# Create Opportunity and Maintenance Choice (MChoice) Transfer

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**Description:** The process of initiating a Mail to Retail MChoice prescription transfer and includes how to request a 90-day Rx at our Retail/Mail Order location currently filling a 30-day supply. The Maintenance Choice program provides participating plan members with the choice of receiving 90-day maintenance prescriptions through our Home Delivery/Mail Order pharmacy, or at a CVS retail pharmacy for the same copay.

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| Reminders |

*  All prescription transfers must be initiated by the new filling pharmacy.
*  The new filling pharmacy receives the prescription from the original filling pharmacy.
* When a prescription is transferred, all the remaining refills are transferred.

 **Exception:** New York State only allows **one refill** of an Rx to be transferred.

* MChoice transfers can only be done at a CVS retail pharmacy.
* The plan must be active to transfer from mail order to retail.

The following prescriptions cannot be transferred:

* Prescriptions that are expired, or have no refills
* C-2 Controlled Substance Rx
* C-3, C-4, C-5 prescription that has not yet been filled at the current pharmacy
* Compounded Prescriptions

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| Create Opportunity – Request a 90-Day Rx at Our Retail or Home Delivery/Mail Order Pharmacy |

**Note:** If speaking with CVS pharmacy directly for an MChoice transfer, CCRs can warm transfer the pharmacy to MChoice Rx Transfers for CVS Pharmacies Only at **1-866-234-0196, Option 2** (internal, do not disclose).

Perform the following steps to create a Maintenance Choice opportunity to allow a member to obtain a 90-day prescription either at our Home Delivery/Mail Order or select participating pharmacy from a current 30-day retail Rx:

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| **Step** | **Action** | | | | | |
| **1** | Determine if the member has a 30-day POS claim. | | | | | |
| **If…** | | | **Then…** | | |
| Yes | | | Continue to Step 2. | | |
| No | | | Follow the steps for the below scenarios. | | |
| **If filling Rx at…** | | **Then…** |
| Retail | | Advise member to obtain a new Rx from their prescriber, or have prescriber call in an Rx to our Pharmacy of their choice. |
| Mail | | Initiate a new Rx request. Refer to [PeopleSafe - Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). |
| **2** | Locate the appropriate prescription and click the **prescription number**. | | | | | |
| **3** | On the paid POS claim, click . | | | | | |
| **4** | Determine if the member wants to use our Home Delivery/Mail Order Pharmacy or select participating pharmacy. | | | | | |
| **If the member wants to use…** | | | | **Then…** | |
| Our Home Delivery/Mail Order Pharmacy | | | | Click the **Virtual Pharmacy** radio button and continue to Step 5. | |
| Select participating pharmacy | | | | 1. Select **Member closest pharmacy** or **requested pharmacy**.   **Result:** The four closest pharmacies to the member’s home address will auto populate the screen. The screen displays one 24-hour pharmacy.   1. Once the member decides on the pharmacy, click the **radio button for that pharmacy**.   **Note:** If the member requests another pharmacy, click  to find the member’s pharmacy. | |
| **5** | 1. Click  after the pharmacy has been selected.   **Note:** A pop-up message may display.     1. Click **OK** then use the **Change Contact Info** button that displays below the Shipping Information to add the member’s telephone number. Click **OK** for any other pop-ups (example below) that may display.      1. Once the phone number is added, close that screen by clicking **Select** at the bottom left of the screen.   **Result:** The Create Opportunity screen displays. | | | | | |
| **6** | On the Create Opportunity screen, click the displayed **paid claim**. | | | | | |
| **7** | Review and determine if the prescriber’s name and phone number are correct. | | | | | |
| **If…** | **Then…** | | | | |
| Yes | Proceed to Step 8. | | | | |
| Missing or Incorrect | Select **Update Prescriber** then input the correct prescriber’s name.    **Notes:**   * Format = Last Name, First Name\*   **Example:** Patel, Chi\*   * Must enter comma and space between prescriber’s last and first name. * Must enter an asterisk (\*) at the end of the entry to complete a wild card search. * Last Name, First Name\* is the preferred search method; however, when searching by only the prescriber’s last name, enter at least the first four characters of the prescriber’s last name with an \* to complete a wild card search (**Example:** Patel\*). * Refer to [PeopleSafe - Find a Prescriber Tool (018702)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c70a19a-da0d-4879-84d0-ab2c3f23b39b) for more information then proceed to Step 8. | | | | |
| **8** | Verify the member’s contact and shipping information (Address, Phone, and Email).   * If correct, proceed to Step 9. * If the information is incomplete or incorrect, select **Change Contact Info** and update the information. Upon clicking **Select** (bottom left), it will return to the Create Opportunity screen.   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 - Email and Phone Number Changes (112972)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e0799360-70cd-4d44-a8b0-3112e61449f3) and/or * [MED D - Address Changes and Out of Area (OOA) (030149)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0ba6dea9-4b34-4351-b06a-ec81046f6c0f) | | | | | |
| **9** | Determine if the member wants to use our Home Delivery/Mail Order or select participating pharmacy. | | | | | |
| **If…** | | **Then…** | | | |
| Our Home Delivery/Mail Order pharmacy | | 1. Advise the member of the current copay due and verify the preferred method of 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). 2. Select .   **Result:** A system generated message displays: “The Opportunity Process Creation has been successfully initiated.”   1. Click **OK**.   Communicate to the member that our Home Delivery/Mail Order Pharmacy will reach out to their prescriber for the 90-day supply.  **Reminders:** When creating a Home Delivery/Mail Order opportunity, advise the member:   * The script will be filled after the prescriber responds. * The order should be shipped within the standard turnaround time. Refer to [PeopleSafe - Order Shipping Turn Around Time (TAT) (018691)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3338f261-4696-4e84-9019-43cc2eef3352). * The member should use our web portal to check order status. * Offer to update the member’s preferences on how they receive messages from us. 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). | | | |
| Select participating pharmacy | | 1. Confirm the **Pickup Date** with the member.   Do not change the Pickup Date.     1. Select .   **Result:** A system-generated message displays: “The Opportunity Process Creation has been successfully initiated.”   1. Click **OK**.   Communicate to the member that our Retail Pharmacy will reach out to their prescriber for the 90-day supply.  **Note:** If the member wishes to check on the status of their prescription, they will need to contact the retail pharmacy. | | | |
| **10** | Add **notes** for the opportunity initiation at the Plan Member Level for Retail or Home Delivery/Mail Order. | | | | | |

