# Compass MED D - Return Order for Refund - Copay Credit (Formerly Mail Tag Request) CCR & Senior Process

[General Information](#_Toc149824020)

[Beneficiary Requests to Return Prescription/Order](#_Toc149824021)

[FAQs for Electronic Mail Tags](#_Toc149824022)

[Senior Team ONLY - Requesting Mail Tag](#_Toc149824023)

[Resolution Time](#_Toc149824024)

[Mail Tag Package Samples](#_Toc149824025)

[USPS Guidelines for Mailing a Package](#_Toc149824026)

[Related Documents](#_Toc149824027)

**Description:** This document provides instructions for when a beneficiary requests to return an order received through mail order.

|  |
| --- |
| General Information |

Icon - Important **Do not commit to issuing a mail tag. Clinical Care Services Clinical Counseling, the Senior Team, or higher, will make the final decision.**

**Note:** If a return is approved, it must be unused and include the original Rx label and in the original packaging.

**The following are not eligible for Credits due to prescribing errors:**

* Specified Clients. Check the CIF.
* Any prescription billed under Medicare B
* Most prescriptions billed under Medicare D.

**Note: Check the CIF for possible alternatives or client specifics.**

This document provides instructions for when a beneficiary requests to return an order received through mail order. This may be due to a number of reasons including, but not limited to:

* Medication damaged
* Order/medication shipped to incorrect person due to the fault of the CCR or mail order
* Beneficiary received multiple orders for same prescription
* Labels on medications received were switched
* Order billed under another beneficiary’s account
* Beneficiary deceased
* High Copay - Only if beneficiary was not informed and has no history of paying high copay previously.
* PBM Non-Conformance
  + Errors in translating the Rx
  + Service errors, such as order placed in error by the pharmacy, beneficiary canceled Auto Refill/Renewal, but still received order
* CCR Test Claim error, with or without price disclaimer, etc.
* Literature shipped to incorrect person (NOT any medications)
* Beneficiary received prescription that was presented to the pharmacy directly from the prescriber (via ERX, Phone or Fax receipt modes) or was part of the Automatic Refill Program and beneficiary did not provide consent for shipping (i.e., Rx was excluded from consent requirement via CMS guidelines). Refer to [Compass MED D - Automatic Refill Program (ARP)](TSRC-PROD-061907).

**For many scenarios, Customer Care will transfer to Clinical Care Services - Clinical Counseling (CCS) to verify a prescription and to rule out translation errors.**

For further information on Electronic Mail Tags, refer to [FAQs for Electronic Mail Tags](#_FAQs_for_Electronic).

Icon - Important If an order was non-beneficiary initiated and consent was not provided, a mail tag request should be processed. This supersedes every other scenario. Refer to the CIF for client specific processes on expressed consent.

[Top of the Document](#_top)

