the right to request an exception.
* The actual edit placed in **Compass** with reason code **MU**, Override ID will begin with **SF** and will display on the **Override/PA History** screen. The specific provider or pharmacy lock can be seen by selecting the **Pharmacy/ Provider Locks** tab.



When receiving a call from the beneficiary regarding this edit, research the claim, determine if the **MU** edit is in place and assure the beneficiary this edit will **NOT** affect their other Medicare Part D benefits.

Below are the **Member Alert/ Mail Order Alert** seen in **Compass**:

PLEASE READ-Member-Specific Utilization Management Edit has been implemented. Controlled substance restrictions on the beneficiary’s file have been placed Per: CMS guidance and are effective 01/04/2018. Please do not alter any overrides on file that have a MU reason code and/or have an ID that begins with MSUME. If the beneficiary calls and is upset after receiving a notification letter, please advise that they have the right to an Appeal. Please refer to the Med-D Care – Coverage Determination/ Appeal (New or Status update) work instructions in theSource.

**Potentially At Risk Beneficiary**

PLEASE READ-This member has been identified as Potentially At Risk Beneficiary (PARB) for opioid drug use per CMS guidance. Client specific customer care will warm transfer their PARB members to CVSH customer care. A Notification Letter was recently sent to this member informing them that a Member-Specific POS Utilization Management Edit (MSUME) may be attached to their file in the future and may include any of the following restrictions for controlled substances: Medication Lock; Pharmacy Lock; and/or ProviderLock. If the beneficiary calls in with questions regarding the Potentially At Risk Notice Letter, please refer to the Med-D Care MSUME work instructions in theSource for obtaining appropriate information.

**At Risk Beneficiary**

PLEASE READ- Member-Specific POS Utilization Management Edit (MSUME) has been implemented. Specific restriction(s) for controlled substance use have been placed on this beneficiary’s file per CMS guidance. Please identify which restriction type(s) the member is calling about (Medication Lock; Pharmacy Lock; and/or ProviderLock). Do not alter any overrides on file that have a MU reason code and/or have an ID that begins with MSUME. If the beneficiary calls in regarding a Notification Letter or has questions regarding any active restrictions currently in place, please advise that they have the right to a Coverage Determination/Appeal. Please refer to the Med-D Care – Coverage Determination/ Appeal (New or Status update) work instructions in theSource.

Letter Samples:

* [5246\_48501A - CARA ARB Alt 2nd Pharmacy Notice](TSRC-PROD-023300)
* [5246\_48501B - CARA ARB Alt 2nd Prescriber Notice](TSRC-PROD-023301)
* [5246\_48501C - CARA PARB Pharmacy Notice](TSRC-PROD-023302)
* [5246\_48501D - CARA PARB Prescriber Notice](TSRC-PROD-023303)
* [5246\_48501E - CARA Pharmacy Inquiry](TSRC-PROD-023304)
* [5246\_48501F - CARA Beneficiary Notice](TSRC-PROD-023305)
* [5246\_48501G - CARA Prescriber Inquiry](TSRC-PROD-023306)
* [5246\_48501H - CARA Alt 2nd Beneficiary Notice](TSRC-PROD-023307)
* [5246\_48501I - CARA ARB Beneficiary Notice](TSRC-PROD-023308)
* [5246\_48501J - CARA PARB Beneficiary Notice](TSRC-PROD-023309)

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| Potentially at Risk or At Risk Beneficiary |

The Comprehensive Addiction and Recovery Act (CARA) addresses the overutilization of Frequently Abused Drugs (FADs) (i.e., controlled substances such as opioids and benzodiazepines) by placing the following restrictions:

* Medication - A limit will be placed on the amount of opioid or benzodiazepine medications that will be covered.
* Pharmacy - Beneficiary will be required to fill all opioid or benzodiazepine medications from one pharmacy.

