#### Medicaid/Exchange – Salesforce Grievances: CCR - Documentation Templates

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[Related Documents](#_Toc174864036)

**Description:** Grievance documentation templates.

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| Reminders |

* These templates should be used **only** for documentation. These templates provide key points to summarize and address with the member.

 Do not read these templates word for word to the member.

* The Grievance templates listed below will assist in capturing the Reason, Action, and Result for New Grievance, Pending Initial Review.
* Read the bolded information between the <symbols> within each template.
* There may be Member-specific information that should be obtained prior to completing documentation.
* These are provided to add more information that may not need to be documented but offers possible discussion assistance to help the member with their situation.

http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png **Do not** use the following special characters in your notes:

* Pipe/bar (|) (Shift + backslash)
* Tilde (~) (Shift + accent)



Refer to [Medicaid/Exchange Team – Grievance Document Index (043256)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=221c2c40-378f-40ce-bb3a-74a19a67d77f).

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| When the Templates Do Not Apply |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

**Note:** Copy and paste this template into Salesforce. Include Reason, Action, and Result are in the notes. The following template is for use when the above templates do not apply to your Grievance issue:

**REASON:** <**The issue for which Grievance is being filed.** **Complete using your own words using as much information and detail as possible.**>

* Who did you speak to? Notate whether you spoke to anyone other than the member.
* What are they calling about?
* Notate additional comments or notes, such as drug names and pharmacies, which may help the next time this member calls.
* Include background information for the member’s call.

**ACTION:** <**Steps taken to resolve the issue.** **Complete using your own words using as much information and detail as possible.**>

* What happened on the call?
* Notate what actions you took during the call. (**Examples:**  Support task created, member transferred, etcetera.)

**RESULT:** <**Education provided and/or outcome of Action taken.** **Complete using your own words using as much information and detail as possible.**>

* What was the result?
* Notate actions taken to resolve the issue.
* Notate what you did next if the issue was not resolved. (**Example:** Transferred call to another department.)

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| Appeals/Prior Authorization (Process Only) |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

See relevant sections below:

* [Dissatisfaction with PA Appeal Process](#DissatisfactionWithPAAppealProcess)
* [Not Notified Of Expiring Prior PA](#NotNotifiedofExpiringPriorPA)
* [Timeliness of Response](#TimelinessofResponse)

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| Dissatisfaction with PA Appeal Process (Appeals/Prior Authorization (Process Only)) |

The Formulary can be updated throughout the year. Run a test claim to determine the options available. Offer the member alternate medications to discuss with their prescriber. Provide information where the member can also review their formulary. View the formulary from the test claim in Compass and/or the CIF and determine if other NDCs are available. Educate the member how to access their formulary and, if necessary, provide access to Caremark to view as well. Customer Care is available 24 hours, 7 days a week to answer any questions they may have regarding their plan design. Offer to contact the prescriber for authorization and/or send ePA through Compass. Verify and document the prescriber’s information. Verify the rejection (see link below) and confirm the next step for the member.

These requests can be made within 3 business days **after** full clinical information is received from the prescriber and not from the time it was submitted. The doctor must respond for a PA to process.

* [Medicaid Prior Authorization (PA) and Electronic Prior Authorization (ePA)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=7c3ff2ae-2451-4c2c-9609-3f9f4dfda78c) (048857)

* [Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN (067649)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045)

**REASON:** Member expressed dissatisfaction that although prescribed by the physician, PA is required for coverage of <**medication**>.

**ACTION:** CCR confirmed by running a test claim that a PA is required and educated the member about how to start the process and TAT, as well as alternative medications the Formulary covers without additional authorization.

**RESULT:** CCR submitted a new request for a PA. Include <**ePA key number, Dr Fax no**> .

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| Not Notified of Expiring Prior PA (Appeals/Prior Authorization (Process Only)) |

CCR advised that a letter of approval, which included the expiration date of the PA, was mailed to the address on file on the same day the PA was approved. Unfortunately, CVS Caremark does not send expiration notices. The member was advised that a PA renewal can be submitted 30 days prior to the expiration.

Refer to [Medicaid Prior Authorization (PA) and Electronic Prior Authorization (ePA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7c3ff2ae-2451-4c2c-9609-3f9f4dfda78c) (048857)

**REASON:** Member expressed dissatisfaction that they were not notified that the PA for <**medication**>was expiring.

**ACTION:** Ran a test claim and educated the member that a new PA is required. Confirmed Dr. <**name**>.

**RESULT:**  CCR submitted a new request for a PA. Include <**ePA key number, Dr Fax number**> .

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| Timeliness of Response (Appeals/Prior Authorization (Process Only) |

The formulary is updated at least once yearly. Therefore, a PA may need to be filed annually as the health plan must validate and collect current clinical information on file from the member's physician for the drug. Other times, the drug may no longer require a prior authorization for that year and the member will continue to receive the drug with no further action necessary.

**Turnaround time:** Up to 3 business days **after** the doctor responds to the request, and not from the time it was submitted. The doctor must respond for a PA to process. Offer to contact the prescriber for the authorization.

# [Medicaid Prior Authorization (PA) and Electronic Prior Authorization (ePA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7c3ff2ae-2451-4c2c-9609-3f9f4dfda78c) (048857)

**REASON:** Member expressed dissatisfaction that a PA must be filed annually for <**medication(s)**>.

**ACTION:** CCR ran a test claim and confirmed that a PA is required. Educated the member about how to start the process and TAT as well as alternative medications the Formulary covers without additional authorization.

**RESULT:** CCR submitted a new request for a PA. Include <**ePA key number, Dr Fax no**>.

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| Benefits |

**Complete the member specific information between the <symbols>.**



See relevant sections below:

* [Compound Medications](#CompoundMedications)
* [Copay/Coinsurance](#CoPayCoInsurance)
* [Deductible](#Deductible)
* [MOOP/OOP](#MOOPOOPMaxOOP)
* [OTC Drug not Covered/Formulary](#OTCDrugsNotCoveredFormulary)
* [Plan Limitations](#OverallPlanDesign)
* [RX Drug not Covered/Formulary](#RxDrugNotCovered)

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| Compound Medications (Benefits) |

A prescription requiring a registered pharmacist to mix two or more drugs to create the prescription is a compound medication.

[Compass - Handling Compound Calls – Care (058045)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2945ebf6-3201-4a07-9fea-7fdfb27a7a06)

**REASON:** Member is dissatisfied they cannot get <**medication**> under the plan.

**ACTION:** CCR ran a test claim and confirmed the medication is not covered.

**RESULT:** CCR educated on the member’s benefits and apologized for any inconvenience or frustration.

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| Co-Pay / Coinsurance (Benefits) |

**Copay** / **Coinsurance:**

* Generally, a fixed percentage amount required to be paid by the member before or after meeting an established policy deductible.
* The subscriber or member’s share of the liability is determined by an insurer, for a particular claim.