|  |
| --- |
| Beneficiary Requests to Return Prescription/Order |

Perform the following steps:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Step** | **Action** | | | |
| **1** | Select the order number located within the **Mail Order History** tab. | | | |
| **2** | Use the chevron to open the order and verify the status of the order.   * If order has not shipped and can be cancelled, refer to [Compass - Cancel or Remove a Prescription (Rx) from an Order](TSRC-PROD-056363). | | | |
| **3** | Determine the reason the beneficiary/caller is requesting to return the medication.   * Determine who initiated the order by viewing the **Received Mode** in the **Mail Order History** tab. * If the beneficiary/caller has questions on Electronic Mail Tags, refer to [FAQs for Electronic Mail Tags](#_FAQs_for_Electronic).   Icon - Important **Do not commit to issuing a Mail Tag. The Senior Team, or higher, will make the final decision**.  Anything that does not fall into the below categories may not be appropriate for a Mail Tag, and a beneficiary returning medications for any other reason may not be refunded his or her copay. **Please note we have no authorization for one time courtesy mail tag**.  **Note:** Prior to researching **IF** the medication can be returned, ask the beneficiary/CCR probing questions to discover the reason for the return:   * Is there an alternate way to resolve the beneficiary’s concern without having to return the medication even though they may qualify within the reasons below? * If the beneficiary is still taking the medication, consider all options before requesting to return. * Review prior documentation to determine if a Mail Tag has been issued previously for the same reason.   Determine the following: | | | |
| **If…** | **Then…** | | |
| Beneficiary’s copay higher than expected | From the **Quick Actions** panel on the Member Snapshot Landing Page, navigate between the **Benefits** and **Accumulations** hyperlinks, along with reviewing the Plan Design/Client Information Form (CIF) for copays, deductibles, MABs and ancillary fees, if any.  **Note:** The CIF can be accessed directly from the **Client and Processing Information** panel via the **Carrier** hyperlink. | | |
| **If the…** | | **Then…** |
| CCR is still unclear about why the charge was incurred | | Perform a Test Claim and back date the claim to query the drug in question for copay information. |
| Copay was correct | | Explain the plan design, offering explanation for brand vs. generic, DAW indicators and other pertinent information, such as the MAB. |
| Copay was incorrect | | Swivel to PeopleSafe and create the following **RM Task**:   * **Task Category:** Billing and Payment * **Task Type:** Payment Dispute * **Queue:** Finance Northbrook * **Notes:** Include correct copay amount and source of information (**Example:** CIF). |
| Non-beneficiary initiated order was shipped without beneficiary consent under CMS exclusion guidelines  **Note:** If medication has been partially used, it does not qualify for a return due to consent being bypassed. Refer to CIF for client specific process. | Refer to the “Viewing Ship Consent Alerts in Compass” section of [Compass MED D - Expressed Consent (Ship Consent)](TSRC-PROD-061810) to confirm that consent has been provided.    Icon - Important If the **beneficiary initiates** the refill (IVR, Website or by an Inbound call), **CMS sees this** as **EXPRESSED Consent** and no Mail Tag can be approved.   * This includes refills and new prescriptions submitted by mail to mail order.   **If beneficiary did not initiate the order, transfer to the** **Senior Team**. Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524) and [Basic Call Handling](TSRC-PROD-016401).   * The Senior Team Representative or Care Leader will make the determination that an approval/exception is justified and/or reasonable and inform the CCR of next steps.   **Note:** It is a CMS requirement under this exception to allow beneficiary unlimited returns/refunds for orders for unused medications, where consent was not provided, and the beneficiary states that the drug(s) is not needed or not wanted. | | |
| The CIF advises Account Manager must be contacted or must approve | **Transfer to the** **Senior Team**. Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524) and [Basic Call Handling](TSRC-PROD-016401).  The Senior Team Representative or Care Leader will make the determination that an approval/exception is justified and/or reasonable and inform the CCR of next steps. | | |