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| Initiating a Maintenance Choice Home Delivery/Mail Order Prescription Transfer to Our Retail Pharmacy |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Click  then select the **check box** at the left of the prescription (Rx) the member would like to be transferred and choose **MChoice Transfer**.  **Note:** The MChoice Transfer button is visible only for MChoice eligible members.    **Result:** The MChoice Transfer screen displays, indicating to select a pharmacy. The screen displays the four nearest Maintenance Choice pharmacies within the 10 miles of the cardholder’s address. | |
| **2** | Select the **radio button** to the left of the pharmacy where the member wants the prescription(s) transferred.    There may be instances when the local pharmacy does not have the requested medication in stock. Controlled Substance (CIII-CV) can be transferred once. If the member is concerned about the availability of the medication, they can contact the local pharmacy to confirm they have it in stock. | |
| **3** | Determine if the member’s requested pharmacy displays in the list. | |
| **If…** | **Then…** |
| Yes | Click the **radio button** to the left of the requested pharmacy location, then choose **Select**, and proceed to Step 4. |
| No | 1. Click .   **Result:** The Pharmacy Network screen displays with Maintenance Choice pre-selected in the Networks drop-down menu.   1. Refer to Steps 2-3 of the [Locating a Maintenance Choice Pharmacy](#_Locating_a_Maintenance) section of this document, then after the member’s preferred pharmacy is located, select the pharmacy, and proceed to Step 4. |
| **Result:** The MChoice Transfer screen displays with an estimated copay.  Inform the member of the estimated copay and give the price quote disclaimer.    **Note:** Prescriptions that are not eligible for transfer are grayed out. The Reason field indicates why the Rx is not eligible for transfer.      **Reason Field Descriptions:**   * Controlled Drugs Not Eligible for Maintenance Choice * Discontinued Prescription * Drug Transferred from Prior PBM * Current Order In-House for Rx * Prescription Expired * Rx Not Eligible for Transfer, click for Details (indicates a failed test claim; click the hyperlink to view the settlement codes for the reason). * Advise the member that their prescription is not eligible for transfer and why.   Do not contact CCS. The reasons why a prescription is not eligible for a Maintenance Choice transfer are not clinical in nature.   * Zero Refills Remain   **Notes:**   * Anytime an MChoice transfer is not available for filling by mail (**Example:** Discontinued prescription, prescription expired, etc.), create a new RX request. * Anytime an MChoice transfer is not available for filling at local pharmacy, follow retail RX transfer. | |
| **4** | Ask the member which phone number is best in order to reach them and update the **Contact Phone** / **Extn** fields accordingly. | |
| **5** | Confirm the **Pickup Date** with the member.  Do not change the time or date that is pre-populated.  Confirm the member has a necessary supply of medication on hand for the populated earliest Pickup Date. | |
| **6** | 1. Click.   **Result:** A popup message displays indicating the Transfer request was submitted or failed for the specific prescription numbers.    Click **OK**.  **Result:** The prescription is transferred to retail and immediately in queue at the retail pharmacy. The member can contact the retail pharmacy for updates.  Do not contact the Service Center or make any reference to the failure message while speaking with the member. There are system checks in place that ensure that the issue causing the failure message is addressed off-line by the appropriate department. | |
| **7** | Click .  **Note:** Regardless of whether the message indicates success or failure, click **OK** and proceed to the next step. | |
| **8** | Click **Back to Refill**.  **Result:** This returns the CCR to the Refill Request screen. Prescription(s) for which the MChoice Transfer was initiated are discontinued and no longer display on the Refill Request screen.  **To Determine if an MC Transfer has been completed perform the following steps:**  Access **View Comments**. The “TYPE” box (upper left portion of the screen) is the box that typically displays the member’s name. When a MC Transfer is complete, this box displays the Rx of the prescription that was transferred instead of the member’s name.  **Result:** Prescription identification displays, this indicates if the MC was complete. | |

