# Compass - 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 |

Both Retail and Mail fills will apply to Grace Fill limits. Refill limits counts are based on GPI 14 and the number of times a member fills a unique GPI within a rolling period determined by the plan, please refer to the CIF for details.

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 MChoice program types are **Incentivized**, **Mandatory**, **Mandatory Opt Out**,and **Voluntary**.

Determine the type of MChoice program (if the plan participates) by clicking the **Client Program Offerings** hyperlink in the **Quick Actions** panel of the Claims Landing Page, or by reviewing the Client Information Form (CIF).

**Reminders:**

* 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 Target stores), Costco Pharmacy, Kroger, and select independent pharmacies.
  + Click the **Pharmacy Search** hyperlink in the **Quick Actions** panel of either the Member Snapshot Landing Page or the Claims Landing Page, or use the Test Claim **Find Another Pharmacy** search. Participating pharmacies are indicated by “Maintenance Choice” in the **Program** dropdown. Refer to [Compass - Retail Pharmacy Search and Details (057995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ede79ef0-e196-481c-9f1b-c4ea562d9025).

**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 retail participating pharmacy (CVS Retail, CVS Caremark Mail, Costco Pharmacy, Kroger, or select independent pharmacies, etcetera). 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 [Compass - Maintenance Choice (MChoice) Opt Out (053799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=071ddb5a-1f72-4cef-baa6-5164c512e782).
* **Exceptions** to the MChoice 90-day refill may apply:
  + Specialty Medications are not subject to Maintenance Choice rules. View CIF to confirm Specialty coverage and pharmacy details. Refer to [Compass - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (058175)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=845064bd-8ae0-4d30-af0a-e21d6d81933c).
  + Certain medications (such as narcotics (C-2 medications), specialty medications, antibiotics, etcetera) 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-day supply (or as required based on the medication).

**Note:**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 test claim shows that Maintenance Choice is required, contact Senior Team for possible Account Manager notification.

* + Certain drugs, such as some pre-packaged 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. Refer to [Compass - Calculating Quantity for Packaged & Non-Packaged Medications (050982)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=fef7af0d-800c-49b2-9b3d-1831aef5ac2d).

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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 fewer trips to the pharmacy.

Refer to the table below:

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| **MChoice Program Type** | **Description** |
| **Mandatory and Mandatory Opt Out** | * Requires plan members to obtain 90-day supplies of maintenance medications through select participating pharmacy with the same mail rate and copay. The MChoice expansion gives our members more options where they can fill 90-day supplies of maintenance medications. * 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 individual medication level. The type of opt out is indicated on the implementation document (CRD). With this version, members may [“opt out” (053799)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=071ddb5a-1f72-4cef-baa6-5164c512e782) of the Retail Fill Limit, either at an All-Drug level or an Individual Drug level. This 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 [Compass - Client Program Offerings (057317)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52268f72-56a9-4c74-875f-4c85926e6f5b) 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. Refer to [Calling on Behalf of a Minor Member (Under the Age of 18 Years Old)](https://thesource.cvshealth.com/nuxeo/nxfile/default/5b354e50-0d15-42d0-b9c2-0711ea02d9ce/ncf:generated_pdf/HIPAA%2028920%20HIPAA%20Grid%20pulled%20031225-Nuxeo_v163.2%20new%20tem-Nuxeo_v163.16.docx.html?changeToken=132052-0&inline=true#_Toc195105392) in the [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/nxfile/default/5b354e50-0d15-42d0-b9c2-0711ea02d9ce/ncf:generated_pdf/HIPAA%2028920%20HIPAA%20Grid%20pulled%20031225-Nuxeo_v163.2%20new%20tem-Nuxeo_v163.16.docx.html?changeToken=132052-0&inline=true#_Toc195105392).   + If a member calls to opt out, 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 refillsto remember. You’ll 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, Scenarios, and Solutions](#_Common_Questions,_Scenarios,) for next steps to resolve a 30-day Retail prescription, which has 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. * Remember that even though the 30-day supply pays in test claims, there is still an opportunity to find cheaper costs for members for 30-day and 90-day supplies.   Refer to [Maintenance Choice® 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® 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 **Client Program Offerings** in the **Quick Actions** panel of the Claims Landing Page. A pop-up will indicate which version, if any, of Maintenance Choice is offered, and other plan design highlights. Refer to [Compass - Client Program Offerings (057317)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52268f72-56a9-4c74-875f-4c85926e6f5b) as needed.  **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 Alerts for 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** link will show if this plan participates. Refer to [Compass - Client Program Offerings (057317)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52268f72-56a9-4c74-875f-4c85926e6f5b) as needed. | | |
| **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® 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’ supplies. 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 delivery. * **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 pharmacy or Mail Order pharmacy. | |
| Move to  **OR**  Continue to use a select participating MChoice pharmacy | 1. Advise the member about the benefits of filling 90-days’ supplies as opposed to 30-days’ supplies. 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 delivery. * **Less mental work:** Refills every 90 days means less to remember and you’ll also save the 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.  1. Member should contact a select participating pharmacy to determine if enough refills remain to equal a 90-days’ supply (**Example:** Three remaining 30-days’ refills). If not, they will need a new prescription. | |
| Move to Mail Order | Offer to initiate **Mail Order** for the member, either by:   1. Performing a Retail to Mail transfer (refer to [Compass - Prescription (Rx) Transfer (053932)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e31ea60-77a3-4bb9-a619-7340ebf57484)).   **Note**: Member must have a 90-day prescription already on file at the retail pharmacy to initiate automated Retail to Mail Transfer option.   1. Offering to obtain a new 90-days’ prescription for the member (Refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request) (054208)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706)). | |