The plan sets the copays and coinsurance for the member. If the member has an issue with the amount they are paying, only run a test claim and provide the information (with the disclaimer). Run claims for alternate Rx listed (view Alternatives). Offer GoodRX.com or manufacture’s coupon. Review the CIF, some plans indicate a transfer to the plan.

[Compass - Introduction to the Benefits Tab (050035)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ee04522b-cf4f-4507-ba80-f17d09422936)

**REASON:** Member expressed dissatisfaction with the cost of <**medication**> due to the Co-Pay/Coinsurance.

**ACTION:** CCR confirms the member has an <**amount**> due for their current plan.

**RESULT:** CCR educated on the member’s benefits and apologized for any inconvenience or frustration.**(If applicable)** CCR transferred the member to the plan for further assistance.

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| Deductible (Benefits) |

The Deductible Stage is the first payment stage of drug coverage. This stage begins when the member fills their first prescription at the beginning of the coverage. When in this payment stage, they must pay the full cost of their drugs until they reach the plan's deductible amount. Once the member has paid the deductible, they leave the Deductible Stage and move on to the plan’s coinsurance. The plan sets the deductible for the member. If the member has an issue with the amount they are paying, you can only run a test claim and provide the information (with the disclaimer). You can run claims for alternate RX listed (view Alternatives). Offer GoodRX.com or manufacture’s coupon. Review the CIF, some plans indicate a transfer to the plan.

[Compass - Viewing Accumulations (050010) and/or Compass - Corrections to Deductible, MOOP, and MAB (CDH Accumulations Task) (061925)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=247ab457-e428-4092-bde5-5b8aa2845389)

**REASON:** Member expressed dissatisfaction with the cost of <**medication**> due to having to meet a deductible.

**ACTION:** CCR confirms the member has a <**deductible amount**> for their current plan.

**RESULT:** CCR educated on the Deductible Stage and apologized for any inconvenience or frustration. **(If applicable)** The CCR transferred the member to the plan for further assistance.

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| MOOP / OOP - Maximum Out Of Pocket (Benefits) |

Annual maximum a person can expect to pay for covered services. The plan sets the MOOP/OOP for the member.

[Compass - Viewing Accumulations (050010)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c4fb8a09-f22f-49cd-a22d-71930039f08c) **and/or** [Compass - Corrections to Deductible, MOOP, and MAB (CDH Accumulations Task) (061925)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=247ab457-e428-4092-bde5-5b8aa2845389)

**REASON:** Member expressed dissatisfaction with the continued cost of <**medication**> due to having to meet a Maximum Out of Pocket.

**ACTION:** CCR confirms the member has a <**amount**>>due for their current plan to meet the MOOP.

**RESULT:** CCR educated on the member’s benefits and apologized for any inconvenience or frustration.

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| OTC Drugs Not Covered/Formulary (Benefits) |

Review the CIF. The formulary is updated at least once yearly. Review the formulary for alternative NDC if applicable (run claims by using GPI). Provide information where the member can review their formulary. View the formulary from the CIF and determine if other NDCs are available. Educate the member on how to access their formulary and, if necessary, provide access to Caremark to view as well. Customer Care is available 24 hours, 7 days a week to answer any questions they may have regarding their plan design.

[Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe)

**REASON:** Member is upset that the OTC medications they were prescribed are no longer covered under their plan.

**ACTION:** CCR ran a test claim and <**provide results**>.

**RESULT**: Alternatives provided are suggestions and not an all-inclusive list. You should discuss these and other treatment options with your physician.

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| Plan Limitations (Benefits): Overall Plan Design |

CCR advised the member that they can obtain the most current plan information on the plan's website. Customer Care is available 24 hours, 7 days a week to answer any questions they may have regarding their plan design.

Plan limitations include but are not limited to: 7X rejection, PPS, Quality vs Time (QVT), Dose optimization, Generic Step Therapy, Plan limits exceeded. Verify the prescriber information and send ePA.

[Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045)

**REASON:** Member called about the rejection of<**medication**>at<**pharmacy**>.

**ACTION:**  CCR ran a test claim and was rejected due to <**reason**>. The CCR provided <**rejection details**> to the member. Document <**actions**> taken.

**RESULT:** CCR submitted a new request for a PA. Include <**ePA key number, Dr Fax number**>. CCR explained TAT and providedinformation to the member.

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| Plan Limitations (Benefits) Not Able to Get 90-Day Supply: Overall Plan Design |

CCR advised the member that they can obtain the most current plan information on the plan's website. Run a test claim to confirm what is allowed and review the CIF. Customer Care is available 24 hours, 7 days a week to answer any questions they may have regarding their plan design.

**REASON:** Member called dissatisfied about the rejection of<**medication**>at<**pharmacy**> for a 90-day supply.

**ACTION:** CCR ran a test claim and explained the rejection due to the plan only allowing a 30-day supply.

**RESULT:** CCR providedinformation to the member.

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| Plan Limitations (Benefits): Override Policy for Vacation or Lost/Stolen or Refill Dissatisfaction |

** Do not** use subcategory of Override Request inquiry but use Plan Limitations.

Refer to theCIFfor specific OR policy, each are unique. Some require only the Senior Team to enter or and some have limited days’ supply. Offer to contact the pharmacy to get their medication to process.

**REASON:** Member expressed dissatisfaction due to the plan's override policy for <**reason**>.

Use one of the following:

* If Allowed: **ACTION:** CCR reviewed the plan’s information and reached out to senior team for the override. The CCR contacted <**name**> at <<**Pharmacy name**>>. **RESULT:** CCR confirmed a PBO was allowed for <**medication(s)**> and shows paid claim, Rx <**number**>.
* If Not Allowed:   
   **ACTION:** CCR reviewed the plan’s information and provided that no override is allowed due to <**reason not allowed**>.   
    
  **RESULT:** If the member is in dire need of the <**medication (s)**>>, they can pay out of pocket at <**Pharmacy name**> or request samples if available from their prescriber. The CCR offered the use of GoodRx.

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| Rx Drug Not Covered/Formulary (Benefits) |

**Note:** Refer to the CIF.

Run a test claim to provide the most accurate information. [Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe)

**Do not** just view the results of other’s claims.



The member is unhappy that many common maintenance medications are not on the formulary or a medication was subject to a mid-year or year-over-year formulary change. Educate the member on how to access their formulary and if necessary and provide access to Caremark to view as well. Customer Care is available 24 hours, 7 days a week to answer any questions they may have regarding their plan design.

