# PeopleSafe - Maintenance Choice Opt Out

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**Description:** Instructions for Customer Care to Opt Out a member from Mandatory Maintenance Choice and Mandatory Mail plans when the plan offers the Opt Out option.

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| Opt Out Provision |

Review of the Client Specific CIF is required every time a member calls or the client calls on behalf of the member to OPT OUT of Maintenance Choice.The Opt Out provision allows the member to continue filling prescriptions with other retail pharmacies at the plan’s designated retail copay and days’ supply. The member must contact Customer Care to activate the Opt Out provision.

* If a member opts out, they are opted out during the plan year and must opt out again for the next plan year.
* Members may still use Mail Order even after they have Opted Out of maintenance choice.

This only applies to clients who have selected the Maintenance Choice with Opt Out plan design, which can be identified on the Client Programs Offeringsscreen in PeopleSafe.



Several Opt Out selections are available:

**(All Drugs -This will opt out all medications at once on the members account)**

**Examples based on plan start and end year**

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

**(Individual Drug- This will only opt out the medication selected from the retail claim)**

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

**(Ineligible)**

* Plans not eligible for Opt Out

**Note:** A client may choose any of these options in conjunction with their Maintenance Choice offering.

The member has the option to obtain a 90-day supply through Maintenance Choice even if the member chooses to Opt Out of Maintenance Choice. If the member calls to Opt Out of Maintenance Choice, review of their Client Specific CIF is required to understand if the client has the Transform Diabetes Care (TDC) Opt Out Program and if they have specific requirements regarding member Opt Out procedures for TDC.

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| Process |

**Note:** The member can only request a Maintenance Choice Opt Out for himself/herself or their dependent minor child. **No other authorized party**, including a spouse, can request a Maintenance Choice Opt Out, **unless** that authorized party has a POA or Extended Authorization Form that specifically allows them to make choices for the specific member concerned.

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

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| **Step** | **Action** | |
| **1** | Select the correct family member from the family drop-down box and access the **Client Programs Offerings** screen. | |
| **2** | Review the Maintenance Choice description to ensure the member is eligible for opting out.  **MChoice Opt Out:** This program provides participating plan members with a choice of obtaining a 90-day supply of maintenance medication through a select participating MChoice pharmacy (CVS Pharmacy, Costco Pharmacy, Kroger Pharmacy, CVS Caremark Mail Service Pharmacy, and select independent pharmacies). In addition, the plan members have the option to opt out of the annual fill limit either at the individual medication level or at the member level (this is determined upon implementation and notes on the CRD). | |
| **3** | Determine the Opt Out type, which will be noted in the Maintenance Choice description. | |
| **If…** | **Then…** |
| Drug Level  (Individual Drug- This opt out will only opt out the medication selected.) | 1. Obtain the name of the medication the member is calling about. Navigate to the Prescription Details screen by clicking on the Prescription Number from the Main Screen.   **Note:** It must be in “**All**” claims mode in PeopleSafe.   1. Click the **Add Drug Opt Out** button. A Drug Level Opt Out can be entered for either paid or rejected claims (reject 73 only).     **Result:** A message displays “Drug opted out successfully”. The Opt Out override is automatically entered in the PBO screen with-auto populated effective dates based on Opt Out type (plan year, calendar year, open-ended).  **Example:**    **Drug Opt Out Added: RECAP PBO Screen** |
| Member Level  (All Drugs- This will opt out all medication being filled at one time.) | Navigate to the Plan Benefit Override screen and click the **Add MChoice Member Opt Out** button.  **Reminder:** Select the correct member from the family member drop-down box.    **Result:** The Opt Out override is automatically entered in the PBO screen with auto-populated effective dates based on Opt Out type (plan year, calendar year, open-ended).  **Example:**    **Member Opt Out Added: PBO Screen** |
| **Notes:**   * If the member or drug is ineligible for an Opt Out, the Opt Out buttons are deactivated (grayed out) or not displayed unless they have multiple plans where one qualifies and the other doesn’t qualify. In this case the buttons will display as active on both plans. * If the claim is for a Specialty drug, there will not be an Opt Out button on the Prescription Details screen. Medications filled through Specialty are not eligible for Maintenance Choice Opt Outs. | |
| **4** | Determine if the Opt Out date needs to be backdated to a previous date.   * If yes, warm transfer (refer to [Compass - Basic Call Handling – Opening the Call, Call Hold, Warm and Cold Transfer (066076)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=18c64566-0ebb-4760-96fe-04da06185de0)) to the Senior Team. Refer to [PeopleSafe - When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). * If No, proceed to the next step. | |
| **5** | Update the member’s Opt Out preferences to cancel the member’s Maintenance Choice opportunities. Refer to [Health Engagement Engine (HEE) – View Opportunities (022708)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c2732a43-0453-4dab-a245-537dbe97d1e0).  **Result:** This ensures the member does not receive future letters instructing them to use Maintenance Choice.  **Notes:**   * For Opt Outs entered at the Drug Level, if a member begins a new prescription therapy (medication never taken before), it may trigger a Maintenance Choice 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 Maintenance Choice communications until after the Opt Out override has expired (if based on the calendar or plan year). | |
| **6** | Run a test claim. Refer to [PeopleSafe - Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) to verify that Opt Out is working correctly to process a 30-day supply.  **Note:** If after 5 pm CT and the Maintenance Choice 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 to change the start date to current date. Refer to [PeopleSafe - When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). | |
| **7** | Run a test claim. Refer to [PeopleSafe - Test Claim (004573)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=59c4e7fa-4a87-43c4-89cd-5d4f8c6c3421) 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 Maintenance Choice or Mandatory Mail requirement, warm transfer (066076) the call to the Senior Team. Refer to [PeopleSafe - When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) for troubleshooting. | |
| **If the Claim…** | **Then…** |
| Pays | Proceed to step 8. |
| 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 for assistance. Refer to [PeopleSafe - When to Transfer Calls to the Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51). |
| **8** | Inform the member the request has been processed and the pharmacy may need to reprocess the claim with the current date of service. | |
| **9** | Review the Client Specific CIF to understand if the client also has the Transform Diabetes Care (TDC) Opt Out program and if they have sensitivities regarding member Opt Out procedures for TDC. | |
| **10** | 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 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 |

[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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