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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”, etcetera. | 1. Click the rejected retail prescription 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 * PLEASE HAVE CUSTOMER CALL NUMBER ON BACK OF CARD   **Examples:**       1. Click **Client Program Offerings** in the **Quick Actions** panel of the Claims Landing Page to determine which version of MChoice applies to the plan. Refer to [Compass - Client Program Offerings (057317)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52268f72-56a9-4c74-875f-4c85926e6f5b) as needed. 2. Next steps may include: 3. Educate Member on the benefits of 90-days’ supplies. Refer to [Member objects to Maintenance Choice program rules](#Memberobjects). 4. Offer to initiate **Mail Order** for the member, either by:  * Performing a Retail to Mail transfer (refer to [Compass - Prescription (Rx) Transfer (053932)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e31ea60-77a3-4bb9-a619-7340ebf57484))   or   * Offering to obtain a new 90-days’ prescription on behalf of the member (refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request) (054208)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706)).  1. If the member prefers Retail and is already using an MChoice select participating pharmacy, advise the member to have their doctor submit a 90-days’ supply prescription to their MChoice select participating pharmacy (CVS Pharmacy, Costco Pharmacy, Kroger, or a select independent pharmacy). 2. If they need to move their prescription from another pharmacy to an 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. Most plans limit this option to once per year per medication. Offer to initiate a New Prescription Request for Mail Order at the same time this option is exercised. Refer to [Compass - Member Low or Out of Medication (063003)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91f73b9d-e568-48dd-9ab4-88cb2654d4c9). |
| **2** | A 30-days’ supply Retail refill incurs an unexpected increase in copay | 1. Click the blue **Client Program Offerings** hyperlink in the **Quick Actions** panel of the Claims Landing Page to determine if the plan offers **Maintenance Choice Incentivized**. Refer to [Compass - Client Program Offerings (057317)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52268f72-56a9-4c74-875f-4c85926e6f5b) as needed.  * 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.  1. Click the **Prescription 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). 2. Research previous retail fills of the same medication. Compare Days Supply, copay amounts listed in the View Financials screen [Benefits screen (050035)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ee04522b-cf4f-4507-ba80-f17d09422936), and MChoice retail refill limits in CIF. 3. Educate Member on MChoice options and benefits. Refer to [Member objects to Maintenance Choice program rules](#Memberobjects). |
| **3** | Questions about prescription transfers | Refer to [Compass - Prescription (Rx) Transfers (053932)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1e31ea60-77a3-4bb9-a619-7340ebf57484).  **Note:** If the member would like to transfer to Mail Order, send a new prescription request on behalf of the member, unless the member refuses. Refer to [Compass - Obtaining a New Prescription (Rx) for the Member (New Rx Request) (054208)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706). |
| **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 by 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® 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/" \l "!/view?docid=1ba5303d-8d9e-4e95-9320-22642ff4acb6).  If members or prescribers are unwilling or unable to move to a 90-days’ supply due to possible health or safety concerns, refer to [Compass - Requests for 30 Day Supplies for Maintenance Choice Medications (067652)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1ef800a1-89a8-4c84-ae97-6f4c766b2542). |
| **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 prescription transfer (inbound or outbound)

