# PeopleSafe - Prescription (Rx) Refill/Renewal (Order Placement)

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**Description:** Process used when a plan member contacts Customer Care to refill a Mail Order prescription or renew a previous Mail Order prescription.

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| High Level Process |  |
| 1. [**Ask**](#DaysSupplyonHand) **the member how many days’** **supply of medication they have on hand.**  * If the member has five (5) days’ supply or less:   + Probe to determine if providing alternatives is appropriate for the member’s situation. Refer to [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af) as needed.   + If a retail pharmacy is available, the Rx may be transferred to retail (depending on the type of medication). Refer to [Rx Transfer Index (004726)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=db939cc1-1f5e-44de-89df-985827477553). | **Reminders:**  Refill requests cannot be made for Specialty Medications. Warm transfer member to Specialty Customer Care at **1-800-237-2767 or 1-866-387-2573**.  **Note:** If a Carefirst client, the call must be warm transferred to **1-855-264-3237**.  Controlled Substance laws vary by State & Mail service orders for C2-C5 drugs may require a special process. Refer to [Controlled Substance Information (C2-C5) (067214)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dc09fa82-fcf6-495a-ae85-50cd798c6815). |
| 1. [**Review**](#ReviewMessages) **any pop-up windows that display the information in the Messages column on the Refill Snapshot screen.** | |
| 1. [**Determine**](#DetermineifReillisLastRefill) **if this refill is the Last Fill or if there are no refills remaining, and** [**check**](#expiration) **if the Rx will expire before the next fill is due.**   **Note:** Members on occasion have multiple prescription numbers for the same medication. To ensure accuracy, compare the prescription drug details of every Rx number that has the same drug name. Review variance(s) with member. (**Example:** Dose changes, form of medication such as tablet or capsule, etcetera) | **Reminder:**  Red Flag prescriptions may be expired or not refillable. Hover over the red flag to determine the issue. |
| 1. [**Ask**](#AskMemberifwantoEnrollinARP) **the member if they would be interested in enrolling their Rx into the** [**PeopleSafe - Auto Refill Program (ARP) (022387)**](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de)**.**   **Note:** Verify in the Client Information Form (CIF) if the client allows ARP.  **Member Education:**   * The state of California (CA) requires all pharmacies to maintain annual member consent for medications enrolled into automatic refill/renewal programs. Consent is provided at the individual medication level yearly. Members will receive notification, via preferred communication method, to re-enroll their Rx(s) into ARP. * The state of Louisiana (LA) requires member consent to contact the prescriber for a new Rx. Agents should remind members that enrolling in ARP means that Caremark will contact their physician for new Rx(s) as needed. * For details and FAQs, refer to [Automatic Refill Program: California Regulatory Changes to Medication Exclusions Job Aid (070485)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4346e7df-7d22-4e8f-8229-8f9421cadb34). | |
| 1. [**Review and Confirm**](#Recap) **the details for each prescription you are ordering for the member in the Refill Snapshot screen, including the patient’s name.**   **Example:** Who the medication was prescribed for and the:   * Drug Name * Strength * Available Fills * Quantity * Days’ Supply * Formulation (**Examples:** Tab, capsule, ER, or extended release, etcetera)   **Note:** If the member is requesting to decrease the Days’ Supply to be less than the plan maximum, refer to the [Downsizing a Prescription (Day’s Supply)](#_Downsizing_a_Prescription) section. | It is imperative that the CCR review and confirm the order. Failure to do so may result in a Class I Error from filling the prescription for the wrong member or with incorrect medication. Class 1 errors may pose potential danger to our members. Refer to [Preventing Class 1 Errors (106802)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd38d4b0-3772-4091-8b1a-4513ad33b65f).  **Tip:** Refer to [Being a Power House - Summarizing the Members Home Delivery/ Mail Order Request (006475)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=54df0081-0956-47b9-9893-f1d45ebfc403) for more tips. |
| 1. [**Verify**](#VerifyCompleteShipAddress) **the complete shipping address and telephone number for the order on the Refill Summary screen.** | **Reminder:** If you are placing an order with an Authenticated Caller that is not the person whose prescription you are filling, allow them to tell you the address and telephone number required for the order. Address & Telephone numbers are PHI of the member, do not offer this information. Refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) for more explanation. |
| 1. [**Provide**](#ProvidetheCost) **the cost associated with each refill prescription or if available provide Amount Due (total for the order) that is listed.**   Provide the price disclaimer after quoting medication costs:  Please keep in mind that the amount due for your order may vary from this quote upon processing.  **Note:** For STCOB/EGWP, the cost on the order total screen does not show what the supplemental payer pays. Complete a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) for accurate pricing. | |
| 1. [**Determine**](#DeterminePaymentMethodforOrder) **Payment method for the order.**   **Note:** If speaking with a third-party, they must provide the last four digits of the credit card and expiration date or say “use default card” to complete the order.   * If the account **allows** [Fill & Bill (025493)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0d911c06-a035-4993-b59a-c848a7d96831), ask the caller if they would prefer to receive an invoice with the order placed today. If yes, press the **Bill Participant Button**. * If the "Payment is not required", it is not required to verify or update the member's default payment on file. * If Payment is required, inform the member of the total amount due and obtain payment. Refer to [Payment Maintenance Add, Edit and Remove (Credit Card and eCheck) (010987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b0d1693e-3ebd-45e7-811a-adbe7e2c9f83) for complete instruction.   **Note:** If the member asks to make a partial payment on the previous balance, refer to the [Partial Payment Process](#_Partial_Payment_Process) section. | |
| 1. [**Complete**](#CompletetheOrder) **the order.**   Confirm the order is placed with the caller. PeopleSafe displays: **Confirmation Number: XXXXXX.**  **Notes:**   * You are not required to provide the confirmation number, only provide it if requested. * After an order is placed, it will be available for editing for a brief period (within 1-15 minutes) via the Refill Status screen before it moves to the Main Screen and begins processing. Refer to [Editing an Order.](#EditingAnOrder) | |
| 1. [**Provide**](#ProvideTAT) **the TAT for when the order is expected to ship.**  * Prescription refills with no issues (not expired or out of refills) ship within 2 business days after order is placed/received. * New prescriptions will ship within 5 business days after order is received from the prescriber. * Encourage use of Messaging Platform alerts making sure those are updated and the secure member website at Caremark.com to check the status of the order & view the tracking number. * Refer to [Order Shipping Turn Around Time (TAT) (018691)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3338f261-4696-4e84-9019-43cc2eef3352) for further information. | Do **not** provide the member with a general **shipping** time frame, as this will vary depending on shipping method and geographic location of the member. |