**Note:** A chain pharmacy is considered one pharmacy.

* Prescriber - Beneficiary will be required to obtain prescriptions for opioid or benzodiazepine medications from one prescriber.

When a beneficiary is identified as Potentially At Risk Beneficiary (PARB) or an At Risk Beneficiary (ARB) Status, they will receive a letter. The two letters that will be sent to beneficiaries who over utilize these medications are:

* **Potentially At Risk (PARB) Status**
  + The first letter the beneficiary will receive informs them they are a Potentially At Risk Beneficiary (PARB) and are at risk of having specific restrictions put in place.
* **At Risk Beneficiary (ARB) Status**
  + The second letter the beneficiary will receive informs them they are an At Risk Beneficiary (ARB) and specific restrictions have been put in place.

Member Alerts along with the letter ID can be used to identify the beneficiary’s status.



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| Prescriber Calls |

When receiving a call from a prescriber regarding an MSUME the CCR will:

**THIS SECTION IS FOR PRESCRIBER CALLS! THE BENEFICIARY SHOULD NEVER BE REFERRED TO THE CONTACT INFORMATION IN THIS SECTION.**



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| **Step** | **Action** | |
| **1** | * Thank you for calling us today. * As the letter you received explained, we are required by federal law and regulations, as well as by CMS, to identify patterns of inappropriate or medically unnecessary care to ensure the safety of our beneficiaries. * To meet this requirement, as well as to ensure the safety of our beneficiaries, we have implemented a drug utilization review to identify unusual medication utilization patterns. | |
| **If the prescriber (or their representative) …** | **Then…** |
| Would like file an Exception to the current restrictions | Refer to the [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-061745) work instruction. |
| Does Not want to file an Exception | Proceed to Step 2.  If the prescriber (or their representative) is still not satisfied document the call as noted in **Step 2** and transfer to the Senior Team. Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524).  Senior Team will send an email to:   * SilverScript: [ESMSMSUMEOPS@CVSHealth.com](mailto:ESMSMSUMEOPS@CVSHealth.com) and [MedicareRDUR@aetna.com](mailto:MedicareRDUR@aetna.com) * All other clients: [ESMSMSUMEOPS@CVSHealth.com](mailto:ESMSMSUMEOPS@CVSHealth.com)   **The email should include:**   * Prescriber’s name * Prescriber’s contact number * Beneficiary ID * Beneficiary name (First and Last) * Description of the prescriber’s need for further contact   Advise the caller they will be contacted regarding this issue within 3 business days. |
| **2** | Ask if there are any other benefit questions. | |
| **If…** | **Then…** |
| Yes | * Address any benefit issues. * Document and close the call according to current policies and procedures.   + Refer to [Compass - Call Documentation](TSRC-PROD-050011) and [Compass MED D - Call Documentation Job Aid](TSRC-PROD-061758).   **CCR Process Note:** Include the following details within the notations:   * Name of the caller * Prescriber’s name * Call regarding CMS Member Specific Utilization Management Edit (MSUME) for Controlled Substance Utilization Management. * Indicate if the caller was transferred to the Clinical Services Department.   **Resolution Time:**  Normal claims processing time |
| No | * Document and close the call according to current policies and procedures.   + Refer to [Compass - Call Documentation](TSRC-PROD-050011) and [Compass MED D - Call Documentation Job Aid](TSRC-PROD-061758).   **CCR Process Note:** Include the following details within the notations:   * Name of the caller * Prescriber’s name * Call regarding CMS Member Specific Utilization Management Edit (MSUME) for Controlled Substance Utilization Management. * Indicate if the caller was transferred to the Clinical Services Department.   **Resolution Time:**  Normal claims processing time |

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| Beneficiary Calls |

When receiving a call from a beneficiary regarding an MSUME the CCR will:

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| **Step** | **Action** | |
| **1** | * Thank you for calling us today. * A clinical pharmacist has reviewed your prescription history and has identified a potential concern regarding medication(s) that have been prescribed. * For your safety, Federal law and regulations, as well as by the Centers for Medicare and Medicaid Services (CMS), require us to check to see if you might be receiving inappropriate or medically unnecessary care. * We communicated with your doctor(s) who are prescribing the medication(s) identified in this clinical review to ensure the best treatment for you, and most importantly, to make sure that it’s safe for you. * This has resulted in specific restrictions as noted in the letter that you received. * Please be assured that this will in no way affect your other Medicare Part D benefits.   Proceed to Step 2. | |
| **If the beneficiary…** | **Then…** |
| Received a Potentially At Risk Beneficiary (PARB) letter (pending restrictions) | Transfer to the Senior Team. Refer to [MED D - When to Transfer Calls to the Senior Team](TSRC-PROD-018060).  Senior Team will send an email to:   * SilverScript: [ESMSMSUMEOPS@CVSHealth.com](mailto:ESMSMSUMEOPS@CVSHealth.com) and [MedicareRDUR@aetna.com](mailto:MedicareRDUR@aetna.com) * All other clients: [ESMSMSUMEOPS@CVSHealth.com](mailto:ESMSMSUMEOPS@CVSHealth.com)   **The email should include:**   * Reason for call * Any alternate names of prescriber(s) and/or pharmacy(ies) the beneficiary would like to use (include the name(s) and address(es)) * Any other relevant information pertaining to the letter * Beneficiary ID * Beneficiary name (First and Last)   **Result:** Advise the callerafter review, the beneficiary will receive an acceptance or rejection letter before, on, or after 14 days. |
| Received an At Risk Beneficiary (ARB) Letter | Refer to the [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-061745) work instruction. |
| Would like file an Exception to the current restrictions | Refer to the [Compass MED D - CCR - Coverage Determinations and Redeterminations (Appeals)](TSRC-PROD-061745) work instruction. |
| **DOES NOT** want to file an Exception | Proceed to the next step. |
| **2** | Ask if there are any other benefit questions. | |
| **If…** | **Then…** |
| Yes | * Address any benefit issues. * Document and close the call according to current policies and procedures   + Refer to [Compass - Call Documentation](TSRC-PROD-050011) and [Compass MED D - Call Documentation Job Aid](TSRC-PROD-061758).   **CCR Process Note:** Include the following details within the notations:   * **Called regarding CMS Member Specific Utilization Management Edit (MSUME)**. * Indicate if the caller was transferred to the Clinical Services Department.   **Resolution Time:**  Normal claims processing time |
| No | * Document and close the call according to current policies and procedures   + Refer to [Compass - Call Documentation](TSRC-PROD-050011) and [Compass MED D - Call Documentation Job Aid](TSRC-PROD-061758).   **CCR Process Note:** Include the following details within the notations:   * **Called regarding CMS Member Specific Utilization Management Edit (MSUME)**. * Indicate if the caller was transferred to the Clinical Services Department.   **Resolution Time:**  Normal claims processing time |

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| FAQs |

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| **Question** | **Answer** |
| Why or how was I targeted for this program? | * A team of clinical pharmacists and doctors reviewed your records for unusual dosages or patterns of use for specific medications, including controlled substances. * Your case was selected as one that closely matches criteria set forth by CMS for case review. |
| What is going to happen as a result of my case being reviewed? | * Doctors from PBM Part D Services have, or attempted to, contact your doctor to review your current treatment. * If changes to your treatment were required to ensure you are receiving medically necessary and safe drug therapy, you will have received a letter with details about those changes. |
| What if I disagree with any changes being made? | * You are encouraged to discuss any changes with your provider. * Additionally, steps you can take to appeal any changes were provided to you prior to any changes being made. |

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| Related Documents |

Grievance Standard Verbiage (for use in Discussion with Beneficiary) section in [MED D - Grievances Index](TSRC-PROD-007931)

**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](CMS-2-017428)

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