There are some drugs that are excluded from Medicaid coverage by law and are not covered even with a Prior Authorization (PA):

• Anorexia, weight loss or weight gain (except to treat physical wasting caused by AIDS, cancer, or other diseases)

• Fertility

• Cosmetic purposes or hair growth

• Relief of the symptoms of colds, like a cough and stuffy nose

• Erectile dysfunction

In these circumstances the member can request a prior authorization/appeal for coverage of the drug but inform the member, there is no guarantee of coverage. Apologize for any inconvenience or frustration this issue has caused.

[Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045) and [Medicaid Prior Authorization (PA) and Electronic Prior Authorization (ePA) (048857)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7c3ff2ae-2451-4c2c-9609-3f9f4dfda78c)

**REASON:** Member expressed dissatisfaction with their <**medication(s)**>not being covered and being rejected at <**pharmacy**>.

**ACTION:** CCR ran test claim and <**provide results**>.

**RESULT:** CCR educated the member and provided options to the member.<**Document what was discussed**>.

or

**RESULT:** CCR submitted a new request for a PA. Include <**ePA key number, Dr Fax number**>The CCR explained TAT and providedinformation to the member. <**Document what was discussed**>.

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| Plan Limitations (Benefits): Dissatisfaction with Drug Utilization Rate |

The member's prescription benefit determines how many days must pass before allowing them to obtain their next refill. This is known as the Drug Utilization Rate (DUR). The member's plan benefits allow a drug to be refilled per the following DUR:

* **Mail Service Pharmacy:** When <**percentage %**> of the day supply has been utilized. This provides the member enough time to order a refill, for the mail service pharmacy to process it, to reach out to the prescriber if necessary, and allows sufficient time for delivery to the member's door.
* **Retail Pharmacy:** When <**percentage %**>of a 30-day supply has been utilized or <**percentage %**> for a 90-day supply.

Confirm Utilization Rate on Benefits tab: [Compass - Introduction to the Benefits Tab (050035)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ee04522b-cf4f-4507-ba80-f17d09422936)

The utilization rate is not meant to be an inconvenience but is to ensure drugs are filled only when necessary. Advise the member of our commitment to help members get the most benefit from their prescriptions and to understand how their coverage works.

**REASON:** Member expressed dissatisfaction with only being able to refill prescriptions at specific times.

**ACTION:** The CCR ran a test claim to confirm <**refill too soon or DUR rejection**>.

**RESULT:** Information provided.

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| Confidentiality/Privacy |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

See relevant sections below:

* [HIPAA Violation Reported-all others](#HIPAAViolationReported)
* [Received Another Member's Mail; HIPAA Violation](#_Received_Another_Member's)
* [Received Another Member’s Rx Order; HIPAA Violation](#_Received_Another_Member’s)

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| HIPAA Violation Reported (Confidentiality) |

 **Do not** include PHI or PII that may violate another individual’s HIPAA rights.

[Protected Health Information (PHI) (004674)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=cacbaad6-b7e5-45ec-be42-1b9ff57cdc84)

**REASON:** Member is dissatisfied that <**name**> at <**pharmacy name**> had shared their PHI in a non-private environment.

**ACTION:** CCR has confirmed <**date**>, <**time**>, <**location**> and <**situation**> of the event. CCR notified the Privacy Office of this matter. The Privacy Officer will conduct an individual investigation.

**RESULT:** CCR apologized for any dissatisfaction this may have caused the member.

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| HIPAA Violation Reported (Confidentiality): Received Another Member's Mail (HIPAA Violation) |

 **Do not** include PHI or PII that may violate another individual’s HIPAA rights.

[HIPAA (Health Insurance Portability and Accountability Act) - Disclosure Reporting and Complaints (027852)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=555c2e42-bed9-4648-91b9-19dc103b0ff1)

**REASON:** Member is dissatisfied that they received another member’s plan correspondence.

**ACTION:** CCR confirmed that plan materials that were addressed to someone other than the member were mailed to their address on file.

**RESULT:** A copy of the correct plan materials were mailed to the correct member’s address on file. CCR apologized for any dissatisfaction this may have caused the member.

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| HIPAA Violation Reported (Confidentiality): Received Another Member’s Rx Order (HIPAA Violation) |

 **Do not** include PHI or PII that may violate another individual’s HIPAA rights.

[HIPAA (Health Insurance Portability and Accountability Act) - Disclosure Reporting and Complaints (027852)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=555c2e42-bed9-4648-91b9-19dc103b0ff1)

**REASON:** Member is dissatisfied that they received another member’s prescription order <**enter order number**> and <**Rx name**>.

**ACTION:** CCR has confirmed an order that was addressed to someone other than the member was mailed to the member’s address on file. CCR has confirmed that a claim for the drug(s) dispensed was not processed on the member’s account nor are there charges against their account.

**RESULT:** Apologize to the caller, and warm transfer them to a [Clinical Counseling Pharmacist (062778)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=d2dab105-056c-45be-b28b-bfad61c60a2f" \t "_blank)

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| Customer Service |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

See relevant sections below:

* [Call Handling](#CallHandlingCallDisconnected)
* [Call Disconnected](#CallHandlingCallDisconnected)
* [Multiple Transfers During Call](#CallHandlingMultipleTransfers)
* [Follow Through](#FollowTHrough)
* [Incorrect/Incomplete Information](#IncorrectIncompleteInfoDifftPrice)
* [Long Hold Time (to Reach a CCR and Placed on Hold by CCR)](#LongHoldTime)
* [Procedural Adherence-excludes mail order](#ProceduralAdherence)

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| Call Handling (Customer Service): Call Disconnected |

Verify with the member that the previous issue was resolved, if not assist the member.

[Compass - Viewing Member's Recent Cases and Viewing PeopleSafe Activity (RM Task Information) in Compass (056036)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=ab5a6f09-8f08-424b-bff7-b1aa5cfc4d6a)

**REASON:** Member expressed dissatisfaction that their call was disconnected.

**ACTION:** A review of the member's call log indicates a disconnected call on <**date**>. CCR confirmed the disconnection was not intentional by the CCR.

**RESULT:** CCR apologized for any inconvenience or frustration this issue has caused and assisted the member with their inquiry.

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| Call Handling (Customer Service): Multiple Transfers During Call |

Advise the member that the PBM strives to keep call transfers to a minimum, the complexity of an issue and issue type may require to be transferred to the correct department. Apologize for any inconvenience or frustration this issue has caused.

[Compass - Viewing Member's Recent Cases and Viewing PeopleSafe Activity (RM Task Information) in Compass (056036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ab5a6f09-8f08-424b-bff7-b1aa5cfc4d6a)

**REASON:** Member expressed dissatisfaction that they were transferred multiple times on <**date**>.

**ACTION:** CCR advised that to resolve their issue it was necessary to transfer the member to the appropriate department for further assistance.

**RESULT:** It is the PBM’s goal to provide members with the necessary information and services to manage their prescription drug benefits.

