# PeopleSafe - Handling Maintenance Choice Calls

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**Description:** Information, benefits, offerings, and setup processes for the Maintenance Choice program.

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| Identifying Maintenance Choice Plans |

CVS Caremark’s **Maintenance Choice** (MChoice) program helps manage drug costs and reduce trips to the pharmacy by offering Members the option of filling maintenance (long-term) medications in 90-Day supplies at select participating pharmacies for the **same** mail rate and copay. The Maintenance Choice (MChoice) program types are **Incentivized**, **Mandatory**, **Mandatory Opt Out,** and **Voluntary**.

The type of MChoice Program (if the plan participates in MChoice) can be determined by clicking the Client Program Offerings link on the Main Page of PeopleSafe, or by reviewing the CIF.

**Reminders:**

* Both **Retail** and **Mail** fills will apply to Grace Fill limits.
* MChoice 90-Day refills are available via select participating pharmacies including but not limited to CVS Caremark Mail Order, all CVS Retail pharmacies, including those inside of Target stores, Costco Pharmacy, Kroger Pharmacy, and select independent pharmacies.
* Click the [Pharmacy Network (023842)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c209183-6f8f-4e38-9647-7952ab652433) button in PeopleSafe or use the Test Claim pharmacy locator. Participating pharmacies are indicated by “MCHOICE” in the column “Network Level.”

**Note:** Not all clients or programs utilize CVS Caremark for their Mail Order service. Always check the CIF and run Test Claims to confirm coverage.

* Most plans offer either two or three “grace fill” 30-Day retail or mail refills per medication at any in-network pharmacy before moving to 90-Days at a select participating pharmacy (CVS Retail, CVS Caremark Mail, Costco Pharmacy, Kroger Pharmacy, or select independent pharmacies, etc.). Review CIF to see the ‘Fill Limitations’ for each client and confirm coverage via Test Claims.
* Once all grace fills have been exhausted, 30-day fills will reject. Check the CIF to see if the plan allows the member to Opt-Out. Refer to [Maintenance Choice Opt Out (058982)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=20791340-d563-44f1-a4ef-e7d39a495112).
* **Exceptions** to the MChoice 90-Day refill may apply:

* + [Specialty Medications (005035)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4285ff10-756a-437f-8415-0cd84e7e98b4) are not subject to Maintenance Choice rules. View CIF to confirm Specialty coverage and pharmacy details.
  + Certain medications (such as narcotics (C- medications), specialty medications, antibiotics, etc.) may be limited to 30-Days supplies or less. These medications should already be excluded from the Maintenance Choice program and should allow processing at 30-Days supply (or as required based on the medication). Contact Clinical Care for questions about state/federal laws for medication dispensing. If they confirm this medication must be dispensed in a limited Days’ Supply, and a test claim showing Maintenance Choice is required, contact Senior Team for Account Manager notification.
  + Certain drugs, such as some [pre-packaged (031773)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=469e4571-83ef-47f7-9a70-e881b945b605) medications, are counted by the week instead of by the month and are dispensed in 28 or 84-Day supplies instead of 30 or 90. 28/30 Days and 84/90 Days count the same under MChoice.

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| Maintenance Choice Program Types |

Refer to CIF for program details and Client-specific options, including 30-Day retail fill limits.

**Note:** Members will not understand these internal terms. Simply educate the member on their plan and focus on the benefits to the member, such as less trips to the pharmacy.