| Medication was damaged | Refer to [Compass - Initiating a Reship](TSRC-PROD-057985) for further instructions. | | |
| Order/medication was shipped to incorrect person | Transfer to the [Clinical Care Services Clinical Counseling Team](CMS-2-004378). Clinical Care Services Clinical Counseling will discuss with the caller and follow the necessary procedures to handle this situation. | | |
| Literature shipped to incorrect person (NOT any medications) | Refer to [Literature Shipped to Incorrect Person/ Member](CMS-2-008213) for further instructions. | | |
| Beneficiary states prescription should have been filled at retail, not at mail order | This may occur if the provider calls/faxes/electronically prescribes a prescription into mail order instead of the retail pharmacy.  We will not issue a copay credit or mail tag if the beneficiary is going to continue using the medication. Advise the beneficiary that they should keep the medication and continue their therapy. When it is time for their next fill, we can request the Rx be transferred to their local pharmacy.  We will not issue a copay credit or mail tag if you are going to continue using the medication. Keep the medication and continue your therapy. When it is time for your next fill, we can request the Rx be transferred to your local pharmacy. | | |
| Beneficiary received both a 30 day and a 90 day supply order within a short period of time  **Note:** Applies to mail order only, not Retail POS. | This occurs if the 30 day and 90 day prescriptions were both received by Mail Service within a 7 day period. The prescriptions must be a therapeutic duplicate except for day supply— drug name, strength, and dosage are all the same.  Transfer to the [Clinical Care Services Clinical Counseling Team](CMS-2-004378). | | |
| Labels on medications received were switched | Refer to [Alleged Switched Labels on Medication](CMS-2-004740) for further instructions. | | |
| Beneficiary has two active accounts, filled under wrong one. | This is NOT handled by CCS. CCRs would request a reverse & reprocess.  Refer to [Compass MED D - Claim Adjustment and Refund Requests](TSRC-PROD-061751) for further instructions. | | |
| Alleged Doctor Error  **Examples** include, but not limited to:   * Beneficiary received the 1st fill of a new or renewed Rx but it was written by provider with the incorrect:   + Drug   + Strength   + Dosage Form   + Directions * Beneficiary has never taken medication before and states provider sent in Rx without any knowledge of the Rx. * Beneficiary no longer taking medication, but provider still ordered the Rx. | * Confirm consent was provided by the beneficiary. Refer to the “Viewing Ship Consent Alerts in Compass” section of [Compass MED D - Expressed Consent (Ship Consent)](TSRC-PROD-061810) to confirm that consent has been provided. * Requests are only honored if within 90 days from the ship date, with the ship date as Day 1. * As a general rule, a mail tag will not be issued. Do not commit to issuing a Mail Tag. The Senior Team, or higher, will make the final decision. * The beneficiary, or prescriber’s office, states that the medication was prescribed in error. For **example**, the beneficiary changed therapy, or the incorrect medication was prescribed. Transfer to the **Senior Team**. Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524) and [Basic Call Handling](TSRC-PROD-016401).   The Senior Team Representative will reach out to Clinical Care Services Clinical Counseling Team as needed to determine if the prescription was translated incorrectly. | | |
| Beneficiary Deceased  **Reminder:** Questions related to medication disposal should always be transferred to Clinical Care Services Clinical Counseling. | **CCR Process note:** The CCR will ensure they are using some form of empathic statement.  **Example:**  I’m sorry to hear about your loss, please accept my condolences.  Transfer to the **Senior Team**. Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524) and [Basic Call Handling](TSRC-PROD-016401).  The Senior Team Representative or Care Leader will make the determination that an approval/exception is justified and/or reasonable and inform the CCR of next steps.  **Must meet the following criteria before transferring to the Senior Team:**   * The surviving dependent, executor of estate, etc. contacts us to return medication on behalf of deceased beneficiary. * Request is only honored if within 90 days from ship date, counting ship date as Day 1. * CCR should review the CIF to see if the client has any specific rules regarding the mail tag. * Opened orders or partially used medications may be eligible for credit. * All Controlled Substances qualify regardless of ship date, but Client must qualify. | | |