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| Follow Through (Customer Service) |

Verify with the member that the previous issue was resolved, if not assist the member.

[Compass - Viewing Member's Recent Cases and Viewing PeopleSafe Activity (RM Task Information) in Compass (056036)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=ab5a6f09-8f08-424b-bff7-b1aa5cfc4d6a)

**REASON:** Member expressed dissatisfaction that they did not receive a call back from <**department**> about <**issue**>.

**ACTION:** CCR reviewed the member’s profile.

**RESULT:** CCRassisted the member with their <**issue**>.

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| Incorrect / Incomplete Information (Customer Service): Charged Different Price than Quoted by Care |

Drug costs can vary depending on the strength and quantity of drug dispensed or if there is a price increase from the manufacturer. Furthermore, the price estimate tool or test claim provides estimates and may vary based on the order in which the member purchases the prescriptions (plan benefit stage).

[Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe)

**REASON:** Member is dissatisfied that they were charged a different price for <**medication**> than what was quoted by Customer Care <**Rx number and/or Pharmacy name**>.

**ACTION:**  CCR confirmed via test claim what the price is. Member was educated that their out-of-pocket cost is subject to change after placing the initial order.

**RESULT:** CCR read the disclaimer at the time of placing the order, “Please note the prices quoted are estimates and may not reflect your actual out of pocket costs.” CCR apologized for any dissatisfaction this may have caused.

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| Long Hold Time (Customer Service) |

Verify with the member that the previous issue was resolved, if not assist the member.

[Compass - Viewing Member's Recent Cases and Viewing PeopleSafe Activity (RM Task Information) in Compass (056036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ab5a6f09-8f08-424b-bff7-b1aa5cfc4d6a)

**Long Hold Time (to Reach a CCR):**

**REASON:** Member expressed dissatisfaction with the long hold time when attempting to reach a live representative <**Time/Date of call**>.

**ACTION:** CCR informed the member that the hold times can be longer than usual during specific times of the plan year and certain times per day.

**RESULT:** Member was advised that to avoid long wait times, it is recommended to call during non-peak hours such as early in the morning, in the evenings or during weekend hours. CCR apologized for any inconvenience or frustration this issue has caused.

**Long Hold Time (Placed on Hold by CCR):**

**REASON:** Member expressed dissatisfaction with the long hold time <**Time/Date of call**>.

**ACTION:** CCR advised that to resolve theirissue it was necessary for the CCR to place them on hold to conduct additional research.

**RESULT:** Member was advised that although the PBM strives to keep hold times to a minimum, the complexity of an issue may increase the amount of time a member may have to spend on the phone. CCRs are instructed to check back with the member every two minutes to inform them their issue is still being investigated. CCR apologized for any inconvenience or frustration this issue has caused.

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| Procedural Adherence (Customer Service) |

Verify with the member that the previous issue was resolved, if not assist the member. Apologize for any inconvenience or frustration this issue has caused.

[Compass - When to Transfer Calls to the Senior Team (057524)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=7653e7c2-1a97-42a0-8a81-6267c72e1ca9" \t "_blank)

**REASON:** Member expressed dissatisfaction that they transferred in error to <**department**> about <**issue**>.

**ACTION:** CCR reviewed the member’s profile.

**RESULT:** CCRassisted the member with their <**issue**>.

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| Enroll/Disenrollment |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>**.

See relevant sections below:

* [Enrollment/Disenrollment Process](#_Enrollment/Disenrollment_Process_(E)
* [Member Termed](#MemberTermed)

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| Enrollment/Disenrollment Process (Enroll/Disenrollment) |

If the member provided the ID # and it is not active, attempt a name and DOB search to confirm if member is enrolled with another plan or search for other coverage on the Member’s Landing Page.

[Compass – Member Search (050037)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114" \t "_blank)

[Compass – Member Snapshot Landing Page (050036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b8c0f76-42f3-4cf5-8dc9-6f7c6f0d67fb)

**REASON:**  Member is dissatisfied with the process to enroll/disenroll in coverage.

**ACTION:** CCR has confirmed the information is received from the Plan or the State of New York.

**RESULT:**  CCR apologized to the member for any dissatisfaction this may have caused. Member was informed that they would need to contact their health plan or the State of New York for further assistance.

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| Member Termed (Enroll/Disenrollment) |

If the member provided the ID # and it is not active, attempt a name and DOB search to confirm if member is enrolled with another plan or search for other coverage on the Member’s Landing Page.

[Compass – Member Search (050037)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=44e71d7a-1b1c-4931-9089-d4161a72d114)

[Compass – Member Snapshot Landing Page (050036)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3b8c0f76-42f3-4cf5-8dc9-6f7c6f0d67fb)

**REASON:** Member is dissatisfied that their coverage is showing termed.

**ACTION:** CCR has confirmed that the member’s coverage shows termed.

**RESULT:** CCR apologized to the member for any dissatisfaction this may have caused and warm transferred the member to their health plan or the State of New York to resolve issue.

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| Marketing |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

See relevant sections below:

* [Advertise Inaccurate RX Prices](#AdvertiseInaccurateRxPrices)
* [ID Cards](#IDCards)
* [Charged Different Price than Displayed on Plan Website](#_Charged_Different_Price_1)
* [Charged Different Price than Displayed on caremark.com](#_Charged_Different_Price_2)
* [Network Falsely Advertised](#NetworkFalselyAdvertised)

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| Advertise Inaccurate RX Prices (Marketing) |

Ask the member probing questions to verify who the pricing was provided from or where the member saw the pricing.

**REASON:** Member called and stated they were provided the wrong information about <**medication**> and the amount of <**cost**>.

**ACTION:** The CCR ran a test claim to verify the cost/coverage.

**RESULT:** Information was provided to the member.

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| ID Cards (Marketing) |

Member can also be offered to go to their plan website or Caremark.com and print out their ID card. If needed to fill an Rx, offer to call the pharmacy and provide the processing information.

**REASON:**  The member is unhappy they did not receive an ID card.

**ACTION:** The CCR reviewed the CIF and provided the member that the plan handles these requests.

**RESULT:** Information was provided and the member was transferred to the plan.

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| Inaccurate Website Information (Marketing): Charged Different Price than Displayed on Plan Website |

The PBM’s website provides coverage, cost, and benefit information for their members. For more accurate information, the member should access www.caremark.com and sign into their personal profile. Educate the member that the drug costs displayed are estimates and may vary based on the specific quantity, strength, and / or dosage of the drug, the order in which the member purchases the prescriptions and the pharmacy used.

**REASON:** Member is dissatisfied that they were charged a different price for <**DRUG(S)**> than what was displayed on the PBM’s website.

**ACTION:** CCR confirmed via test claim what the price is. The member was educated that the drug costs displayed are estimates and may vary based on the specific drug information.