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| **MChoice Program Type** | **Description** |
| **Mandatory**  **Mandatory Opt Out** | * Requires plan members to obtain 90-day supplies of maintenance medication through a select participating pharmacy with the same mail rate and copay. * Refill restrictions give members a limited number of 30-day “grace” fills at retail or mail (typically two; however, this is up to the client) before the move is required. * After the refill limit has been reached, if the member continues to refill medications in 30-day supplies outside of a select participating pharmacy, the claim will reject and the member will be responsible for 100 percent of the cost of the medication. * Clients **may** elect to implement the Opt Out version of MChoice. With this version, members can opt out of all medications at once or at an individual medication level. The type of opt out is indicated on the implementation document (CRD). With this version, members may [“Opt Out” (058982)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=20791340-d563-44f1-a4ef-e7d39a495112) of the Retail Fill Limit requirements, which allows them to continue filling 30-Day supplies at their preferred pharmacy. If a member opts out, they are opted out during the plan year and are required to opt out again for the next plan year. The Opt Out resets each plan or calendar year. Refer to [Client Program Offerings (027425)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6e05522-5955-4535-ad00-01d20dbe09e8) and the CIF for details. * Members may only Opt Out for themselves and any minor children on their account. Otherwise, each member needs to contact us to authorize the change.   + If a member calls to Opt Out, we want to explain the benefits of filling in 90-day supplies and to encourage the member to fill in 90-day supplies:   Did you know that some members have changed back to getting prescriptions in 90-day supplies for:   * + - **Financial concerns:**  Filling in 90-day supplies is the lowest cost way to get your prescriptions     - **Pickup and delivery options:** You can choose either to pick up your medications at the pharmacy or choose a pharmacy with delivery options.     - **Less mental work:** Refills every 90-days means less refills to remember. You will also save time with fewer trips to the pharmacy – refill a few times a year instead of monthly trips to the pharmacy.   + If the member chooses to Opt-Out, inform the member that they can fill their medications in 30-day supplies until the end of their plan’s benefit year. They will need to call the Care team again when their plan benefits renew if they want to continue filling their medication in 30-day supplies. |
| **Incentivized** | * Plan members can obtain 90-Day supplies of maintenance medications through a select participating pharmacy with the same mail rate and copay. * If the member chooses not to fill at a select participating pharmacy after their grace fills are exhausted, the member will pay a higher cost share/copay for each additional 30-Day refill past the refill limit.   Refer to[Common Questions and Scenarios](#_Common_Questions,_Scenarios,) for next steps on resolving a 30-Day Retail Rx which has incurred a higher copay due to MChoice Incentivized fill limits. |
| **Voluntary** | * Plan members can obtain 90-Day supplies of maintenance medication through a select participating pharmacy, with the same mail rate and copay. * 30-Day refills are still covered under this program, but ensure the Member is getting the lowest price by comparing 30- and 90-Day supplies via Test Claims.   Refer to [Maintenance Choice® Voluntary Program Overcoming Objections (086365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d8112ceb-c1d0-4b6b-9486-d8abac9fe960). |
| **Objections to MChoice programs** | Refer to [Maintenance Choice® Voluntary Program Overcoming Objections (086365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d8112ceb-c1d0-4b6b-9486-d8abac9fe960). |

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| Member Has a 30-Day Prescription at a Retail Pharmacy |

Perform the steps below:

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| **Step** | **Action** | | |
| **1** | Click the blue [Client Program Offerings (027425)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6e05522-5955-4535-ad00-01d20dbe09e8) hyperlink on the PeopleSafe Main Screen. A pop-up will indicate which version, if any, of Maintenance Choice is offered, and other plan design highlights.  **Note:** Client-specific Maintenance Choice program details can be found on the CIF. | | |
| **If the client…** | | **Then…** |
| **Offers** the Maintenance Choice Program | | Proceed to the next step. |
| Does **NOT** offer the Maintenance Choice program | | Continue with the call according to current policies and procedures. |
| **2** | Review the CIF and High Priority Comments for any additional instructions regarding Maintenance Choice.  **Example:** Although a client may have the Maintenance Choice program available, it may not apply to all plans. The [Client Program Offerings (027425)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6e05522-5955-4535-ad00-01d20dbe09e8) link will show if this plan participates. | | |
| **3** | Determine which MChoice plan design the member has and ask where the member would like to fill their prescription.  For suggested responses to Member questions or objections about moving to a Maintenance Choice plan, see [Maintenance Choice® Voluntary Program Overcoming Objections (086365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d8112ceb-c1d0-4b6b-9486-d8abac9fe960). | | |
| **If the member wants to…** | **Then…** | |
| Continue using an in network, non-participating MChoice Pharmacy | 1. Advise the member about the benefits of filling 90-Days’ supplies as opposed to 30-Days’. If the member has the MChoice Opt Out plan design, offer that option.   **Note:** MChoice Voluntary does not require an opt-out.   * If a member calls to Opt Out, explain the benefits of filling in 90-day supplies to try to encourage the member to fill in 90-day supplies instead of opting out to fill in 30-day supplies:      * + **Financial concerns:** 90-day supplies are the lowest cost way to get your prescriptions.   + **Pickup and delivery options:** You can choose either to pick up your medications in person or request home deliver.   + **Less mental work:** Refills every 90 days means less to remember and you’ll also save the time with less trips to the pharmacy (refill a few times a year instead of monthly trips to the pharmacy). * If the member chooses to opt out, inform the member that they can fill their medications in 30-day supplies until the end of their plan’s benefit year. They will need to call the Care team again when their plan benefits renew if they want to continue filling their medication in 30-day supplies.  1. If an Opt-Out is not available, share the member’s options: Move to a select participating pharmacy at a 90-Days’ supply. Refer to below based on their choice of a participating retail pharmacy or Mail Order pharmacy. | |
| Move to  OR  Continue to use a select participating MChoice pharmacy | a. Advise the member about the benefits of filling 90-Days’ supplies as opposed to 30-Days’. If the member has the MChoice Opt Out plan design, offer that option.  **Note:** MChoice Voluntary does not require an opt-out.   * If a member calls to Opt Out, explain the benefits of filling in 90-day supplies to try to encourage the member to fill in 90-day supplies instead of opting out to fill in 30-day supplies:      * + **Financial concerns:** 90-day supplies are the lowest cost way to get your prescriptions.   + **Pickup and delivery options:** You can choose either to pick up your medications in person or request home deliver.   + **Less mental work:** Refills every 90 days means less to remember and you’ll also save the time with less trips to the pharmacy (refill a few times a year instead of monthly trips to the pharmacy). * If the member chooses to opt out, inform the member that they can fill their medications in 30-day supplies until the end of their plan’s benefit year. They will need to call the Care team again when their plan benefits renew if they want to continue filling their medication in 30-day supplies.   b. Member should contact select participating pharmacy to determine if enough refills remain to equal a 90-Days’ supply (**Example:**  Three remaining 30-Days’ refills). If not, a new prescription is needed. | |
| Move to Mail Order | Offer to initiate **Mail Order** for the member, either by performing a [Retail to Mail RM Task (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c), or offering to [obtain a new 90-Days’ Rx (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c) on behalf of the member. | |