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| Reminders |

We **never** want a member to go without medication and we **always** want to provide options. Below are some options and work instructions to reference when speaking with a member about their prescription orders and filling options.

**Note:** The member can also print a mail form from Caremark.com, or the CCRs can have one sent to member via PeopleSafe. The virtual pharmacy button in PeopleSafe has the address that member should mail it to. (This process is for when a member has a hard copy of script and would like to mail it into Caremark home delivery pharmacy.)

**It’s important to inform the** **member that we can reach out on their behalf. Should we be unable to reach their MD, Pharmacy or Medical Provider, the** **member should be encouraged to reach out on their own to help resolve the issue.**

* **Member Low or Out of Medication:** If member has five (5) or less days of medication on hand, reference [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af).
* **Setting up Copay Installment Payments:** Copay installments will allow a member to break up the total amount due for their prescription order into three equal payments.

**Note: The** Client **must**participate in the Copay Installment Payment Program for this process to be utilized. Utilize the CIF to verify if client has opted into this program.

 Do not proactively offer the installment payment option. It is always preferable to obtain full payment for the order. **This option should be utilized if the member expresses that they are unable to pay the full price for their order or are becoming escalated about the cost of their prescriptions.** Reference [Copay Installment Payments (087380)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9765cf50-e615-4720-83e4-32ad0bd81c64).

**Example:**

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| **Question** | **Scenario Answer** |
| How does a previous balance reflect if it is included in an order where the member has selected “installment” payments? | Member places a 90-day refill that costs $20.00 and there is a previous balance of $10.00.  The previous balance will be added to the current order amount, for a total of $30.00, then the installment payment will divide the payments into 3 equal payments of $10.00. |

**Member has a Lock on their Account for Recurring Payment Issues:** This occurs when a member is identified as having a history of recurring bounced checks, rejected credit cards, etcetera. For filling options or to resolve the payment conflict, refer to [Order Status – Payment Exceptions (021319)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=445b2dd4-59b7-4ddb-bd4e-b15b3b665989).

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| Refill Process |

Complete the following steps:

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| **Step** | **Action** | | | |
| **1** | Ask the member how many days’ supply of medication they have on hand.   * If the member has **five (5) days or less** of medication on hand,then review available options:   + [Handling Maintenance Choice (MChoice) Calls (021863)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e0d014db-0726-40a1-bf1b-c48f9fbdabb3)   + [Bridge Supply Short Term Prescription (Rx) Refills (017906)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0d316a1d-f02d-4849-9b36-eb56a6ce9b57) - Only available if the member has five or fewer days of medication on hand.   + [Expediting Mail Order Processing Time and/or Upgrading Order Shipping (118121)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=97e4d878-f5fe-4901-8e76-4439f248ed76)   + Retail fill options   **Example:** Member asks prescriber to call in a 30-day supply at a retail pharmacy. OR if a retail pharmacy is available, the Rx may be transferred to retail (depending on the type of medication). Refer to [Rx Transfer Index (004726)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=db939cc1-1f5e-44de-89df-985827477553).   * If the member has **more than 5 days** of medication on hand, proceed to the **next step**. * If member **does not** have more than 5 days on hand refer to [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af).   [Return to High Level Process](#_top) | | | |
| **2** | From the Main Screen, click the **Order Placement** tab.   * Refill requests **cannot** be made for Specialty Medications. [Warm transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0) the member to Specialty Customer Care at **1-800-237-2767** or **1-866-387-2573**.   **Exception:** If the client is Carefirst, warm transfer to **1-855-264-3237**.  **Alternative:** If the profile is located using a prescription number and the caller would like to refill that prescription, click the **Refill** button on the Main Screen to automatically populate the order with this Rx number. | | | |
| **3** | Ask the caller for the prescription numbers or names of the medications they would like to refill.  **Notes:**   * If you are speaking to an authenticated member about their own prescriptions and they do not have the name of their medications, you may provide them with the name. * If you are speaking with an authenticated caller but they are calling on someone’s behalf, then they must provide either the prescription number or the prescription name. | | | |
| **If the member…** | | | **Then…** |
| Has the prescription number(s) | | | 1. Input the prescription number in the **Rx Number** field. 2. Click **Find** button.   **Result:** The checkbox next to the desired prescription will be selected.If not, click the checkbox next to the desired prescription. |
| Does not have the prescription number(s) | | | 1. Obtain the name and strength of each prescription the member is requesting to be refilled. 2. Verify the patient’s name (**Example:** Who the medication was prescribed for) and the following medication information with the member:    * Drug Name    * Dosage Form (**Examples:** Tab, capsule, ER or extended release, etcetera)    * Strength    * Quantity    * Days’ Supply 3. Click **Drug Name** column header to sort (alphabetically or reverse alphabetically) by drug name.    * If the Rx is not viewable in the refill screen, then research for it in the **Main Screen**. When Rx is found, copy, and paste the Rx number in the “Find” box on the order placement screen and click **Find**. 4. Select the checkbox next to the desired prescription. |
| **4** | Review any pop-up windows that displays and the information in the **Messages** column on the Refill Snapshot screen.     * If there are no pop-up windows and the Messages column is blank, proceed to [Step 5](#Step5). * If there is a pop-up window or the Messages column contains text,refer to the table below for the applicable scenario. | | | |
| **If the pop-up window displays…** | | | **Then…** |
| There is a “Duplicate Drug” message | | | 1. Review and confirm the medication selected is the what the member is attempting to order. Review and Confirm the following with the caller:    * Drug Name    * Dosage Form (**Examples:** Tab, capsule, ER or extended release, etcetera)    * Strength    * Quantity    * Days’ Supply 2. Once the correct medication has been confirmed, proceed to the **next step**.   Review the order when there is a “Duplicate Drug” message. Failure to do so may result in a [Class 1 Error (106802)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=dd38d4b0-3772-4091-8b1a-4513ad33b65f) from filling the incorrect medication. Class 1 errors may pose potential danger to our members.  Once it has been confirmed which is the correct medication, the incorrect medication can be removed from the member’s account with permission. Refer to [PeopleSafe - Discontinue (Cancel or Stop) Prescription (008895)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6a069336-d84a-435d-97be-49eaccd5ab77).  **Note:** If a drug has been placed on indefinite hold due to the Duplicate Rx Reconciliation process, the medication will continue to reject when ordered via PeopleSafe. Create a [Manual Refill (027179)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eea92f37-f941-4237-9b9e-af999ad68e8f) and note that this medication has been placed on Duplicate Rx Reconciliation hold. |
| **One of the following messages:**   * Prescription is a controlled substance (schedule C3 -C5) and has expired. A fax will be sent to the prescriber for authorization. * Prescription is over 1 year old. A fax will be sent to the prescriber for authorization. * Prescription is expired or has no remaining refills. PBM attempts to obtain a new prescription from the prescriber by sending them a fax. * No quantity left. A fax will be sent to the prescriber for authorization. | | | * + - 1. Advise the member we will be faxing the prescriber for authorization of a new prescription on behalf of the member.   **Note:** Although the messaging states “fax,” a fax or e-prescriber request will be sent to the prescriber.   * + - 1. Ask the member if there have been any changes to the prescriber’s information.   **Examples:** New doctor, location, phone number   * If there are changes, a new prescription will be required. Offer to initiate a request for a [New Prescription (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). * If there are no changes, proceed to **step 7**.   **Result:** An Auto fax (1st Fax) is sent to the prescriber requesting the same quantity as prescribed on the previously filled Rx within 1 business day of the initial request.   * If No Response **within 1 business day**, a second Fax is sent to the prescriber. * If No Response **after 2 business days** has passed, the order will be placed into Future Fill or a Delayed Prescriber Queue and placed on hold for 30 days from the day the first request was placed, and the member will be notified based on the messaging preferences they have set up. |
| Rx not available for refill - Prescription discontinued due to non-clinical intervention.  **Note:** Do not contact Clinical Care Services regarding non-clinical conflicts (**Example:** AAD, CCA, CCP, CTS, EA, ELG, FRM, FRP, MDB, PAF, PAR, PLN) | | | 1. Inform member the prescription has been discontinued and cannot be ordered. 2. Offer to initiate a [New Prescription (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c) request. 3. Refer to [Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606). |