| **The following PBM Non-Conformance:**   * Rx translated in error - wrong drug, strength, dosage, day supply * Patient profile indicates allergy to specific medication/manufacturer | * Requests are only honored if within 90 days from the ship date, with the ship date as Day 1. * Transfer to the [Clinical Care Services Clinical Counseling Team](CMS-2-004378). Clinical Care Services will discuss with the beneficiary. * As a general rule, a mail tag will be issued. Do not commit to issuing a Mail Tag.   **Must meet the following criteria before Transferring to** Clinical Care Services Clinical Counseling**:**   * The beneficiary alleges that mail order made an error in filling the prescription. * Review notes, Member’s Recent Cases, Alerts, order form, and other resources, as applicable, to determine if there are any evidence suggesting the order was filled in error (i.e. notes to cancel order or place order on hold). | | |
| **The following PBM Non-Conformance:**   * **Caremark Error**-Beneficiary alleges they received an order they were told was cancelled. * Beneficiary alleges they were misquoted a copay and the CCR did not read the disclaimer. | * Requests are only honored if within 90 days from the ship date, with the ship date as Day 1. * Transfer to the **Senior Team**. Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524) and [Basic Call Handling](TSRC-PROD-016401). * The Senior team will review the details and follow up with a Call Pull, as needed.   CCR will need to provide the following information to the Senior:   * Date beneficiary called to cancel order * To whom the beneficiary spoke (if known) * Beneficiary’s authentication details | | |
| **The following PBM Non-Conformance:**   * **Order created in error by pharmacy/ROCC.** Some **examples**:   + Prior PBM Rx refill not initiated by Beneficiary   + IVR Import-beneficiary states they received an automated call but did not elect to refill the prescription, or they hung up * **Missed Alerts**- to cancel order (verify that Alerts were placed before Ship Date) * **Missed Alerts**- to contact beneficiary before filling * **CCR ordered wrong prescription: Example:** * CCR selected incorrect Rx from **Mail Rx** tab. | Determine if the beneficiary has taken any of the medication from order received in error:  Requests are only honored if within 90 days from the ship date, with the ship date as Day 1. | | |
| **If…** | **Then…** | |
| Yes | No credit can be issued. | |
| No | **If no, transfer to the** **Senior Team**. Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524) and [Basic Call Handling](TSRC-PROD-016401).  **Must meet the following criteria:**   * The beneficiary alleges that mail order made an error in filling the prescription. * Request is only honored if reported within 90 days from ship date with the ship date being considered day 1.   + **Exception:** No time limit for translation errors. * Determine if there has been a DAW, TIP or MPP intervention. If so, refer to [Intervention Changeback](CMS-2-004594) procedure. * Ask probing questions.   + Did the beneficiary call or notate on the form to give special instructions for the medication(s) in questions?   + Did we follow all our protocol in shipping the order (**Examples:** Called beneficiary to notify him or her that the order is being released from future fill)?   + Review notes; Member’s Recent Cases; Order & Rx level Alerts; Member, Client, and Mail Order Alerts; order form; and other resources, as applicable, to determine if there are any evidence suggesting the order was filled in error (**Examples:** Mail Order Alerts indicating to fill from a specific manufacturer, to cancel order or Rx, or to place order on hold). | |
| Any other reason not covered by the above scenarios | **Transfer to the** **Senior Team** to see if a mail tag or credit would be possible. Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524) and [Basic Call Handling](TSRC-PROD-016401).  Icon - Important **Do not commit to issuing a Mail Tag**.  The Senior Team Representative or Care Leader will make the determination that an approval/exception is justified and/or reasonable and inform the CCR of next steps. | | |
| **4** | 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).   **Resolution Time:**   * Beneficiary will receive the mail tag within 15 days. * Results from the mail tag request will be processed and posted on the account within 5 business days upon receipt at the pharmacy. | | | |