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| Common Questions, Scenarios, and Solutions |

Refer to the scenarios below:

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| **#** | **Question/Scenario** | **Action** |
| **1** | A 30-Days’ Supply Retail refill was rejected at the local pharmacy  **Examples:** Member states “The pharmacy says my prescription is blocked”, “Caremark only covers two refills”, etc. | 1. Click the rejected retail Rx Number and review the Settlement Description. If the claim was rejected for MChoice 30-Days’ retail refill limits, one of the following messages may appear:  * RETAIL FILL LIMIT EXCEEDED * REFILLS ARE NOT COVERED EXCEEDS REFILL LIMITATION - MCHOICE * HAVE CUSTOMER CALL NUMBER ON BACK OF CARD.   **Example:**     1. Click the blue [Client Program Offerings (027425)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6e05522-5955-4535-ad00-01d20dbe09e8) hyperlink on the Main Screen of PeopleSafe to determine which version of MChoice applies to the plan. 2. Next steps may include:    1. Educate Member on the benefits of 90-Days’ supplies. Refer to [Member objects to Maintenance Choice program rules](#Memberobjects).    2. Offer to initiate **Mail Order** for the member, either by performing a [Retail to Mail RM Task (029980)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3438a8ea-9ad1-4c4b-b710-57dab144493c), or offering to [obtain a new 90-Days’ Rx (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c) on behalf of the member.    3. If the Member prefers Retail and is already using a MChoice select participating pharmacy, the member should be advised to have their doctor submit a 90-Day supply Rx to their MChoice select participating pharmacy (CVS Pharmacy, Costco Pharmacy, Kroger Pharmacy, or a select independent pharmacy).    4. If they need to move their prescription from another pharmacy to a MChoice select participating pharmacy, the member should be advised to contact their select participating pharmacy for further assistance.   **Note:** If the retail refill is urgently needed before the member moves to Mail Order, check the CIF to see if Annual Fill Limit PBO will allow one more 30-Days’ supply refill. Remember that most plans limit this option to once per year per medication. Offer to initiate a New Rx Request for Mail Order at the same time this option is exercised. Refer to [Member Low or Out of Medication (046109)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b7dbf62-c6e3-494d-86af-4a5ff49a52af). |
| **2** | A 30 Days’ supply Retail refill incurs an unexpected increase in copay | 1. Click the blue [Client Program Offerings (027425)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6e05522-5955-4535-ad00-01d20dbe09e8) hyperlink on the Main Screen of PeopleSafe to determine if the plan offers **Maintenance Choice Incentivized**. If the higher copay is due to MChoice Incentivized rules, and the Member has not yet picked up the refill with the higher copay, suggest they ask the pharmacy to reverse the claim so it can be replaced with a 90-Days’ supply fill at the expected copay. 2. Click the Rx Number, then View Transmission at bottom, and review Maintenance Choice Fills and Mandatory Fillsfields. Refer to [Offering Maintenance Choice for New or Expired Prescriptions](#_Maintenance_Choice_Voluntary). 3. Research previous retail fills of the same medication. Compare Days Supply, copay amounts listed in the View Financials screen, [Plan Summary (040585)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d339dc13-3fb0-4611-a7c2-78a417ba79eb), and MChoice retail refill limits in CIF. 4. Educate Member on MChoice options and benefits. Refer to [Member objects to Maintenance Choice program rules](#Memberobjects). |
| **3** | Questions about Rx transfers | Refer to [Rx Transfer Index (004726)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=db939cc1-1f5e-44de-89df-985827477553).  **Note:** If the member would like to transfer to Mail Order, send a new Rx request on behalf of the member unless the member refuses. Refer to [Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c). |
| **4** | Member objects to Maintenance Choice program rules | * Advise the member of the benefits of Maintenance Choice:   + **Choose where you fill:** Choose where to fill maintenance prescriptions at a select participating pharmacy. They can find one via the Pharmacy Locator Tool on Caremark.com.   + **Save Money:** In most cases, 90-Days’ supplies offer cost savings over filling 30-Days’ supplies at a time. Compare pricing via Test Claims to illustrate savings.   + **Save Time:** No more **monthly** pharmacy trips. Most retail pharmacies offer home delivery and with mail order, your medicine is delivered right to you. That means fewer trips to the pharmacy and the gas pump.   For more responses to Member questions or objections about MChoice plans, see [Maintenance Choice® Voluntary Program Overcoming Objections (086365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d8112ceb-c1d0-4b6b-9486-d8abac9fe960).  For a general talk track on the benefits of Mail Order, see [Retail to Home Delivery Pharmacy Program – Talk Track (086370)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1ba5303d-8d9e-4e95-9320-22642ff4acb6).  For cases in which members or prescribers are unwilling or unable to move to a 90-days’ supply due to possible health or safety concerns, refer to [Requests for 30-Day Supplies for Maintenance Choice Medications (014264)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=87c79a8a-6bca-40d0-ba93-6b3fdf9b5d8a). |
| **5** | Maintenance Formulary Drug List | * Direct members to visit Caremark.com and view their Covered Drug Lists. Refer to [Caremark.com - Covered Drug List - Formulary (038389)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=c0d789ba-e92a-46dc-8d94-061c20d54508).   + If unavailable, refer members to <https://www.caremark.com/portal/asset/CVS_Caremark_Maint_DrugList.pdf> |