Option 2: All other clinical inquiries

* **Monday – Friday:** 7:00 a.m. to 7:00 p.m. CT, along with clinical counseling calls
* Real Time Prescription Transfer: 7:00 a.m. – 7:00 p.m. CT
* **Saturday:**7:00 am to 4:30 p.m. CT, along with clinical counseling calls
* 9:00 a.m. to 6:00 p.m. CT for Real-Time Prescription Transfer Hours Only
* **Sunday:**9:00 a.m. to 6:00 p.m. CT, clinical counseling calls
* Real Time Prescription Transfer: 9:00 am - 6:00 p.m.

**HIP (Hawaii) Clinical Hours of Operation:** Monday – Friday: 8:00 a.m. – 5:00 p.m. 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** | Through the **Rx #** hyperlink on the **Claims** table, access the **Claim Details Screen**, click the **General** tab, and determine if the member has Maintenance Choice options by viewing the **Maintenance Choice Fills Allowed** and **Maintenance Choice Fills Used**.    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 Allowed** and **Maintenance Choice Fills Used** fields 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. * These fields help determine if a Retail Fill will be rejected for members with Maintenance Choice.   **Example:** Determine if the number indicated in the MC “Fills Allowed” field is **greater than** the number indicated in the MC “Fills Used” field, then the member has not yet used all the fills allowed per their plan.   * If the number indicated in the MC “Fills Allowed” field is **the same as** the number indicated in the MC “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 **Client Program Offerings** in the **Quick Actions** panel on the Claims Landing Page. A pop-up will indicate which version (if any) of Maintenance Choice is offered, and other plan design highlights. Refer to [Compass - Client Program Offerings (057317)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52268f72-56a9-4c74-875f-4c85926e6f5b).  **Notes:**   * Information regarding 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 [Compass – View and Present Opportunities from the Health Engagement Engine (HEE) (053429)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=511e28f5-2757-4292-8353-4e3cf171e180). | | | | |
| **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. Click **Pharmacy Search** and confirm that the member has one of our CVS retail pharmacies in their area. 2. Select the **Maintenance Choice** option from the Program dropdown when searching. Refer to [Compass - Pharmacy Search and Details (057995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ede79ef0-e196-481c-9f1b-c4ea562d9025) for the full process. | | | | |
| **4** | Review the CIF and **Alerts** panel 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’ll 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® 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 [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). | | | | |
| **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 [Compass – Obtaining a New Prescription (Rx) for the Member (New Rx Request) (054208)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=a7684ce9-c2bc-4cbc-ab37-c1ffb7789706) to initiate a new prescription review or to view other options. | |
| MChoice select participating pharmacy | | Inform the member that they can:   1. Ask their provider to submit a new prescription to a select participating pharmacy at the location of their choice. 2. Obtain a new prescription from their provider and go to select participating pharmacy at the location of their choice. | |
| 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 [Compass – Mail Rx Refill/Renewal (Order Placement) (054262)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=ad3a7263-725b-4d5d-a2ec-440f1f30d79c). | | |
| 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 pharmacy 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 [Compass – Prescription (Rx) Transfer (053932)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=1e31ea60-77a3-4bb9-a619-7340ebf57484). | | | |

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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 an MChoice select participating pharmacy. The rejection is sent to alert our participating MChoice pharmacy to contact the prescriber and obtain a 90-day prescription.  **Note:** This opportunity is internally referenced as the “Participating MChoice pharmacy – grace fill reminder communication” and is not displayed on the letter.  **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, 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® 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 Mail Order Pharmacy Program – Talk Track (086370)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=1ba5303d-8d9e-4e95-9320-22642ff4acb6). * If members or prescribers are unwilling or unable to move to a 90-day supply due to possible health or safety concerns, refer to [Compass - Requests for 30 Day Supplies for Maintenance Choice Medications (067652)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=1ef800a1-89a8-4c84-ae97-6f4c766b2542). |

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| Related Documents |

[Compass – Maintenance Choice (MChoice) Opt Out (053799)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=071ddb5a-1f72-4cef-baa6-5164c512e782)

[Compass - Client Program Offerings (057317)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=52268f72-56a9-4c74-875f-4c85926e6f5b)

[Compass – Close an Interaction or Research Case (050011)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b)

[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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