[Top of the Document](#_top)

|  |
| --- |
| FAQs for Electronic Mail Tags |

Perform the following steps:

|  |  |
| --- | --- |
| **Question** | **Answer** |
| 1. **Why is the Mail order moving to Electronic Mail Tags?** | We are utilizing email for Mail Tags to yield in a faster refund for the beneficiary. Refunds will take approximately 5 business days from the time the medication is received in the pharmacy.  **Note:** The Financial Institution (**Examples:** Bank, HSA, etc.) will release the funds back into your account according to their guidelines. Due to the Financial Institutions internal processing times, you may see a delay in your refund. |
| 1. **How long will it take for the Mail Tag email to be received?** | It will take up 3 business days to receive the Mail Tag email.  **Note:** Inform the beneficiary if they do not receive the email within 3 days to call back and request another email be sent. |
| 1. **Can I request a Mail Tag be sent via mail rather than electronically?** | Yes, however it can take up to 14 business days to receive a refund after the medication is received in the pharmacy.  **Note:** The Financial Institution (**Examples:** Bank, HSA, etc.) will release the funds back into your account according to their guidelines. Due to the Financial Institutions internal processing times, you may see a delay in your refund. |
| 1. **What should I do if I did not receive the Mail Tag email?** | The Mail Tag email may have been directed to your spam folder. The mail tag will not be sent from Caremark but rather [DONOTREPLY@USPSreturns.com](mailto:DONOTREPLY@USPSreturns.com).  If the beneficiary has checked their email/spam mailbox and have not received the Mail Tag email, transfer to the Senior Team for further assistance.  Refer to [Compass - When to Transfer Calls to the Senior Team](TSRC-PROD-057524). |
| 1. **Where is my Mail Tag, I checked my Spam folder and still I am unable to locate?** | I will transfer you to the Senior Team for further assistance. |
| 1. **How does the Mail Tag work?** | Print the Mail Tag from the email, attach it to the package and place in nearest mailbox. |
| 1. **Beneficiary is calling a 2nd time about returning a medication and the CCR sees a credit already applied.** | I see that you already received your refund. You should be receiving or should have already received a Mail Tag that outlines how to return your medication. |

[Top of the Document](#_top)

|  |
| --- |
| Senior Team ONLY - Requesting Mail Tag |

The CCR will transfer to the Senior Team to take over the call and request a Mail Tag.

**Note:** Senior Process has not migrated to Compass yet.

 If a Mail Tag is needed, you MUST accept the transfer and take over the call. Do NOT have the CCR wait for you to complete the task and have them finish the call.

