# PeopleSafe - Call Handling - Return to Member (RTP)

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**Description:** Process for when a member questions why a prescription was returned and how to verify if a prescription was returned to the member.

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| Reminders |

If a mail service prescription cannot be filled, the PBM sends a letter to the member explaining why the prescription was not filled. The reasons that a prescription may not be filled include member ineligibility or the drug is not covered based on plan design. The process of sending the letter or returning the prescription is referred to as “RTP” or “Return to Participant.”

**In most cases, non-covered prescriptions are not automatically returned to the member.** A letter explaining why the prescription is not covered will be sent with the outgoing order if there were other covered prescriptions in the order.

If the member wishes to receive the original written prescription, they may contact Customer Care to request it. If allowed by law, the PBM will send the original written prescription to the member with a cover letter. If the non-covered prescription was written on the same prescription as a covered prescription, the PBM will not be able to return the prescription.

In the following cases, non-covered prescriptions will be returned automatically to the member:

* Prescriptions for Medicare Part D beneficiaries
* Prescriptions for Medicare Part B covered drugs
* Ineligible Members
* Non-drug items, such as crutches and blood work

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| Handling RTP Prescription Calls |

Use the following steps to assist a member with questions about an RTP prescription:

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| **Step** | **Action** |
| **1** | Determine the reason the prescription was returned or an RTP letter sent to the member by reviewing comments in the following locations:   * **Comments** under Claim/Order for the order in question. * **Communication History** screen to review auto faxes and auto letters. * **View Problems** button for the order in question. * **Notepad** comments for the order in question. |
| **2** | Educate the member on the reason the prescription was returned or not filled.  **Examples:**   * The prescription is a non-covered item and is in one of these categories:   + Prescriptions for Medicare Part D beneficiaries   + Prescriptions for Medicare Part B covered drugs   + Member is ineligible   + Non-drug items, such as crutches and blood work * The non-covered prescription was written on the same prescription as a covered prescription, therefore the PBM could not return the prescription. * The PBM will store the original prescription in-house. Keeping the original prescription will allow us to better serve member’s needs should there be a future-fill issue we need to resolve or if we need to refer back to the prescription on those filled.   If the member received only the RTP letter and wishes to have their original prescription returned, refer to [Return Rx Member Wants Original Rx Mailed Back (027018)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e16dda31-a0da-426f-98f1-855c4b6bd6c3). |
| **3** | The following are problems that create possible RTPs:   * Plan design requirements (**Example:**  Drug not Covered) * Expired prescription, offer to initiate a new prescription. Refer to [Obtaining a New Prescription for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). * Clinical Conflicts, refer to [Clinical Counseling Pharmacist (004378)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f22eb77e-4033-4ad9-9afb-fc262f29faad). * Refill too soon * Duplicate therapy * Drug interactions or contraindications * High dose and allergy alerts * If RTP is due to an MPP (CCM) divert, refer to [Intervention Changeback (004594)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=92f4cbaf-20a3-4f57-a897-7b2f9f1b4f36). (**Example:** Missing Diagnosis & Prior Auth Required). |

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| How to Verify a Prescription was Returned |

Perform the following steps to verify that a prescription was mailed back to the member:

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| **Step** | **Action** | |
| **1** | Access the Main screen and locate the prescription in question. | |
| **2** | Review Order Status.   * If the order is cancelled or displays as Reject-RTP, click on the order number hyperlink to review how the way in which we received the prescription. | |
| **3** | Review the Receive Mode. | |
| **4** | Review the Drug Details to determine if the prescription is Controlled or Non-Controlled.  **Note:** Drug Detail Information can be found by clicking on the name of the medication. | |
| **If the prescription…** | **Then…** |
| Was received via mail or is a C2 | Review View Activity and Order level comments screen to determine if anyone has requested the hard copy to be returned to the member. |
| Was received via ERX, fax or phone and is NOT a C2 medication | Restart the order using [Manual Refill task (027179)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eea92f37-f941-4237-9b9e-af999ad68e8f). |
| For a C2 medication was received by mail **AND** has not been requested to be sent back to the member | Restart the order using [Manual Refill task (027179)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eea92f37-f941-4237-9b9e-af999ad68e8f). |
| **5** | Add a note that the prescription was sent back to the member. | |
| **6** | Obtain a new hard copy to create an order. | |
| **7** | Place the order using [Manual Refill task (027179)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=eea92f37-f941-4237-9b9e-af999ad68e8f) if eligible. | |
| **8** | Provide member with turnaround time for order to be restarted, if eligible.   * If not eligible, advise the member that we will need a new prescription.   **Notes:**   * The only reason we would need a new prescription is if the member has requested it to be returned. * Members are sent a letter when hard copy orders are cancelled and are required to initiate the prescription return on their own. We do not automatically return hard copy prescriptions. Do not rely on the “metered” indicator as it is not accurate. * C2 prescriptions must be in date. Review the state law reference table to verify the prescription has not expired in accordance with the individual member’s state laws. | |

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| Related Documents |

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

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

**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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