| **One of the following messages:**   * Rx not available for refill - Previous fill not yet shipped. * Rx not available for refill - Prior PBM Dispensed NDC not found. * Rx is a transitioned prescription and marked with a red flag. | | | Refer to [Manual Refill (027179)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eea92f37-f941-4237-9b9e-af999ad68e8f) or [PeopleSafe - Refills from Prior PBM for New Client Prescriptions (009896)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c046bc49-d35e-4880-ada5-415b038afd06). |
| “Rx not available for refill - Too early to refill". | | | Access the in order to determine when the prescription can be filled.   * If the Rx will be ready to refill in 14 days or less, it will be placed on Future Fill and will process automatically on the Next Fill date.   + Inform plan member you will place the request; however, the prescription is not eligible to be filled yet and inform them of the date the order will start processing (Next Fill date). * If the Rx is ready to refill in more than 14 days from the date of adjudication, it will be placed on Indefinite Hold and will manually have to be refilled on the Next Fill date.   + Inform plan member that the prescription is not eligible to be filled yet and inform them of the date they can request a refill (Next Fill date).   **Note:** Prescriptions that have been automatically placed on Indefinite Hold will show **REJECT HOLD** in the Status Date/Status field. |
| Rx not available for refill. Drug is a Controlled Substance Schedule 2 (C2). | | | Do not offer the member FastStart or a New Rx Request for a C2 medication.  Advise the member to contact the prescriber for a [New Prescription (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c).  [Return to High Level Process](#_top) |
| **5** | Determine if this refill is the Last Fill.    **Note:** Members on occasion have multiple prescription numbers for the same medication. To ensure accuracy, compare the prescription drug details of every Rx number that has the same drug name. Review variance(s) with member. (**Example: Dose** changes, form of medication such as tablet or capsule, etcetera)   * If the prescription is Last Fill**,** advise member of the options available to obtain a [New Prescription (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c):   + Request a new prescription from the prescriber and mail it in.   + Request a prescriber to call or fax into Caremark a new prescription.   + Request PBM to contact the prescriber.   + Check the Client Programs and Offerings for the Auto Renewal Program. * Place a new Rx request through self-service options including our website, Mobile App, IVR, or by contacting a customer care agent. * If there are no refills remaining, state the following disclaimer before proceeding to **Step 6:**   We will reach out to the prescriber twice via fax within the next five business days to renew your prescription. Faxes typically are received within 1 business day. If we receive the prescription from the prescriber, it will process within five business days and will ship from our pharmacy the next business day. To expedite this process, we will verify your preferred method of payment today so your order can be sent as soon as possible. Also, we highly recommend you alert your doctor to expect our outreach.  **Note:** The system displays the phrase **Last Fill**, when placing the final fill for the medication.    [Return to High Level Process](#_High_Level_Process) | | | |
| **6** | Determine if the prescription will expire before the member’s next refill by reviewing the **Next Fill** and **Expiration Date** fields.   * If the prescription will not expire before the member’s next refill, proceed to **Step 7**. * If the prescription expires before the member’s next refill, * The member should be advised:   Your prescription will expire before your next Refill. You will need a new prescription. There are a variety of ways to obtain it:   * + - * Ask Doctor to call, fax, or e-prescribe.       * Request a new prescription from the prescriber and mail it in.      * Proceed to **Step 7**.   [Return to High Level Process](#_High_Level_Process) | | | |
| **7** | 1. Determine if the prescription is available for enrollment into the ARP program by accessing the **Order Placement** screen as shown below.   **Note:** Prescriptions not available for the ARP program will be grayed out (not allowing the box to be checked).       1. Ask the member if they would be interested in enrolling their prescriptions into the Auto Refill Program (ARP). (Check first if it is available to this client. For California and Louisiana residents, refer to [Member Education](#MemberEducation))    We have an automatic refill program to help ensure you don’t run out of your medication. We will send you an email, call, or text 23 days (Start of Holding Period) before your refill is due and you confirm or cancel your refill. When your prescription expires or is out of refills, we will contact your doctor to get a renewal.   Would you like me to enroll your eligible prescriptions in Automatic Refills?  **Notes:**   * The term “automatic renewal” is not well understood by members. For the campaign we will bundle automatic refill and renewal into a single description for the member. If the member agrees to enrollment, enroll member in both Automatic Refill and Automatic Renewal. * During holding period 8-23 days prior to anticipation of medication depletion the member can make changes or cancel their order. * Seven (7) days prior to anticipated medication depletion, the order begins processing.   **MED D beneficiaries:** CMS requires that we obtain express consent from the beneficiary for each Auto Refill and Renewal. The beneficiary receives an automated call before the order ships. This is in addition to the Messaging Platform alert sent prior to the order processing. Refer to [MED D - Expressed Consent (Ship Consent) (083036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3f0adae9-ad4d-4e9c-9707-301d785da1cf).  **Note:** Certain EGWP clients that have received a CMS waiver are excluded from this express consent requirement. | | | |
| **If…** | | **Then…** | |
| Yes | | Select the **Auto Refill** and **Auto Renewal** checkboxes for the prescriptions the member would like to enroll in Auto Refill. Refer to [PeopleSafe - Auto Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de).    **Note:** While placing a refill order, submit the prescription refill request **first by** saving order. Then enroll the prescription in the Automatic Refill program. | |
| No | | Proceed to **Step 8**.  [Return to High Level Process](#_High_Level_Process) | |
| **8** | Determine if the member needs to refill another prescription.   * If the member has another prescription to refill, return to [Step 3](#AskforRxNumber). * If the member has no other prescription to refill, proceed to **Step 9**. | | | |
| **9** | 1. Review and Confirm the details for each prescription you are ordering for the member in the Refill Snapshot screen, including the patient’s name.   **Example:** Who the medication was prescribed for and the:   * Drug Name * Strength * Available Fills * Quantity * Days’ Supply * Formulation (**Examples:** Tab, capsule, ER, or extended release, etcetera)   Today we are ordering your <Enalapril 5mg tablet>, which has <2> refills remaining. That will be quantity of <180> for a 90-day supply.  **Review and Confirm the order.** Failure to do so may result in a [Class 1 Error (028175)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3fd24302-2256-4302-8eb1-b4347f4faadd) from filling the prescription for the wrong member or with the incorrect drug, strength, dosage, or information. These errors are escalated to management for review.  [Return to High Level Process](#_top) | | | |