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| Offering Maintenance Choice for New or Expired Prescriptions |

**Note:** Maintenance Choice prescriptions are subject to Controlled Substance state laws. When advising a member about Maintenance Choice options, contact Clinical Care for **Mail Order** prescriptions to verify if any state restrictions will apply to the medication.

Clinical Care - (Internal Number, do not disclose) 1-866-251-3591

Option 1: Pharmacy requesting Rx transfer (inbound or outbound)

Option 2: All other clinical inquiries

* **Monday thru Friday:**  7 am to 7 pm CT, along with Clinical counseling calls.
  + Real Time Rx Transfer: 7:00am – 7:00pm CT
* **Saturday:** 7 am to 4:30 pm CT, along with Clinical counseling calls.
  + 9 am to 6 pm CT for **Real-Time Prescription Transfer Hours Only**
* **Sunday:**9 am to 6 pm CT, Clinical counseling calls.
  + Real Time Rx Transfer:  9:00am - 6:00pm

**Hawaii:** Hawaii’s Clinical Care calls should be warm transferred to (internal number, do not disclose) **1-808-839-3300**.

**HIP (Hawaii) Clinical Hours of Operation:**Monday – Friday: 8:00am – 5:00pm HT

Perform the steps below when a member is currently receiving a **30-Days’** supply prescription at a **Non-Maintenance Choice pharmacy**:

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| **Step** | **Action** | | | | |
| **1** | Access the **Prescription Details Screen** in PeopleSafe, click **View Transmission** at bottom, and determine if the member has Maintenance Choice options by viewing the **Maintenance Choice Fills** and **Mandatory Fills** fields.    If numeric information displays as shown above, the member has the Maintenance Choice benefit, continue to [step 2](#Step2).  Icon_-_Important_Information The numbers shown in the Maintenance Choice Fills and Mandatory Fillsfields are current as of the date of adjudication (**Example:** Date of the claim) and will NOT be updated to reflect any fills completed after that date.   * **Maintenance Choice Fills Allowed:** This field displays the number of Retail Fills allowed for a member with Maintenance Choice (MC). * **Maintenance Choice Fills Used:** This field displays the number of Retail Fills a member with Maintenance Choice (MC) has used as of the date of the claim. This number will NOT update with later fills. * **Mandatory Fills Allowed:** This field displays the number of Retail Fills allowed for a member with Mandatory Mail. * **Mandatory Fills Used:** This field displays the number of Retail Fills a member with Mandatory Mail has used as of the date of the claim. This number will NOT update with later fills.   + These fields help determine if a Retail Fill will be rejected for members with Maintenance Choice or Mandatory Mail.   **Example:** Determine if the number indicated in the MC or Mandatory Mail “Fills Allowed” field is **greater than** the number indicated in the MC or Mandatory Mail “Fills Used” field, then the member has not yet used all the fills allowed per their plan.   * If the number indicated in the MC or Mandatory Mail “Fills Allowed” field is **the same as** the number indicated in the MC or Mandatory Mail “Fills Used” field, then the next fill will reject since the member has used all the fills allowed per their plan. * If no numeric information displays, the member does not have the Maintenance Choice benefit. | | | | |
| **2** | Click the blue [Client Program Offerings (027425)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6e05522-5955-4535-ad00-01d20dbe09e8) hyperlink on the PeopleSafe Main Screen. A pop-up will indicate which version (if any) of Maintenance Choice is offered, and other plan design highlights.  **Notes:**   * Information as to whether or not the client is offering the Maintenance Choice program can also be found on the CIF. * This opportunity may also display in ”View Opportunities”. For more information presenting this opportunity, refer to [Health Engagement Engine (HEE) – View Opportunities (022708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c2732a43-0453-4dab-a245-537dbe97d1e0). | | | | |
| **If the client…** | | | | **Then…** |
| **Offers** the Maintenance Choice Program | | | | Proceed to the next step. |
| Does **NOT** offer the Maintenance Choice program | | | | Continue with the call according to current policies and procedures. |
| **3** | 1. Access the **Pharmacy Network** tab and confirm that the member has one of our CVS retail pharmacies in their area. 2. Select the **Maintenance Choice** network when running the search. Refer to [Retail Pharmacy Details and Locator (023842)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6c209183-6f8f-4e38-9647-7952ab652433) for the full process. | | | | |
| **4** | Review the CIF and High Priority Comments for any additional instructions regarding Maintenance Choice.  **Example:** Although a client may have the Maintenance Choice program available, it may not apply to all plans. | | | | |
| **5** | Advise the member of the benefits of the Maintenance Choice Program.   * **Choose where you fill:** Choose where to fill maintenance prescriptions at a select participating pharmacy. * **Save Money:** Filling in 90-day supplies is the lowest cost way to get your prescriptions. * **Save Time:** Refills every 90-days means less to remember and you will also save time with fewer trips to the pharmacy (refill a few times a year instead of monthly trips to the pharmacy).   For suggested responses to Member questions or objections about moving to a Maintenance Choice plan, see [Maintenance Choice® Voluntary Program Overcoming Objections (086365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d8112ceb-c1d0-4b6b-9486-d8abac9fe960).  **Note:** For more information when presenting this opportunity, refer to [Health Engagement Engine (HEE) – View Opportunities (022708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c2732a43-0453-4dab-a245-537dbe97d1e0). | | | | |
| **If the member…** | | | | **Then…** |
| Wants to participate in Maintenance Choice | | | | Proceed to the next step. |
| Does **NOT** want to participate in Maintenance Choice | | | | Continue with the call according to current policies and procedures. |
| **6** | Ask the member which prescription(s) they would like to switch to the Maintenance Choice Program.  **Note:** Run a Test claim and advise the member of the drug coverage and copay information. | | | | |
| **If…** | **~~Then…~~** | | | |
| New Prescription | Ask the member where they would like to fill the new prescription: | | | |
| **If at…** | | **Then…** | |
| Mail Order | | Follow the procedures in helping member with a new prescription through Mail Order.   * Refer to [Obtaining a New Prescription (Rx) for the Member (058827)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1443f4f-499e-442c-be11-fd2b207bf86c) to initiate a new prescription review or to view other options. | |
| MChoice select participating pharmacy | | Inform the member they can:   1. Ask their prescriber to submit a new prescription to a select participating pharmacy at the location of their choice. 2. Obtain a new prescription from their prescriber and go to a select participating pharmacy at the location of their choice.   **OR**  **CCR Process:** Select the **Create Opportunity** button on the **Prescription Details** screen to send a request to our CVS Retail pharmacy to reach out to the prescriber for a new prescription. Refer to [Create Opportunity and Maintenance Choice (MChoice) Transfer (021315)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0a402678-3e98-4204-b4cf-08a5e9d5f68b). | |
| Current Mail Order prescription(s) has/have expired | * Advise the member that they are currently receiving the benefits of the Maintenance Choice program. * Advise the member that their current prescription has expired, and a NEW prescription is needed. | | | |
| **If the member wants to fill at…** | **Then…** | | |
| Mail Order | Follow the current processes for submitting a new order. Refer to [Prescription (Rx) Refill/Renewal (Order Placement (004628)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=932f2f09-4581-4c2c-861d-5145ad7ab97a). | | |
| MChoice select participating pharmacy | Inform Plan Member to:   1. Have their prescriber submit a new prescription to a select participating Pharmacy at the location of their choice.   **OR**   1. Obtain a new prescription from their prescriber and go to a select participating at the location of their choice. | | |
| Being Filled Thru the Home Delivery/Mail Order Pharmacy  **AND**  The member would like to fill these prescriptions at a select participating pharmacy | Refer to [Create Opportunity and Maintenance Choice (MChoice) Transfer (021315)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0a402678-3e98-4204-b4cf-08a5e9d5f68b). | | | |