**RESULT:** CCR apologized for any dissatisfaction this may have caused and offered cost-saving alternatives such as coupons.

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| Inaccurate Website Information (Marketing): Charged Different Price than Displayed on Caremark.com |

Educate the member that the drug costs displayed are estimates and may vary based on the specific quantity, strength, and / or dosage of the drug, the order in which the member purchases the prescriptions and the pharmacy used. Remind the member they can also contact call Customer Care 24 hours a day, seven days a week.

**REASON:** Member is dissatisfied that they were charged a different price for <**DRUG(S)**> than what was displayed on caremark.com.

**ACTION:** CCR ran a test claim and confirmed the member paid the correct amount for their medications. The member was educated that the drug costs displayed are estimates and may vary based on the specific drug information.

**RESULT:** CCR apologized for any dissatisfaction this may have caused and offered cost-saving alternatives such as coupons.

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| Network Falsely Advertised (Marketing) |

Ask the member probing questions to verify who the pricing/coverage was provided from or where the member saw the pricing.

**REASON:** Member called and stated they were provided the wrong information about <**MEDICATION NAME**> and the amount of <**COST**>.

**ACTION:** CCR ran a test claim to verify the cost/coverage.

**RESULT:** Information was provided to the member.

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| Other |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

See relevant sections below:

* [IVR Dissatisfaction](#IVRDissatisfaction)
* [Calls Not Made by Live CCR](#IVRCallsNotMadeByLiveCCR)
* [IVR Authentication Process](#IVRAuthenticationProcess)
* [Dissatisfied with Functionality or Content on Caremark.com](#DissatisfiedWithFunctionality)
* [Difficulty ordering Drugs on Caremark.com](#WebsiteDifficultyOrderingDrugs)

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| IVR (Other): IVR Dissatisfaction |

Plan recommended that the member keep background noise to a minimum, saying "zero" instead of the letter "O." Plan further suggested that the member avoid the use of speakerphone when interacting with the IVR and to speak directly into the phone's receiver when responding to each question. If using a cell phone, the IVR's ability to understand the member's responses may vary based on coverage area and signal strength.

When contacting the IVR, the system will say to the member, "Tell me how I may help you." At this time, the member can offer a brief description of what they need help with or simply say, "Representative." The IVR will then ask for their Date of Birth (DOB). The member can provide this or repeat the word "representative" to be connected with a representative who can further assist them.

To protect the privacy of a member, authenticate a call when using the IVR. At times, the member may enter information into the IVR that is not translated (fully processed) in the main system. For the member's protection, ask the member to repeat their information to ensure they are speaking to the correct member.

The IVR includes an option for the member to add their phone number to the IVR database for future reference and identification purposes. When a member calls into the IVR from a phone number that is not in the IVR database, the IVR will ask: "I see you are calling from (NUMBER), would you like to add this phone number to your account?" (Pause) Please say either "Yes" or "No." If the member's response is "Yes," the IVR automatically adds the phone number to the IVR database after full authentication. The PBM monitors many factors of the IVR system and invests in the continuing improvement in the IVR system. The feedback received helps to isolate issues with the IVR system that need to be reviewed and updated.

**REASON:** Member expressed dissatisfaction with the Interactive Voice Recognition (IVR) system. The member was unhappy that <details of the complaint>.

**ACTION:** CCR provided useful tips when using the IVR

**RESULT:** CCR documented the concerns of the member.

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| IVR (Other): Calls Not Made by Live CCR |

Outbound IVR system messages are used when a large number of members are required to receive the same message or when the message needs to be communicated in a timely manner to the member. Due to the automation and volume of mail orders that are processed each day, some order alerts can only be communicated via the IVR system. Explain to the member that if they have a question or concern regarding an IVR system message, they can contact Customer Care and a representative will be happy to explain the content of the IVR system message.

[Compass - Calling Issues Messaging Platform or Automated Outbound Calls and Do Not Call (057529)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3cfa0107-6faa-42eb-b203-c32ab42a4d96)

**REASON:** Member is dissatisfied that calls are not made by live Customer Care Representatives (CCRs).

**ACTION:** Member was educated that the PBM uses a secured Interactive Voice Response (IVR) system to communicate with members to ensure they receive information in an efficient and timely manner.

**RESULT:** CCR apologized for any dissatisfaction this may have caused. The member understood that if they have a question or concern regarding an IVR system message, they can contact Customer Care and a representative will be happy to explain the content of the IVR system message.

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| IVR (Other): Authentication Process |

Authenticate the Member Identification (ID) Number, Medicaid Member Identifier (MBI) or prescription number and name. The brand or generic prescription name is an acceptable authenticator. If unable to obtain at least one of the above primary authenticators, the caller can call again once they can provide the required information.

Secondary authenticators may be the member's first and last name (First and last name can be used as an identifier for inbound calls only), member's date of birth, full street address, employer or plan sponsor, zip code.

**If transferred to Customer Care by IVR:**

The member may enter information into the IVR that was not translated (fully processed) in the main system. For their protection, ask the member to repeat their information to ensure they are speaking to the correct member. Although it may seem inconvenient, the intent is to make sure the member is who they say they are and to ensure no PHI is released.

Apologize for any inconvenience or frustration this issued has caused.

[HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce)

**REASON:** Member expressed dissatisfaction with having to authenticate themselves.

**ACTION:** CCR is required by the Health Insurance Portability and Accountability Act (HIPAA) of 1996, to protect the member's Personal Health Information (PHI). The CCR is required to comply with policies and procedures to protect the confidentiality of health information and will be subject to a disciplinary process if they violate these policies and procedures.

**RESULT:** CCR advised that to protect their privacy, the CCR must authenticate a call by obtaining at least one of the primary authentication elements.

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| Website (Other): Dissatisfied with Functionality or Content on Caremark.com |

Remind the member they can also contact Customer Care 24 hours a day, seven days a week.

[Caremark.com - Work Instruction/Job Aid Index (105672)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8a2da44a-6336-454d-8deb-fca4a71ad69b)

**REASON:** Member expressed dissatisfaction specifically with the functionality/content of caremark.com.

**ACTION:** CCR apologized for any inconvenience this may have caused. The CCR assisted with their website concerns/questions.

**RESULT:** CCR confirmed that there are no issues with the website, and it is functioning accordingly. The member was encouraged to contact Customer Care for any future inquiries they may have.

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| Website (Other): Difficulty Ordering Drugs on Caremark.com |

When ordering/renewing drugs on the health plan's website, go to the Prescription tab, click **view/refill all prescriptions**, click **add to cart** next to the prescription available for refill/renewal, then click **view cart** when all required prescriptions have been added to cart. Then, go to check out to review and place the order.

Apologize for any inconvenience this may have caused.