Perform the steps below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Step** | **Action** | | | | |
| **1** | The Senior will verify and validate the reason the Mail Tag is being requested with the CCR calling. | | | | |
| **2** | Prior to researching **IF** the medication can be returned, ask the beneficiary/CCR probing questions to discover the reason for the return:   * Is there an alternate way to resolve the beneficiary’s concern without having to return the medication even though they may qualify within the reasons below? * If the beneficiary is still taking the medication, consider all options before requesting to return. * Review prior documentation to determine if a Mail Tag has been issued previously for the same reason.   **Note:** If return is for **Expressed Consent** (Mail Tag is for an order where consent was not provided) proceed to Step 4.  If the **beneficiary initiates** the refill (IVR, Website or by an Inbound call), **CMS sees this** as **EXPRESSED Consent** and no Mail Tag can be approved**.**   * This includes refills and new prescriptions submitted by mail to mail order. | | | | |
| **3** | Refer to the CIF for additional details.  Determine the following: | | | | |
| **If…** | | **Then…** | | |
| CIF states to contact Account Management  **Note:** Account Management does a full review of all possible options to approve Mail Tag. Do not send a second request if Account Management has previously reviewed. | | Senior team will send an email to Account Manager using the account manager contact form.   * Clear documentation should be provided, included the reason for requesting the mail tag. * Refer to Senior Tools document and/or G drive. * Follow up should be completed on every request. | | |
| **If…** | | **Then…** |
| Account Manager approves | | Account manager will email Senior Team to advise next steps. |
| Account Manager does not approve | | * Beneficiary must keep medication and copay will apply. * Contact the beneficiary to advise the status of the Mail Tag request. |
| CIF does not provide specific direction and/or states to follow standard mail tag process | | Proceed to next step. | | |
| **4** | Confirm beneficiary’s email address on file.  **Note:** Mail Tags will be sent via email to yield in a faster refund for the beneficiary. Refunds will take approximately 5 business days from the time the medication is received in the pharmacy.  **Note:** The Financial Institution (**Examples:** Bank, HSA, etc.) will release the funds back in to your account according to their guidelines. Due to the Financial Institutions internal processing times, you may see a delay in your refund. | | | | |
| **If beneficiary...** | **Then...** | | | |
| Confirms email address | Proceed to next step. | | | |
| Does not have an email address | Ask beneficiary if he/she has a family beneficiary/friend that has access to a computer in which a Mail Tag can be emailed. | | | |
| **If...** | | **Then...** | |
| Yes | | 1. Obtain email address. 2. Proceed to next step. | |
| No | | 1. Advise beneficiary that it can take up to 14 business days to receive a refund after the medication is received in the pharmacy. 2. Document account: Beneficiary refused to participate in Electronic Mail Tag. 3. Proceed to next step. | |
| Refuses to accept Mail Tag via email | 1. Advise beneficiary that it can take up to 14 business days to receive a refund after the medication is received in the pharmacy. 2. Document account: Beneficiary refused to participate in Electronic Mail Tag. 3. Proceed to next step. | | | |
| **5** | Determine the following: | | | | |
| **If** **Mail Tag is For …** | | | **Then…** | |
| **Note:** If beneficiary initiated the order, consent is implied and no Mail Tag can be approved.  **Bypassed Expressed Consent** (Mail Tag is for an order where consent was not provided)  If the **beneficiary initiates** the refill (IVR, Website or by an Inbound call), **CMS sees this** as **EXPRESSED Consent** and no Mail Tag can be approved.  This includes Refills and New prescriptions submitted by mail to mail order.  **Note:**  Applies to **ALL** medications, including Controlled Substances and returns for Deceased beneficiary.  It is a CMS requirement under this exception to allow beneficiary unlimited returns/refunds for orders for unused medications, where consent was not provided, and the beneficiary states that the drug(s) is not needed or not wanted. Account Manager approval is **NOT** required. | | | Refer to [Viewing Ship Consent Notes in PeopleSafe](CMS-PRD1-083036) in the MED D - Expressed Consent (Ship Consent) for Non-Beneficiary Initiated Fills Work Instruction to confirm that consent has been provided.   * Icon - ImportantRefer to [MED D Expressed Consent (Ship Consent) for Non-Beneficiary Initiated Fills](CMS-PRD1-083036), Adding Consent Required on Every Order section.   Submit a Mail Tag request as follows  **Task Category:** Fulfillment  **Task Type:** Mail tag  **Queue:** FulfillmentPPT SVCS - MED D  **Notes:** Include the following if applicable   * Email address for Electronic Mail Tag Med D Auto Refill Order – Rx’s not wanted reason code 42   **CCR Process Notes:**   * If return includes a Controlled Substance or is for a Deceased beneficiary, indicate in the notes section. An Electronic Mail Tag can **NOT** be submitted for a Controlled Substance or if the beneficiary is deceased. * For AutoRefill orders the refund will be processed prior to the beneficiary returning the medication.   **Electronic Mail Tag Note:**  Advise beneficiary to check email/spam mailbox within 3 business days. The email will contain a link to print the Mail Tag. Once printed, they can simply add the label to the package and place in nearest mailbox.  **Note:** If a Mail Tag request is denied by the Offline Team after final review, contact the beneficiary to advise the status of the Mail Tag request. | |
| **Approved reason for return** (for orders where consent was provided) | | | Submit a Mail Tag request as follows:  **Task Category:** Fulfillment  **Task Type:** Mail tag  **Queue:** FulfillmentPPT SVCS - MED D  **Notes: Include the following if applicable:**   * Email address for Electronic Mail Tag Med D Auto Refill Order – Rx’s not wanted reason code 42   **Note:** Include **Senior CCR/SRS Override, and your name** and information in the notes section that indicates why an exception is being granted. Notes must state if AM has approved, specifically if the CIF states AM approval is required.  **For Controlled Substances:**   * Add a comment in the task advising: This order contains a controlled substance. * Instruct the caller to place all medications (both controlled and non-controlled medications) to be returned in the USPS mailer bag and take the sealed envelope to a U.S. Post Office or U.S. postal carrier or simply hand it to their U.S. postal carrier. * Inform the caller that a new order will not be shipped until tracking is available for the Take Back Bag in the postal stream. * Inform the caller that their account will not be credited until the tracking is available.   **CCR Notes:**   * An Electronic Mail Tag can **NOT** be submitted for a Controlled Substance or if the beneficiary is deceased. * For AutoRefill orders the refund will be processed prior to the beneficiary returning the medication.   **Electronic Mail Tag Note:**  Advise beneficiary to check email/spam mailbox within 3 business days. The email will contain a link to print the Mail Tag. Once printed, they can simply add the label to the package and place in nearest mailbox. | |
| **6** | Document and close the call according to current policies and procedures. Clear documentation should be provided, included the reason for approving the mail tag.  Refer to the [MED D - Call Documentation](CMS-PRD1-067665) work instruction.  **Log Activity:** [Log Activity/Capture Activity Codes](CMS-2-005164)  **Resolution Time:**   * Mail Tag   + Beneficiary will receive the mail tag within 15 days.   + Results from the mail tag request will be processed and posted on the account within 5 business days upon receipt at the pharmacy. * Electronic Mail Tag   + Beneficiary will receive the mail tag within 3 business days.   + Results from the mail tag request will be processed and posted on the account approximately 5 business days upon receipt at the pharmacy. | | | | |