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| Opportunities |

Refer to as needed:

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| **Opportunity** | **Information** |
| **Participating MChoice Retail Pharmacy Opportunity** | A communication (email, SMS, or letter) is generated when an opportunity is identified for a Plan Member who is currently filling a maintenance medication at a MChoice select participating pharmacy. The rejection is sent to alert our participating MChoice pharmacy to contact the prescriber and obtain a 90-Day script.  **Note:** This opportunity is internally referenced as the “Participating MChoice pharmacy – grace fill reminder communication” and is not displayed on the communication.  **Sample member letters:**   * [Maintenance Choice Mandatory Participating MChoice Pharmacy Sample Member Letter (065082)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7eafccae-b948-4184-9f5a-48c63a83b999) * [Incentivized Maintenance Choice Participating MChoice Pharmacy Sample Member Letter (065083)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6b834279-42ca-4eec-883a-33daef9dfcd2)   **Note:** If the Member prefers Retail and is already using a participating MChoice pharmacy, direct the Member to ask their local pharmacy if enough refills remain to equal a 90-Day supply (**Example:**  Three remaining 30-Day refills). If not, a new prescription is needed. Advise them to contact their prescriber. |
| **Non-participating MChoice Pharmacy Opportunity** | A communication (email, SMS, or letter) is generated when an opportunity is identified for a plan member who is currently filling a maintenance medication at a non-participating MChoice retail pharmacy.  **Note:** This opportunity is internally referenced as “Non-Participating MChoice pharmacy grace fill reminder communication” and is not displayed on the communication.  **Sample member letter:** [Maintenance Choice Mandatory non-Participating MChoice Pharmacy Sample Member Letter (065085)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=925f0a37-405c-441f-8397-19139930dde9) |
| **Overcoming Objections** | * For more responses to Member questions or objections about MChoice plans, refer to [Maintenance Choice® Voluntary Program Overcoming Objections (086365)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d8112ceb-c1d0-4b6b-9486-d8abac9fe960). * For a general talk track on the benefits of Mail Order, refer to [Retail to Home Delivery Pharmacy Program – Talk Track (086370)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1ba5303d-8d9e-4e95-9320-22642ff4acb6) * For cases in which members or prescribers are unwilling or unable to move to a 90-day supply due to possible health or safety concerns, refer to [Requests for 30-Day Supplies for Maintenance Choice Medications (014264)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=87c79a8a-6bca-40d0-ba93-6b3fdf9b5d8a). |

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| Related Documents |

* [Maintenance Choice Opt Out (058982)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=20791340-d563-44f1-a4ef-e7d39a495112)
* [Client Program Offerings Comparison Guide (027425)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6e05522-5955-4535-ad00-01d20dbe09e8)
* [Create Opportunity and Maintenance Choice (MChoice) Transfer (021315)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0a402678-3e98-4204-b4cf-08a5e9d5f68b)
* [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 Index (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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