[Caremark.com - Work Instruction/Job Aid Index (105672)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8a2da44a-6336-454d-8deb-fca4a71ad69b)

**REASON:** Member expressed dissatisfaction with the difficulty of ordering <**Medication(s)**> on caremark.com.

**ACTION:** Member was educated and walked through on how to order / renew prescriptions online.

**RESULT:** Member was encouraged to contact Customer Care for any future inquiries.

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| Pharmacy |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

See relevant sections below:

* [Denying Medication due to Member’s Ability to Pay](#DenyingMedicationAbilitytoPay)/ Client 1113/20 CHP only
* [Dirty / Unclean Pharmacy](#DirtyUncleanPharmacy)

**MAIL ORDER:**

* [Drugs Sent in Multiple Orders](#DrugsSentInMultipleOrders)
* [Requesting Mail Tag (Denied)](#RequestingMailTagDenied)
* [Prescription not Enrolled in Automatic Refill Program (ARP) - No Plan Error](#PrescriptionNotEnrolledNoPlanErrorPharma)
* [Prescription Not Eligible for the Automatic Refill Program (ARP) (Controlled Substance)](#PrescriptionNotEligibleControlledSubstan)
* [Prescription Not Eligible for the Automatic Refill Program (ARP) (No Refills/Expired)](#PrescriptionNotEligibleNoRefillsExpired)
* [Receives Too Many Phone Calls for Orders](#ReceivesTooManyPhoneCallsForOrders)
* [Unable to Cancel Order](#UnabletoCancelOrder)
* [Pre-payment for Mail Service Orders](#PrePaymentForMailServiceOrders)

**RETAIL PHARMACY:**

* [Pharmacy Out of Network](#PharmacyOutofNetwork)
* [Refused to Accept ID card or Provide Service](#RefusedtoAcceptIDCard)
* [Inappropriate Billing by Pharmacy (Pharmacy Needs to Reverse Claim)](#InappropriateBillingbyPharmacyReverseCla)
* [Professional Service (PPS) Codes](#ProfessionalServicePPSCodes)
* [Refused to Fill Controlled Substance](#RefusedtoFilleControlledSubstance)
* [Retail Pharmacy Issues](#RetailPharmacyIssues)

**RETAIL OR MAIL ORDER PHARMACY:**

* [Received Correct Drug but Different Size or Color](#ReceivedCorrectDrugDifferentSizeColor)

* [Dispense As Written (DAW) Requirements](#DispenseAsWrittenRequired)
* [Upset with Packaging/Bottle Caps](#UpsetWithPacakgingBottleCaps)
* [Bottle Size Too Big or Too Small](#BottleTooBigTooSmall)

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| Retail (Pharmacy): Denying Medication Due to Member’s Ability to Pay – For Client 1113/20 CHP Only |

The Retail Pharmacy **cannot** refuse services to a member that is unable to pay the copay. The Pharmacy may attempt to collect or bill for a copay that is not collected at the time of service. If the pharmacy still refuses to provide the medication to the member, the member can have the RX transferred to another pharmacy. If a controlled substance, the doctor must send in a new Rx. Offer to call the prescriber and/or the pharmacy for the member. If the pharmacy has processed the Rx and will not give to the member, the claim will need to be reversed to have Rx processed at another pharmacy.

**REASON:** Member is dissatisfied that < **Pharmacy Name**> will not dispense <**medication**> without the member paying.

**ACTION:** A review of the member’s prescription claim history shows a paid claim for the drug at the <**pharmacy name**>. CCR contacted the pharmacy and <**name**> regarding the member’s concerns and the CCR informed the pharmacy that they cannot refuse service.

**RESULT:** CCR apologized for any dissatisfaction this may have caused.

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| Retail (Pharmacy): Dirty/Unclean Pharmacy |

**Note:** If Non-CVS, inform the member to call the pharmacy manager. If CVS, the member can contact 1-800 SHOP CVS (800-746-7287).

**REASON:** Member is dissatisfied that their <**pharmacy**> is dirty / unclean.

**ACTION:** Member was there on <**date and time>**

**RESULT:** CCR apologized for any dissatisfaction this may have caused.

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| Mail Order (Pharmacy): Drugs Sent in Multiple Orders |

**REASON:** Member is dissatisfied that their prescriptions <**medication(s)**> were sent in different orders. (List order number if available.)

**ACTION:** Member was informed that drugs may be sent in different orders for multiple reasons such as: all the prescriptions not being eligible to fill at the same time or some prescriptions may require prescriber clarification. The mail order pharmacy will split an order so that prescriptions are not held unnecessarily while others are waiting for additional information or not eligible for refill.

**RESULT:** CCR apologized for any dissatisfaction this may have caused.

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| Mail Order (Pharmacy): Requesting Mail Tag (Denied) |

[Compass - Return Order Request (Formerly Refund Copay Credit/Mail Tag Request) (058097)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9e7e3115-e2d6-41c6-bd9e-83a67e0ec196)

**REASON:** Member is dissatisfied that they received <**medication**> and is requesting to return the drug.

**ACTION:** CCR confirmed a fill request for the drug was received via <**fax/mail/electronically/IVR, Web, Medical Doctors Office Phone/Care**>

**If received via fax/mail/electronically/MDO phone and consent provided:** The member provided expressed ship consent for the order on <**date**>.

**RESULT:** CCR explained to the member how the order was received; therefore, their request to return the drug was denied because it was dispensed as prescribed by the doctor and was requested / consented by the member. Mail service policy does not allow the return of drug for credit if there is no evidence of a plan or dispensing error. The CCR apologized to the member for any dissatisfaction this may have caused.

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| Mail Order (Pharmacy): Prescription not Enrolled in Automatic Refill Program (ARP) - No Plan Error (Pharmacy) |

The Automatic Refill Program (ARP) allows members to receive prescription refills and renewals of maintenance drugs automatically. Members can enroll their prescriptions for common maintenance drugs to automatically process and ship when the refill date is reached and/or allows the mail service pharmacy to automatically reach out to the prescriber to obtain a prescription renewal when the original prescription expires or is out of refills. Certain drugs such as controlled substances, specialty drugs, and others are excluded from enrolling in the program. For a prescription to be enrolled in ARP, the prescription must be valid, such as have remaining refills and cannot be expired at the time of enrollment.

**REASON:** Member expressed dissatisfaction that their<**medication**> wasnot enrolled in the Automatic Refill (ARP) as requested.

**ACTION:** CCR reviewed the plan and provided<**results**>.

**RESULT:** To enroll prescriptions in ARP the member can either call Customer Care, submit an ARP form, or enroll the prescription on the health plan's website at their convenience.