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| Locating a Maintenance Choice Pharmacy |

Perform the following steps:

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| **Step** | **Action** |
| **1** | Click .  **Result:** The Pharmacy Network screen displays.  **Note:** The following statement displays in red on the Pharmacy Network screen when applicable: “Maintenance Choice benefits are available for this member.” |
| **2** | Select **Maintenance Choice** from the Networks drop-down menu. |
| **3** | Click .  **Result:** Only pharmacies within the Maintenance Choice network will be returned.  **Note:** When **All Networks** is selected from the Networks drop-down menu, the Maintenance Choice network will be included in the search results.  Refer to Step 4 of [Initiating a Maintenance Choice Home Delivery/Mail Order Prescription Transfer to Our Retail Pharmacy](#_Various_Work_Instructions). |

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| Popup Message Suggested Verbiage |

Refer to the following table for direction concerning various pop-up messages that may display after typing a prescription number in the Rx Number field and clicking :

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| **If the pop-up displays…** | **Then…** |
| **One of the following:**   * Rx not available for refill - Prescription discontinued due to non-clinical intervention. * Prescription is a controlled substance (Schedule 3 - 5) and has expired. A call will be placed to the doctor for authorization. * This prescription is over 1 year old. A call will be placed to the doctor for authorization. * No refills remain. A call will be placed to the doctor for authorization. * No quantity left. A call will be placed to the doctor for authorization. | The prescription is not eligible for transfer.  **CCR:**   * If the member is interested in having the prescription filled through Home Delivery/Mail Order, then our Home Delivery/Mail Order pharmacy contacts the doctor for authorization to fill the prescription on their behalf. * If the doctor does not return the call or fax, the prescription will not be filled, and the member will receive a letter. * The member may also ask their doctor to phone a 90-day supply prescription into our retailpharmacy of the member’s choice.   Perform a Test Claim for a 90-day fill at our retail pharmacy of the member’s choice to confirm coverage and copays. |
| Rx not available for refill – Previous fill not yet shipped | An order for this prescription is currently in process at Home Delivery / Mail Order.  **CCR:** The transfer request may be submitted after the current order is shipped.  **Exception:** Theorder can be canceled prior to “Label Printed, Dispensed, Packed or Metered”. Refer to [PeopleSafe - Cancel Order, Prescription Refill or New Prescription (004761)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c67b914f-1f29-4331-9bf1-d79214260f5f).  Please call back after the current order ships to request the transfer to our local retail pharmacy. |
| Rx not available for refill - Prior PBM Dispensed NDC not found | The prescription is not eligible for transfer.  **CCR:**   * If the member is interested in having the prescription filled through Home Delivery/Mail Order, refer to [Initiating a Maintenance Choice Home Delivery/Mail Order Prescription Transfer to Our Retail Pharmacy](#_Various_Work_Instructions). * Otherwise, the member may ask their doctor to call in a prescription for a 90-day supply into one of our retailpharmacies of the member’s choice.   Perform a Test Claim for a 90-day fill at our retail pharmacy of the member’s choice to confirm coverage and copays. |
| **One of the following:**   * Rx is not available for refill. The prescription is a Controlled Substance (Schedule 3 - 5) and by state law, a new prescription is required. * Rx is not available for refill. Participant will need to obtain new prescription from physician. | Do not offer the member NewRx or FastStart.  The prescription is not eligible for refill or transfer.  **CCR:** The member can ask their doctor to call in a prescription for a 90-day supply into one of our retailpharmacies of the member’s choice.  Perform a Test Claim for a 90-day fill at our retail pharmacy of the member’s choice to confirm coverage and copays.  Refer to Steps 2 and 4 of [Initiating a Maintenance Choice Home Delivery/Mail Order Prescription Transfer to Our Retail Pharmacy](#_Various_Work_Instructions). |

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| Related Documents |

[Customer Care Abbreviations, Definitions and Terms (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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