| **10** | After all refillable prescriptions are chosen and marked, click **Continue** to proceed with the **Refill Summary** screen.  **Note:** When prescriptions are being enrolled into or unenrolled from ARP while placing a prescription refill order, the RFM Summary screen displays prior to the Refill Summary screen. Refer to [PeopleSafe - Automatic Refill Program (ARP) (022387)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89a5f1e4-2fea-404a-a5f8-6e50549eb3de).  **Result:** PeopleSafe displays the Refill Summary screen. Inside this screen, if any prescription(s) need to be removed or added to the order, click the **Back to Refill List** button to return to the previous screen and make the changes.  If the “Ship Consent” screen displays during the refill process, the MED D beneficiary has orders on hold awaiting express consent from the beneficiary for shipping. Refer to [MED D - Expressed Consent (Ship Consent) (083036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3f0adae9-ad4d-4e9c-9707-301d785da1cf). See example below: | | | |
| **11** | 1. Verify the **complete shipping address** and **telephone number** for the order.   **Note:** If speaking with the member proactively provide this information. However, if you are not speaking with the member (or if speaking with the member and another person on the line) ask the caller if they can verify the shipping address and contact number to you instead.  **Member-Example:**  We have your current shipping address as <123 Main Street Woonsocket, RI, 12345> and best available contact number as <999-999-9999>. Is this still correct?   1. Encourage Messaging Platform Alerts:    * Determine if the best available contact number is a cell number:      + **If yes**, Icon - CalloutI would like to set you up for text alerts so you can simply place a refill by replying with Yes or No when we notify you that you have a refill due. Does that sound good?   Refer to [PeopleSafe - Obtaining an Email Address and Managing Messaging Platform Alerts (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471).   * + - **If no,** Icon - Callout I would like to update your account with the best cell phone number to reach you regarding your account. I will set you up for text alerts so you can simply place a refill by replying with Yes or No when we notify you that you have a refill due. Does that sound good?   Refer to [PeopleSafe - Obtaining an Email Address and Managing Messaging Platform Alerts (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471).   * + Determine if member has an email address on file:     - **If yes**, Icon - CalloutNow that I have your refill alerts turned on, I show your email address is (verify email address). I’m going to turn on your Order Status alerts, this allows me to opt you in to see the full drug name and the status of your order. Does that sound okay?     - **If no,** Icon - Callout What is the email address I should have on file for you? Thank you, I’m going to turn on your Order Status alerts, does that sound okay?   **CCR:** Refer to [PeopleSafe - Obtaining an Email Address and Managing Messaging Platform Alerts (027674)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471) as needed.  **Authenticated Caller/Not the Member-Example:** Can you verify the shipping address and best contact number for this order?   * If **address or telephone** listed is different/has changed, you must speak with the member to get authorization to change the shipping address. Click **Change Contact Info** to add new address/telephone number. Refer to [PeopleSafe - Address, Email and Phone Number Changes (004566)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a09925d4-9dbb-407b-b579-c17eec6e62ee), [MED D - Address Changes and Out of Area (OOA) (030149)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0ba6dea9-4b34-4351-b06a-ec81046f6c0f), and [MED D – Email and Phone Number Changes (112972)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e0799360-70cd-4d44-a8b0-3112e61449f3).   Mail Order prescriptions (including controlled substances) should **never** be sent to a retail pharmacy for pick up. If a member requests to have a mail-order prescription mailed to their local pharmacy, this is not permitted, and the prescription must be sent directly to the member.   1. Select the radio button next to the new address and click the **Select** button (bottom left corner) on the **Change Contact Info** screen.   **Result:** Inserts the new address into the refill order.   1. Ask the member if they would like to upgrade their shipping to second day or overnight for an additional fee.   **Note:** Members using an FSA card, shipping is included with the order charge, so they do not have to use any other form of payment to increase the shipping.  If an Alternate Address is selected, Effective/Expiration date must be entered in PeopleSafe.  **Note:** When an order is started using a “**one-time**” address and diverts to future fill, it will release and choose the member’s default address on file. Entering a date range will ensure that the prescription will ship to the correct address if it is put into Future Fill.  If the member is using a **PO Box** and expedited shipping is selected, a pop-up displays. To ship the order with expedited shipping, the member must provide a physical address. | | | |
| **If the member…** | **Then…** | | |
| Provides a physical address | 1. Click **OK**. 2. Click the **Change Contact Info** button. 3. Change the shipping address accordingly and select it for the order. | | |
| Unable to provide a physical address | Submit a manual refill task by creating the following task:   * **Task Category:** Order Placement * **Task Type:** Refills Request – Manual * **Queue:** Order Placement – Participant Services * **Reason Box:** Member unable to provide physical address for expedited shipping. Please ship expedited, member agrees to pay for shipping charge. | | |
| Indicates to **not** ask for a physical address again | 1. Submit a manual refill task by creating the following task:    * **Task Category:** Order Placement    * **Task Type:** Refills Request – Manual    * **Queue:** Order Placement – Participant Services    * **Reason Box:** Member unable to provide physical address. 2. Call the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance.   **Note:** Only Senior CCR’s can select (check) the Address opt Out box on the Patient Profile screen.  **Notes:**   * Opt Out will not affect the hard stop on the Order Placement screen. * If the member requests the Rx again in the future, the CCR is prompted to ask again for a physical address.   [Return to High Level Process](#_High_Level_Process) | | |