**If member wants to enroll prescriptions into ARP on the call:** The following prescriptions were enrolled in ARP:<**List name(s) of prescription medication(s)**>

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| Mail Order (Pharmacy): Prescription Not Eligible for the Automatic Refill Program (ARP) (Controlled Substance) |

Verify in the CIF: The Automatic Refill Program (ARP) allows members to receive prescription refills and renewals of maintenance drugs automatically. Members can enroll their prescriptions for common maintenance drugs to automatically process and ship when the refill date is reached and/or allows the mail service pharmacy to automatically reach out to the prescriber to obtain a prescription renewal when the original prescription expires or is out of refills.

**REASON:** Member expressed dissatisfaction that their <**medication**> is not eligible for the Automatic Refill Program (ARP).

**ACTION:** CCR reviewed the plan.

**RESULT:** Member was informed that the ARP is available for common maintenance drugs, such as those that are taken for chronic conditions or for long-term therapy. Unfortunately, controlled substances are not eligible for the ARP as federal and state laws may impose refill/renewal restrictions.

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| Mail Order (Pharmacy): Prescription Not Eligible for the Automatic Refill Program (ARP) (No Refills/Expired) |

Verify in the CIF: The Automatic Refill Program (ARP) allows members to receive prescription refills and renewals of maintenance drugs automatically. Members can enroll their prescriptions for common maintenance drugs to automatically process and ship when the refill date is reached and/or allows the mail service pharmacy to automatically reach out to the prescriber to obtain a prescription renewal when the original prescription expires or is out of refills. Inform the member that for a prescription to be enrolled in the automatic refill component, the prescription must have remaining refills after the prescription has been filled for the first time. For a prescription to be enrolled in the automatic renewal component, the prescription must be valid, such as have remaining refills and cannot be expired at the time of enrollment.

**REASON:** Member expressed dissatisfaction that theirprescription is not eligible for the Automatic Refill Program (ARP).

**ACTION:** CCR reviewed the plan.

**RESULT:** CCR has confirmed the prescription <**Has no remaining refills or is expired**>.A new prescription request was submitted via FastStart.

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| Mail Order (Pharmacy): Receives Too Many Phone Calls for Orders |

Although the member may opt to update theirmessaging preferences, advise that theymay still receive phone calls from the health plan, as certain types of calls are made regardless of messaging preference. One example of the types of calls are "high copay calls." These types of calls are made to a member when their order exceeds a certain amount based on their plan design. The PBM will attempt to contact them to obtain approval to ship the order in question and charge their payment method on file. Regrettably, the PBM cannot stop these calls from being made to the member.

[Compass - Calling Issues Messaging Platform or Automated Outbound Calls and Do Not Call (057529)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3cfa0107-6faa-42eb-b203-c32ab42a4d96)

**REASON:** Member expressed dissatisfaction that they are receiving too many phone calls for prescription orders.

**ACTION:** Member has the option to update theirmessaging preferences to email and or text alert instead of a phone call.

**RESULT:** CCR apologized to the member for any dissatisfaction this may have caused.

* **If messaging preference was updated then include the following:** Per the member's request, their messaging preferences was updated to <**method**>.

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| Mail Order (Pharmacy): Unable to Cancel Order |

**If requesting to return member-initiated order include**:

The prescription order is ineligible for a mail tag (postage-paid address label for order return) as the prescription is being dispensed as prescribed by the doctor and was <**requested/consented**> by the member. Mail service policy does not allow the return of drug for credit if there is no evidence of a plan or dispensing error.

**If requesting to return non-member-initiated order include**:

The mail tag (postage-paid address label for order return) process provides the member with a convenient way to send the drug back to CVS Caremark Mail Service Pharmacy. Members should receive the mail tag via mail within 10-15 days. The members must send back any returns with the full amount dispensed and with the original prescription label. Once the returned drug is received, the member's method of payment will be credited within five business days.

[Compass - Return Order Request (Formerly Refund Copay Credit/Mail Tag Request) (058097)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=9e7e3115-e2d6-41c6-bd9e-83a67e0ec196" \t "_blank)

**REASON:** Member expressed dissatisfaction that they were unable to cancel their prescription order in process.

**ACTION:** CCR advised that a request to cancel a prescription order can only be honored if the request is submitted prior to the order being in "Label Printed, Dispensed, Packed or Metered" status. Unfortunately, the prescription order is in <**order**>status, therefore a cancellation request cannot be guaranteed.

**RESULT:** CCR apologized for any dissatisfaction this may have caused and provided <**options**>.

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| Mail Order (Pharmacy): Pre-payment for Mail Service Orders |

To release a prescription, a method of payment is required to be on file.Remind the member who does not wish to place a method of payment on file, a check or money order may be mailed prior to shipment of the order. Orders will be held until payment is received. Member has the option to obtain their prescription via retail.

**Include for $0 orders:** Although the member’s prescription order may be estimated as a $0.00 copay, the true out-of-pocket cost will be determined once the order is completely processed; therefore, a method of payment is required. Send RM task for order placement for the member to be billed without providing payment.

[Compass - Offline Refill (056373)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=db21add8-521c-4f56-806b-2bd60acc39ed)

**REASON:** Member is dissatisfied that a payment method is required for mail service orders.

**ACTION:** CCR submitted a task for order placement.

**RESULT (choose option):**

* Member declined adding a payment method on file or obtaining the prescription order.
* A request was submitted to have the prescription(s) transferred to the retail pharmacy per the member’s request.
* Member added a payment method on file and the prescription order was successfully submitted.

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| Retail (Pharmacy): Pharmacy Out of Network |

The health plan sends the member a Pharmacy Directory at the time of enrollment and annually. The member was also informed that changes to the pharmacy network may occur during the benefit year; an updated Pharmacy Directory is located on the health plan’s website or Caremark.com, offer to send a link if not registered. A pharmacy can choose to become preferred or non-preferred at any time during the year; however, most contracts are in place prior to the new plan year.

[Compass - Retail Pharmacy Search and Details (057995)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=ede79ef0-e196-481c-9f1b-c4ea562d9025)

**REASON:** Member is dissatisfied that <**pharmacy name**> is no longer in the health plan’s pharmacy network.

**ACTION:** CCR ran a test claim and confirmed that the pharmacy is not in network. The member was provided with a list of preferred pharmacies near their residence and steps to transfer any remaining refills.

**RESULT:** Information provided.

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| Retail (Pharmacy): Refused to Accept ID Card or Provide Service |

Run a test claim to confirm the member’s issue. If you get a paid claim, contact the pharmacy and confirm processing information. If there is a rejection, confirm results and contact the prescriber and/or send an ePA request. Confirm prescriber information.

Offer to search for a different pharmacy. [Compass - Retail Pharmacy Search and Details (057995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ede79ef0-e196-481c-9f1b-c4ea562d9025)

**REASON:** Member is dissatisfied that <**pharmacy name**> refused to fill <**medication**>.

**ACTION:** CCR ran a test claim and <**results**>. CCR contacted the pharmacy and spoke to <**name**> regarding the member’s concerns.