[Top of the Document](#_top)

|  |
| --- |
| Resolution Time |

If a mail tag is issued, the beneficiary should receive it within 15 days, if not sooner.

If a call pull request is being completed, beneficiary will be notified within 3 business days.

If an Electronic mail tag is issued, the beneficiary should receive it within 3 business days, if not sooner. Results from the mail tag request will be processed and posted on the account approximately 5 business days upon receipt at the pharmacy.

If a call pull is needed, the turnaround time may be delayed and the beneficiary will be notified.

[Top of the Document](#_top)

|  |
| --- |
| Mail Tag Package Samples |

**Notes:**

* Beneficiaries must send any returns back with the original Rx label. If a return is approved, it must be unused and include the original Rx label and in the original packaging.
* If the medication will not fit in the envelope provided, beneficiaries may use their own box and attach the Merchandise Return Label to the box. This would not be the case for the Stericycle bags sent for control substances. They HAVE to be returned in the bags provided by Stericycle. Beneficiaries cannot use their own packaging for these returns.

|  |  |
| --- | --- |
| **Item** | **Image** |
| **Merchandise Return Kit - Receiving Envelope**  **Note:** Only mail tags sent in an order will come in this envelope. If the mail tag is sent via a task in resolution manager, they will not be sent in this kit envelope. |  |
| **Merchandise Return Kit - Mailing Envelope** |  |
| **Merchandise Return Label** | image001 |
| **Merchandise Return Letter** |  |
| **SteriCycle Return label/Bag for Control Substances** |  |
| **Control Substance Merchandise Return Letter** |  |
| **E-Tag** |  |

[Top of the Document](#_top)

|  |
| --- |
| USPS Guidelines for Mailing a Package |

USPS provides the following guidelines when mailing a package.

* Center the label onto the largest side of the package so that the label information does not wrap around any edge.
* If not using a self-adhesive label, tape or glue the shipping label to the package. **DO NOT** tape over the barcode and ensure all label edges are secured.
* **DO NOT** photocopy. Each shipping label number is unique to the intended shipment and can be used only once.
* If reusing a box or container, remove, cover, or mark out completely any other barcodes and address markings.
* Mail the package at a Post Office, drop it in a collection box, leave it with a letter carrier or schedule a free carrier pickup at usps.com.

[Top of the Document](#_top)

|  |
| --- |
| 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](CMS-2-017428)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others Without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**