| **12** | a. Provide the cost by selecting **Show Cost.**  b. **Read disclaimer regarding copay amount:**  Please keep in mind that the amount due for your order may vary from this quote upon processing.  **Notes:**   * When using the Show Cost button, if the prescription shows as denied due to the following reasons, continue with the order. * M/I (missing/ invalid) quantity, package size * Diabetic Kit rules\* * Brand drug now has generic and is rejecting for invalid DAW\* * Prior Authorization denials\* * Future Fill Date * Drug Utilization Review (DUR; Reject 88 that mentions Outcome Codes or PPS Codes required)   **Note:** Additional research is needed for these to verify coverage via test claims and CIF and inform the member accordingly. However, continue with placing the order.   * The Show Cost button will be grayed out (inactive) for Third Party Adjudicated (TPA) clients. Refer to [Third Party Adjudicated (TPA)Member (Identify, Test Claims and Refills) (021138)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9ecbb165-160a-44c2-9acc-eee5c417edb0). * If the member has a Health Reimbursement Account (HRA), the following disclaimer will be displayed: “HRA contributions are calculated based on a single claim transaction. The amount due is subject to change after processing. Verify if the member has an HRA plan design before providing the disclaimer, otherwise, it may cause confusion. Refer to [Health Reimbursement Account (HRA) (029146)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5faf1746-7a91-4622-9cc3-647c5b51d690). * If the total cost for the order is over $200, the member must provide permission to be charged the high copay; otherwise, their order may be delayed in processing. Permission must be documented at the member level. Refer to [High Dollar Copay Orders and Cardholder Limits (086469)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bc3693f3-fefe-4bb5-8720-4e51e940a0f7). * For **STCOB/EGWP** the cost on the order total screen does not show what the supplemental payer pays. A test claim should be done for accurate pricing. * Payment is required. Inform the member of the amount due.   **Notes:**   * + If the member is disputing the Previous Account Balance, create an RM task. Refer to [PeopleSafe - Balance Transaction History/Payment Dispute (Home Delivery/Mail Order Claims Only) (004578)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba2c70ed-7f0c-4779-98b6-9bc1eb9bbb1f).   + If the member asks to make a partial payment on the previous balance, refer to the [Partial Payment Information](#_Partial_Payment_Process) section below.   We accept payment by credit card and electronic check. How would you like to pay for your order today?  We currently have a Visa ending in <1234> with an expiration of <12/19>. Would you like to use this card today? Please be advised a hold of <state amount of order> will be placed on funds immediately. | | | |
| **If speaking with…** | **Then…** | | |
| A third-party | They must provide the last four digits of the credit card and expiration date or say “use default card” to complete the order. | | |
| The member | Provide the last four digits of the credit card and expiration date **or** Checking account last four digits.  We currently have a Visa ending in <1234> with an expiration of <12/19>. Would you like to use this card today? Please be advised a hold of <state amount of order> will be placed on funds immediately. | | |
| The father or mother who is calling in for the dependent child who is either handicapped or under the age of 18 | Provide the last four digits of the credit card and expiration date **or** last four digits of the checking account.  We currently have a Visa ending in <1234> with an expiration of <12/19>. Would you like to use this card today? Please be advised a hold of <state amount of order> will be placed on funds immediately.  [Return to High Level Process](#_High_Level_Process) | | |
| **13** | Determine the payment method for the order by selecting the payment type using the drop-down menu.  **When the member:**   * Is using a new electronic payment method, access the **Maintain Payment Options** screen and add the new account information. Refer to [Payment Maintenance Add, Edit and Remove (Credit Card and eCheck) (010987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b0d1693e-3ebd-45e7-811a-adbe7e2c9f83) then return to the Refill Summary screen and select the account. If an exclusive account, refer to message below.   **Note:** Payment accounts previously added or future accounts added via the Member Web Portal will continue to be a valid payment method.   * Has a $0 Copay and no payment method on file select **Save Order if tab is present if not then** Submit a manual refill request by creating the following task: * **Task Category:** Order Placement * **Task Type:** Refills Request – Manual * **Queue:** Order Placement – Participant Services * **Note:** $0 Copay and No Payment Method Provided * Does not want to provide payment over the phone: Unless the plan is [Fill and Bill (025493)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0d911c06-a035-4993-b59a-c848a7d96831), member needs to mail the order form with their payment, as payment is required before the order can be placed and shipped.   At no time shall CCR’s offer to send a bill when it’s not an option. If and only if call is escalated, reach out to the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51).   * Is using an existing electronic payment then select the payment account the member wants to use.   **Note:** If the payment account is marked as exclusive, a pop-up message displays as:    **Note:** Review the Transaction History screen to determine if the member has an outstanding balance. If there is an outstanding balance and the new order places member over their Floor Limit, advise them that payment is needed to process and ship the new order. | | | |
| **If the order…** | **Then…** | | |
| Includes Rx’s for the originator of the exclusive account **AND** Originator is on the phone placing the order | Continue selecting the payment account and proceed to the **next step**. | | |
| Does not include any Rx’s for the originator of the exclusive account **AND** The originator is on the phone placing the order | * Inform the member that the payment account is designated for their use only. * Confirm they would like to apply it to the order for the other family member(s). | | |
| Includes only Rx’s for the originator of the exclusive account **AND** the originator is **NOT** on the phone placing the order | The account should only be used with the originator’s permission.   * Ask if the originator is available to speak with you for a moment to authorize the transaction. * If not available, suggest that a different payment account be used or for the originator to contact us (or login to the Member Web Portal) at their convenience to apply the payment.   **Note:** POA’s are authorized to act on behalf of the member and can apply payments to an exclusive. | | |
| Does not include any Rx’s for the originator of the exclusive account **OR** includes a mix of Rx’s for the originator of the exclusive account and Rx’s for other family members **AND** the originator is **NOT** on the phone placing the order | The account should only be used with the originator’s permission.   * Ask if the originator is available to speak with you for a moment to authorize the transaction. * If not available, suggest that a different payment account be used or for the originator to contact us (or login to the Member Web Portal) at their convenience to apply the payment.   **Note:** POA’s are authorized to act on behalf of the member and can apply payments to an exclusive account.   * In situations in which there is custody of a dependent, non-plan member calling on behalf of the plan member, etcetera, if the call is fully authenticated and the caller can verify the payment account information, continue with applying the payment to the exclusive account. * Seek assistance if you are unsure or feel that the situation may lead to unauthorized use of the account.   [Return to High Level Process](#_High_Level_Process) | | |
| **14** | Complete the order. | | | |
| **If…** | **Then…** | | |
| Credit on account | There’s currently a credit of <$> on file. The credit amount will be applied to the cost of the order.  **Note:** If the account is a family account, the system cannot determine if the credit amount applies to a single individual. For example, a member’s wife sends a check for her medications and husband pays with a credit card on file. If this situation arises, submit the manual refill task and be clear in the task notes why you are sending the task.  **Suggestion:** Sent task because there is a credit of <$> on file and the credit is for Mary. This refill rx#1234567 is for Bob who uses credit card on file ending 1234. | | |
