# PeopleSafe - Power of Attorney (POA)

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**Description:** Information and procedures for the Commercial, Medicare D, and Medicaid teams on how to add and revoke a Power of Attorney Authorization form on file with us. It provides instructions on how to determine who is the authorized agent’s name for the Power of Attorney and when the Authorization becomes invalid.

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| Power of Attorney (POA) Authorization |

Refer to the table below:

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| **Timeframe Valid** | **Authorization** | |
| Valid until authorization is revoked or beneficiary is deceased. | Power of Attorney is a legal document, which authorizes the designated individual to manage **all** aspects of a beneficiary’s account. This form should be suggested in instances when the beneficiary feels a representative should have access to unlimited PHI and authorization to make changes to the account, such as address and payment changes.  The POA can be used:   * Disclosure of PHI/PII * Authorization to make account changes, including enrollment and disenrollment requests * Grievances * Coverage determination/appeals   The POA must meet the regulations set by the state in which the beneficiary lives.  POA is no longer valid upon the death of the beneficiary. To address any issues on the account for a deceased beneficiary, CVS Caremark must receive one of the following (copies are acceptable):   * Letters of Testamentary * Executor of Estate * Death Certificate and affidavit stating no one else is in line for their estate   **Notes:**   * POA forms are not available from CVS Caremark as legal requirements vary by state. * If a POA is denied, the beneficiary will be sent a denial letter along with the original POA. * Member may have multiple POAs.   There are 4 different types of POA: | |
| **POA Type** | **Details** |
| POAD (Durable) | Names a designated individual to handle **all** of a beneficiary’s affairs. |
| POAF (Financial) | This allows the designated individual to handle **any and all**of the beneficiary’s **finances** (**Example:**  Paying bills, opening bank accounts, applying for loan, etc.). |
| POAG (General) | This is a non-specific POA that basically states: “I, the beneficiary, give the designated individual the powers to handle my affairs”. |
| POAM (Medical) | Allows the designated individual to make **any** changes to medical plans and make medical decisions for the beneficiary. |

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| Information Needed to Include with a Power of Attorney Add or Revoke (Remove) |

**MED D Beneficiary:** Refer to [MED D - Appointed Representative Form (AOR) or Power of Attorney (POA) (021424)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4008954a-0d95-4ea9-add2-3a7dfa02c718).

* The original Power of Attorney documents are only returned if a note is included requesting this action, or if the POA is denied.
* When there are two POA documents on file and both are added on the account; the second POA document must be entered and marked as termed with the next day's date and then coded as: DFRP(Default Responsible Person).

Inform the member that the below information must be gathered and mailed to <PBM name>, refer to [Mailing Addresses](#_Mailing_Addresses_for):

* Plan Member’s full name
* Plan Member’s ID Number (exactly as shown in our system)
* Plan Member’s Date of Birth
* Plan Member’s Address/Telephone Number
* Copy of the existing Power of Attorney document that indicates the name, address, and telephone number, of the person(s) authorized to act on behalf of the member
* Copies of any other documents that are referenced in the POA document (if applicable)

**Result:** Once the documentation has been received, evaluated and if approved, the Power of Attorney is documented in PeopleSafe. Refer to [Viewing Power of Attorney Authorizations on File in PeopleSafe](#_Viewing_Power_of).

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| Mailing Addresses for a Power of Attorney Authorization Form |

These addresses are used when adding or revoking (removing) a Power of Attorney Authorization from the member’s account. Allowing custodial parents, legal guardians and etc; to speak on members behalf (who are over 18 unless per CIF).

 Do not instruct the member to fax or mail information directly to the call center, all documentation must be sent to the below addresses.

For urgent situations in which the member needs to send the information via Express shipping requiring a physical address, provide the address below:

Research Team

800 NW Chipman RD Suite #5830

Lee’s Summit, MO 64063

**Note:** In the event that a Power of Attorney Authorization form or other legal documents are received in the call center, forwarded them using interoffice mailto the appropriate address below.

**(Commercial and Medicaid members)**

<PBM Name>

PO BOX 6590

Lee’s Summit, MO 64064-6590

Refer to [Forms Members Can Submit to Authorize Access And Release of Information For Their Account (007394)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=970803bb-c0d8-4180-ae71-a8feab415b65).

**Medicare D members, including SilverScript, Blue MedicareRx, EGWP/HealthPlan:** Refer to MED D - Appointed Representative Form (AOR) or Power of Attorney (POA).

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| Viewing Power of Attorney Authorizations on File in PeopleSafe |

**Expired Accounts:** If a valid Power of Attorney authorization is on file in a member’s expired account, refer to [Account Executive Consideration Task (AE Task) (027240)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=497dcdb2-2c97-4a3a-afe9-1fa95f6dd734) and complete a Resolution Manager AE task to have it moved to the new account.

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Look for the padlock icon on the Main Screen in PeopleSafe.  MED D agents- VIEW POA can be found in the view comments of the Med D Inquiry Tab if no pad lock icon is found. | |
| **If the padlock icon...** | **Then...** |
| Displays | Click on the **Padlock** Icon.  **Result:** Displays the Authorization Information in the middle of the screen. |
| Does NOT display  **Note:** If there is not a padlock, this indicates that there are no privacy records located in the View Privacy Information screen on the member’s account. | Review the High Priority Comments for restrictions or authorizations that may have been added to the account prior to March 2013. |
| **2** | Review the screen to identify the person listed matches the inquiry then select the radio button next to the person’s name.  **Notes:**   * If the Termination Date displays 12-31-9999, this indicates that it is valid until the member’s death or if revoked. * The Power of Attorney document expires and is no longer be valid upon the member’s death or if the Authorization has been revoked. We must receive one of the following (copies are acceptable) when a member has died:   + - **Letter of Testamentary:** Court document showing the Legal Executor for the member’s estate.     - **Death Certificate:** Accompanied by an Affidavit (written statement) stating there is no one else is in line for the member’s estate. | |
| **3** | Click **More Details**.  **Result:** Screen displays the POA authorization and the relationship to the member.  **Example:** TPA - Wife   * If an Extended Authorization form is on file, a POA document is necessary for changes to be made on the account. Refer to [Forms Members Can Submit to Authorize Access And Release of Information For Their Account (007394)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=970803bb-c0d8-4180-ae71-a8feab415b65).The Extended Authorization form only authorizes the release of information. It does not allow the designated individual to take any action on a member’s behalf or with respect to the member’s account, unless specifically outlined. | |

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| Turn Around Time |

The turnaround time for POA's to show on file is up to 10 business days from the time that the Research team receives all the properly completed documentation.

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| Related Documents |

[Customer Care Abbreviations and Definitions and Terms (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

[Forms Members Can Submit to Authorize Access And Release of Information For Their Account (007394)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=970803bb-c0d8-4180-ae71-a8feab415b65)

[HIPAA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce)

[Universal Care – Caller Authentication (004568)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bcb8da72-5501-4631-b9fd-fe675bc4a1fd)

[Universal Care – Consultative Call Flow (CCF) Process (095822)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c954b131-7884-494c-b4bb-dfc12fdc846f)

**Parent Document:** [CALL 0049 Customer Care Internal and External Call Handling](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049)

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