# Compass - Maintenance Choice (MChoice) Opt Out

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**Description:** Provides instructions for Customer Care to review the member’s plan for the Maintenance Choice (MChoice) Opt Out provision and to Opt Out the member from Mandatory MChoice and Mandatory Mail plan requirements when available.

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| General Information |

The MChoice Opt Out provision allows the member to continue filling prescriptions at Retail pharmacies outside of the Maintenance Choice network at the plan’s designated Retail copay and day’s supply amounts. The member must contact Customer Care to activate this Opt Out option.

**Note:** The member still has the option to obtain a 90-day supply through MChoice even if the member chooses to Opt Out of Mandatory MChoice.

 The Opt Out provision only applies to clients who have selected the MChoice with Opt Out plan design, which can be identified on the **Client Programs Offerings** window in Compass.

**Note:** Refer to the CIF as some clients/plans may only offer opt-out for certain groups.

* If the member opts out of Mandatory MChoice, they are opted out during the plan year and will need to opt out again for the next plan year.

A client may choose any of the following Opt Out options in conjunction with their MChoice offering:

**(All Drugs)**

* Member Level Open Ended
* Member Level Calendar Year
* Member Level Plan Year

**(Single Drug)**

* Drug Level Open Ended
* Drug Level Calendar Year
* Drug Level Plan Year

**(Ineligible)**

* Plans not eligible for Opt Out

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| Process |

Perform the steps below when a member requests to be opted out of MChoice:

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| **Step** | **Action** | |
| **1** | Review the Client Specific CIF. | |
| **2** | In the **Member Details** panel, verify that the correct member account is selected.   * To view and select other members on a family account, click **View Related Members** hyperlink.       **To determine who can or cannot request an MChoice Opt Out, please refer to the** [HIPAA Grid (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) **for eligibility criteria.** | |
| **3** | From the **Quick Actions** panel on the Claims Landing Page, click **Client Program Offerings** hyperlink. | |
| **4** | Review the **Maintenance Choice** program description to ensure the member has the option to opt out.  **Note:** The Maintenance Choice program description will only display if Maintenance Choice is allowed by the plan.  **Example:** In the program description for “Maintenance Choice Mandatory”, look for wording such as: “In addition, the **plan members have the option to ‘Opt Out’ of the Annual Fill Limit** at an individual drug level.” | |
| **5** | Determine the Opt Out type, which will be noted in the MChoice description, and enter the Opt Out using the steps below:   * [Individual Drug Level (Single Drug)](#IndividualDrugLevel) * [Member Level (All Drugs)](#MemberLevel)   **Example:** Look for wording such as: “In addition, the plan members have the option to ‘Opt Out’ of the Annual Fill Limit **at an individual drug level**.”  **Note:** If the drug or member is ineligible for an Opt Out, an **MChoice Opt Out** button will not be displayed unless the member has multiple plans where one qualifies and the other doesn’t qualify. In this case, the buttons will display as active on both plans. | |
| **If…** | **Then…** |
| **Individual Drug Level**  **(Single Drug)** | * Obtain the name of the medication the member is calling about. * Navigate to the **Prescription Details** screen by clicking on the **Prescription Number** hyperlink from the Claims table. * Click **Mchoice** **Drug Opt Out**.   **Notes:**   * A Drug Level Opt Out can be entered for either paid or rejected claims (reject 73 only). * If the claim is for a Specialty drug, there will not be an **MChoice Drug** **Opt Out** button on the Prescription Details screen. Medications filled through Specialty are not eligible for MChoice Opt Outs.     **Result:** The following modal displays: “Are you sure you want to Opt Out of <Drug Name>?”     * If **no**, click **Cancel**. This returns you to the **Prescription Details** screen. * If **yes**, click **Opt Out**. Message displays: “MChoice Drug Opt out was successful.”   **Result:** The Opt Out override is automatically entered in the Override/PA History screen with auto-populated **Effective** and **Expiration** dates based on the Opt Out type (plan year, calendar year, open-ended) and the **Reason** code “FL - Drug Opt Out”.  **Note:** If additional information is needed regarding the opt out, click the **Override ID** hyperlink. You can also edit or void the Opt Out using the same process as editing/voiding an override. Refer to [Compass - Editing an Override (043195)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e4c7a718-639f-4797-87c4-2e8c7a7f01db) and [Compass - Voiding an Override (050045)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88d16b41-cb0d-45e0-86d6-6bd27d559377) as needed.    **Notes:**   * If **MChoice Drug Opt Out** is selected and there is already an existing Opt Out on file for the medication, the following modal will display:      * If the MChoice Drug Opt Out has a system error, you will receive the following message:     In the event of a system error, CCR is required to resubmit the opt-out request. If the second attempt is unsuccessful, please contact SRT for manual entry of the opt-out in RxClaim. |
| **Member Level**  **(All Drugs)** | * From the **Quick Action** panel on the Claims Landing Page, click **Override/PA History**.   **Result:** The Override/PA History screen displays.       * If you have educated the member on MChoice and the Member Opt Out option, and the member acknowledges they want to “Opt Out”, click **MChoice Member Opt Out**.   **Result:** The following modal displays: “Are you sure you want to Opt Out the member?”     * If **no**, click **Cancel**. This returns you to the Override/PA History screen. * If **yes**, click **Opt Out**. Message displays: “MChoice Member Opt Out was successful.”   **Result:** The Opt Out override is automatically entered in the Override/PA History screen with auto-populated **Effective** and **Expiration** dates based on Opt Out type (plan year, calendar year, open-ended) and the **Reason** code “FL - ALL DRUGS”.  **Note:** If additional information is needed regarding the opt out, click on the **Override ID** hyperlink. You can also edit or void the Opt Out using the same process as editing/voiding an override. Refer to [Compass - Editing an Override (043195)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e4c7a718-639f-4797-87c4-2e8c7a7f01db) and [Compass - Voiding an Override (050045)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=88d16b41-cb0d-45e0-86d6-6bd27d559377) as needed.    If the Mchoice Member Opt Out has a system error, you will receive the following message: |
| **6** | Determine if the Opt Out date needs to be backdated to a previous date.   * If **yes**, warm transfer the caller to the Senior Team. Refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). * If **no**, proceed to the next Step. | |
| **7** | Update the member’s Opt Out preferences to cancel the member’s MChoice opportunities. Refer to [Compass - View and Present Opportunities from the Health Engagement Engine (HEE) (053429)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=511e28f5-2757-4292-8353-4e3cf171e180).  **Result:** This ensures the member does not receive future letters instructing them to use MChoice.  **Notes:**   * For Opt Outs entered at the Drug Level, if a member begins a new prescription therapy (medication never taken before), it may trigger an MChoice communication to the member. This also occurs after the Opt Out override has expired (if based on the calendar or plan year). The member may request an additional Opt Out at this point. * If the member was opted out at the member level, they will not receive any future MChoice communications until after the Opt Out override has expired (if based on the calendar or plan year). * If the member opts out of Mandatory Choice, they are opted out during the plan year and will need to opt out again for the next plan year. | |
| **8** | Run a Test Claimto verify that Opt Out is working correctly to process a 30-day supply.  **Note:**  If after 5pm Central time and the MChoice Opt Out has auto-populated to the next day; determine if the member is picking up the medication today. If so, contact the Senior Team. Refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) to change the start date to the current date. | |
| **9** | Run a Test Claim for a 90-day supply of the medication at Mail Order or our Retail pharmacy.  **Note:** If the member has called in because they previously Opted Out (**Example:** They wish to continue to fill prescriptions at other retail pharmacies at the plan’s designated retail copay and day supply), but their transactions are being rejected at Retail because of Mandatory MChoice or Mandatory Mail requirement, warm transfer the call to the Senior Team for troubleshooting. Refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9). | |
| **If the Claim…** | **Then…** |
| Pays | Proceed to the next Step. |
| Rejects | Review the Opt Out to ensure it was entered correctly. If the claim still rejects after ensuring it is correctly entered, contact the Senior Team. Refer to [Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9) for assistance. |
| **10** | Inform the member the request has been processed and the pharmacy may need to reprocess the claim with the current date of service. | |
| **11** | Confirm that all the member’s needs have been resolved and close the call. The call summary notes will be provided via Cresta Refer to Cresta. Refer to [Cresta Functionality and Processes (067901)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=f28dbdf4-4355-45be-95c4-6bda1c08a521) for more information. | |

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| Resolution Time |

Immediate.

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| Related Documents |

[Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/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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