| Payment type was selected | Select **Charge Payment**. | | |
| **Bill Participant** button is displayed and the member requests to have a bill sent, and the order is less than the floor limit | Select **Bill Participant**.  **Note:** Button displays if the client allows Fill & Bill.   * It is PBM policy to obtain payment with every prescription order. * Click this button only if the member specifically requests to be billed for their order. | | |
| No payment is required | Select **Save Order.**  [Return to High Level Process](#_High_Level_Process) | | |
| **15** | Continue with the process if selected the payment type of credit card: | | | |
| **If the message displays…** | **Then…** | | |
| The **Credit Card has Expired**. Please select Another Credit Card. | Ask the member for the new expiration date and select the **Maintain Payment Options** button to update the card. Refer to [Payment Maintenance Add, Edit and Remove (Credit Card and eCheck) (010987)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b0d1693e-3ebd-45e7-811a-adbe7e2c9f83) for instructions on editing a credit card.   * If the member does not have a new expiration date for the credit card, ask for a different method of payment. Click **OK** then add a different payment method. | | |
| **Credit card pre-approval is denied.** Please select another card/payment method. | I am sorry, but your credit card account has been denied. Can you provide an alternative method of payment?  **CCR:** Click **OK** then Add a new credit card. | | |
| **Credit card is partially approved for <$xx.xx> amount**. Do you want to select another card/payment method or continue with this amount? If you continue, please note that the pharmacy will be in contact with you regarding your order. | * If the member would like to continue with the pre-authorized amount, click **OK**. Inform the member that the pharmacy will be in contact regarding additional payment options for the remaining balance.      * If the member does not want to continue with the pre-authorized amount, click **Cancel**. Ask the member if they would like to use a different method of payment.   **Note:** Only one method of payment can be used when placing the order through automation. Refer to [Partial Payment on Previous Balance](#_Partial_Payment_Process) section. If member requests to use two forms of payment, you must place a manual refill task and include the following in the notes:   * Payment Method #1: Payment Type & Last 4 digits. * Payment Method #1 Amount. * Payment Method #2: Payment Type & Last 4 digits. * Payment Method #2 Amount.   Do not list full credit card or account numbers. | | |
| **16** | Confirm the order is placed. PeopleSafe displays the **Confirmation Number: XXXXXX**.  **Notes:**   * Only Provide the confirmation number upon member request. * When prescriptions have been enrolled into or un-enrolled from the Auto Refill and Renewal formerly known as ARP in conjunction with placing a prescription refill order, PeopleSafe displays: “ReadyFill at Mail enrollment changes confirmed.”   If the member is using a PO Box and one or more of the prescriptions requires a cold pack, a pop-up will display. To continue placing the order in PeopleSafe, the member must provide a physical address. | | | |
| **If the member…** | **Then…** | | |
| Provides a physical address | 1. Click **OK**. 2. Click the **Change Contact Info** button and change the shipping address accordingly. 3. Click the **Charge Payment**, **Bill Participant**, or **Save Order** button again to complete the order. | | |
| Cannot provide a physical address | Submit a manual refill task by creating the following task:   * **Task Category:** Order Placement * **Task Type:** Refills Request – Manual * **Queue:** Order Placement – Participant Services * **Reason Box:** Member unable to provide physical address. | | |
| Asks us not to ask for a physical address again | 1. Create a manual refill task by creating the following task:  * **Task Category:** Order Placement * **Task Type:** Refills Request – Manual * **Queue:** Order Placement – Participant Services * **Reason Box:** Member unable to provide physical address.  1. Call the [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for assistance.   **Note:** Only Senior CCRs can select (check) the Address Opt Out box on the Patient Profile screen.  **Note:** The Opt Out will not affect the hard stop on the Order Placement screen. If the member requests the Rx again in the future, the CCR will be prompted to ask again for a physical address. | | |
| **17** | Provide the TAT for when the order is expected to ship.  Refer to [PeopleSafe - Shipping Guidelines, Fees and Order Tracking (004611)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=49a324cd-73b1-4e49-bdae-9ac58e18d184) for additional shipping information.   * If the Rx has **refills remaining** and is not expired:   You can expect your order for the following prescriptions to ship from our pharmacy within two (2) business days after the order is placed (does not include weekends). Orders are shipped on the first business day available (Monday-Friday) upon processing being completed. **Please Note: Processing time is in-house and does not include shipping time.**   * If the Rx has **no refills remaining** or is expired:   We will fax your doctor twice within the next five business days to obtain your prescription. If we do not receive a response, you will receive an automated phone call informing you of this. If you have signed up for text alerts, you will be notified with each attempt. Should there be no response, you will receive a final notification, and you will need to contact your prescriber directly.   * Once New Rx is **Received**:   When we receive the prescription from your prescriber, it will process within five (5) business days, and will then ship from our pharmacy the next business day (does not include weekends). You will receive confirmation of shipping via your preferred method of communication to notify you of your order status. **Please note: Processing time is in-house and does not include shipping time.**  **Notes:**   * Encourage use of MP and Portal to check the status of the order. * Orders ship via USPS and can be tracked online at USPS.com or by calling **1-800-ASK-USPS**. * Orders ship via UPS and can be tracked online at UPS.com or by calling **1-800-PickUPS**.   **Note:** UPS is standardly used for cold packaged medications or Expedited shipping per members request for an additional cost.   * Encourage the member to sign up for Email and/or Text alerts via [PeopleSafe - Obtaining an Email Address and Managing Messaging Platform Alerts (027674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=918203d3-2d76-4044-b2d9-0ced0504d471). Email and text alerts are the preferred method because they include tracking numbers, whereas phone MP alerts do not. The member can obtain the tracking number online on the Member Web Portal. * Once the order ships, the member can use the tracking number to determine how long it will take for the order to arrive.   **Note:** Using MP or the Portal will notify the member if there is a delay in processing their order.  Do not provide the member with a general delivery time frame, as this will vary depending on shipping method and geographic location of the member.   * **Monday through Friday is considered business days, although mail order is open every day.** | | | |

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| Editing an Order |

After an order is placed, it will be available for editing for a brief period of time (within 1 to 15 minutes) via the Refill Status screen before it moves to the Main Screen and begins processing.

While on the refill status screen, you can click the radio button next to the Rx and make changes to the order. The status while the radio button is present is not available, once the radio button disappears the order is in process, and you will be able to see status on the mail screen in PeopleSafe.

See [PeopleSafe - Order Status (004758)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=684a02bb-9cb0-473d-9b90-56fc922c1ed6) for details.

To edit the order while on the refill status screen before it populates to main screen, perform the following steps:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | From the **Main Screen**, click on the **Order Placement** navigation button then select the **Refill Status** button. |
| **2** | Select the radio button next to the order in question.  **Note:** Orders without a radio button available to click next to the confirmation number column are not available to edit through this screen. |
| **3** | Select the appropriate scenario:   * If changing the method of payment, address or shipping method then select **Edit** **Order** button.   **Result:** Refill Summary screen displays and the CCR has full control over the order.   * If adding or removing one or more prescriptions, proceed to **step 4**. |
| **4** | Make the necessary changes and save the order.  **Notes:**   * An order can be edited from the Refill Status screen as many times as needed if it has not moved to the Main screen. * Confirmation numbers are recycled when the order is resaved; the original confirmation number will be displayed. |

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| Downsizing a Prescription (Days’ Supply) |

This process is used when a member requests that their prescription be filled for less than the 90 calendar days’ supply rather than how it’s currently written (such as for a one-time vacation override) or if a prescription is keyed in for larger than a 90 days’ supply and needs to be reduced to the amount the plan allows.

 For a prescription to be downsized, it cannot be expired **and** there must be refills remaining.

**Notes:**

* This only applies to downsizing the day supply for the prescription, if the quantity prescribed is wrong a new prescription would be needed.
* Process can take up to 3 business days.
* Pre-packages medication/supplies cannot be broken up to downsize the prescription. This includes pre-packaged items such as insulin, test strips, sprays, vials, blister packs, tubes, etcetera. Refer to the [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) for instructions on running for pre-packaged items.

Complete the following steps:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Run a [Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to determine the cost and provide estimation to the member.  **Note:** When running the test claim, if there is no change in cost, ask the member if they would like to continue with the reduction in quantity. |
| **2** | Create an RM Task from the prescription number and apply a Stop See Comment. [Stop See Comments (007009)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6a481d2d-cc6d-40f0-af30-1858db02b7a4) must be submitted for this request to process.  Create the following task to **downsize a prescription**:   * **Task Category:** Rx Verification * **Task Type:** Courtesy Retranslation * **Queue:** Retranslation Participant Services   **Note:** 3 business days TAT  **Notes:**   * Document Task Notes and Stop See with the following: Rx#, name of medication and day’s supply the member is requesting. Specify in the task notes if the member is requesting an ONE TIME downsize of the Rx or if they want the Rx downsized for ALL remaining fills on the Rx. * The expiration date on the Stop See is automatically entered 10 calendar days out. * After downsizing, if the member is enrolled in Auto Renewal, we will reach out for a 30-day supply. * If a member notifies the CCR after they have placed the order via PeopleSafe/Refill screen and it is within 15 minutes, cancel the order via the Refill Status screen using the **Cancel Order** button. If it has been more than 15 minutes the Stop See will be sufficient in this instance for the order to process as long as the order does not display on the Main Screen.   **Do not cancel new prescriptions, put them on hold.**  **Note:** If the order on the Main Screen is a New Rx, then put the Rx in question from the order screen on hold, if the Rx is a refill cancel the Rx or the entire order if it only contains the one refill prescription. Submit the task described above for the applicable medication, then apply the Stop See. If member has a temporary address the medication is going to, make sure to update address on members profile and notate the change in both the RM task and Stop See Comment. |

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| Partial Payment Process |

**CCRs:** Partial payments for orders in process, refer to: [Split Payments in PeopleSafe (017747)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=94965c2d-81bf-4a50-86b8-861c54728cae).

The Split Payment procedure allows CCR to send split payment information directly to the Debit & Credit handling department. This feature is for **partial payments on previous balances only** and not a partial payment for the refill order being placed. When placing a refill order, the member must pay the copay for the refill; any previous balance can be paid later.

* If the member wants to use **two or more payment types** for the refill order, ensure that all the payment accounts are on file and then send an RM task as follows:
  + **Task Category:** Order Placement
  + **Task Type:** Refill Request- Manual
  + **Notes:** Specify the amounts to be applied to each payment type.

**Example:** “Member has $20 left on FSA card VISA ending 1234. Please apply payment to FSA card first and then remainder of copay on PNC Bank checking account, E-check on file.”

* + Review to determine if the amount in dispute has been addressed with a previous RM Task request, if not, send the following task to address the amount the member is disputing:
* **Task Category:** Billing and Payment
* **Task Type:** Payment Dispute
* **Queue:** Will automatically bring up Finance-Northbrook

If the member disputes this balance in **ANY**way:

**Examples:**

* I sent in a check for that…
* That was charged to my credit card on…
* I don’t owe that because…
* Can I only pay…?

Perform the following steps:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Click **the Show Cost** button.  **Result:** Provides costs of this refill to provide a combined total for the member. The Refill Summary screen reflects the cost of the refill being processed along with the disclaimer. |
| **2** | Click the **Partial Payment on Previous Balance** checkbox. |
| **3** | Input the amount the member wishes to pay toward the balance at this time.  **Examples:**   * Balance minus the disputed amount * Any amount between zero and the balance   **Note:** Refill Summaryscreen reflects the amount the member wishes to pay toward the balance and the amount of the refill being processed.   * If the member says they have paid the balance, input 0.00 in the partial payment amount.   **Example:** If the member has a $200 balance and he/she has sent a check just yesterday for $200. The payment is on its way. Type 0.00 in the partial payment amount and the member will only be charged the amount of the current prescription being refilled. |
| **4** | Select **Charge Payment** button then return to the Refill Order Process. |

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| Related Documents |

[Future Fill (Refill Too Soon) (007827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=554327a5-017f-4586-aa72-6cde5fc72fa8)

[PeopleSafe - Order Processing at Year End (028827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eac96d82-7620-4ca0-b6b8-7fbde7101374)

[PeopleSafe - Order Shipping Turn Around Time (TAT) (018691)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3338f261-4696-4e84-9019-43cc2eef3352)

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

[Log Activity/Capture Activity Codes (005164)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78)

**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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