**RESULT:** The health plan supports the decision of a pharmacist to not to fill prescriptions when exercising sound professional and clinical judgment. CCR apologized for any dissatisfaction this may have caused.

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| Retail (Pharmacy): Inappropriate Billing by Pharmacy (Pharmacy Needs to Reverse Claim) |

**REASON:** The member is dissatisfied that their pharmacy billed for <**medication**> which they do not take.

**ACTION:** A review of the member’s prescription claim history shows a paid claim for the drug at the <**pharmacy name**>.

The CCR contacted the pharmacy and spoke to <**name**> regarding the member’s concerns; the pharmacy representative successfully reversed the claim, Rx <**number**>.

**RESULT:** Claim reversed.

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| Retail (Pharmacy): Professional Service (PPS) Codes |

Educate the member that the health plan conducts a drug utilization review (DUR) of their prescriptions claims to ensure that benefits are being administered according to the terms of coverage, as well as ensuring the member’s health safety. Edits are implemented to improve control at Point of Sale (POS) and to ensure that the DUR process complies with the Centers for Medicaid and Medicaid Services (CMS) requirements for all drug classes. The pharmacist enters the Professional Service (PPS) to override the reject when applicable and to document their action for each reject. These alerts prompt the dispensing pharmacist to take an action that will avoid a potential safety concern. The pharmacist may consult with the prescriber, counsel the member, or choose not to fill the prescription to avoid a negative clinical outcome.

[Compass - Rejection Codes and Resolutions (Reject 01 – Reject ZN) (067649)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=104c3318-95ba-42e2-bd05-17877b0a8045)

**REASON:** Member is dissatisfied that their <**medication**> is rejecting.

**ACTION:** CCR ran a test claim and provided the member with the results. The CCR contacted the <**Pharmacy Name**> and spoke to <**name**> regarding the member’s rejection; the pharmacy reprocessed for a paid claim.

**RESULT:** CCR apologized for any dissatisfaction this may have caused as this is not intended to cause an inconvenience.

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| Retail (Pharmacy): Refused to Fill Controlled Substance |

Federal and state laws impose a responsibility on practitioners, and a corresponding responsibility on pharmacists, when dispensing controlled substances. Pharmacists consider a variety of factors as part of their corresponding responsibility to appropriately fill prescriptions for controlled substances. These factors may contribute to a pharmacist’s decision using their professional judgment to fill or to decline to fill a controlled substance prescription. The health plan supports the decision of a pharmacist to not to fill prescriptions when exercising sound professional and clinical judgment.

Offer to search for a different pharmacy but provide that a controlled substance prescription cannot be transferred, the member will need a new prescription. [Compass - Retail Pharmacy Search and Details (057995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ede79ef0-e196-481c-9f1b-c4ea562d9025)

**REASON:** Member is dissatisfied that <**pharmacy name**> refused to fill <**medication**>.

**ACTION:** CCR ran a test claim and provided <**results**>.

**RESULT:** CCR apologized for any dissatisfaction this may have caused.

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| Retail (Pharmacy): Retail Pharmacy Issues |

Offer to search for a different pharmacy. [Compass - Retail Pharmacy Search and Details (057995)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ede79ef0-e196-481c-9f1b-c4ea562d9025)

If Non-CVS pharmacist/pharmacy, contact the pharmacy manager. If the issue is with CVS, contact 1-800 SHOP CVS (800-746-7287).

**REASON:** Member is dissatisfied with <**pharmacy name**> because <**reason details** >.

**ACTION:** CCR contacted the pharmacy and spoke with a pharmacy representative regarding the members’ concerns and requested that they be addressed with the Pharmacy Manager. The pharmacy representative advised <**call summary**>.

**RESULT:**  Member was additionally provided with a list of other in network retail pharmacies near their residence.

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| Mail Order or Retail (Pharmacy): Received Correct Drug but Different Size or Color |

If MOR related, contact Clinical during hours. [Compass - When to Transfer Calls to Clinical Care (062778)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d2dab105-056c-45be-b28b-bfad61c60a2f)

If outside of hours, refer to [Compass Mixed Medication / Incorrect Medication Dispensed (065105)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6be243fa-1a1e-43bb-81d2-b28b3edcff17)

If POS related, contact the pharmacy for the member. The member or prescriber may request that a generic from a specific manufacturer be dispensed, as the pharmacy may carry drugs with many different manufacturers. The prescriber should write the name of the manufacturer on the prescription. The pharmacy will make every attempt to meet the members’ needs. If a specific manufacturer is not covered under the health plan, a member may choose to pay out-of-pocket or a suitable alternative can be requested from the prescriber.

**REASON:** Member expressed dissatisfaction that <**medication**>looks different from the previous fill.

**ACTION:** CCR transferred the member to clinical to confirm the change with a pharmacist. The CCR has confirmed that the previous fill for the drug was manufactured by <**manufacturer**> and the new fill for the drug was manufactured by <**manufacturer**>. Although the same drug and strength, the appearance (size, shape, color) of the drug may differ from manufacturer to manufacturer.

**RESULT:** Information provided.

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| Mail Order or Retail (Pharmacy): Dispense as Written (DAW) Requirements |

The prescriber writes a Dispense as Written (DAW) code on a prescription whenever they want to specify what the pharmacist must dispense to the member. DAW codes are generally written to override generic drugs with the brand name and vice versa. DAW codes are also used by the prescriber to accommodate drug preferences requested by the member. A prescription written as DAW1 indicates that the prescriber has determined the brand name drug is medically necessary to treat the member's condition, and therefore lets the pharmacist know not to dispense a generic equivalent; a prescription written as DAW2 indicates that the member requested the brand name drug only. For prescriptions written without a DAW code, the pharmacist is permitted to dispense a generic substitute.

[Compass - Dispense as Written (DAW) Codes (057975)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=33a277e4-4c74-4317-8b79-40a4cf86b262)

[Compass - DAW (Dispense as Written) Cost Difference (058127)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=31e71d2c-57c0-4643-ab77-e99e3babf7d6)

**REASON:** Member expressed dissatisfaction that their<**medication**> was not filled for the brand name drug at <**pharmacy**>.

**ACTION:** CCR ran a test claim and reviewed the fill details of the prescription.

**RESULT:** CCR has confirmed the prescription for <**medication**> was written without a DAW code, therefore allowed for a generic equivalent. The member was advised to consult with the prescriber regarding obtaining future prescriptions with a DAW code.

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| Mail Order or Retail (Pharmacy): Upset with Packaging/Bottle Caps |

Although the mail service prescriptions are shipped with safety caps, the pharmacy can provide easy open caps for the standard orange bottles that we dispense. However, if the member received their drug in bottles packaged by the manufacturer, we cannot provide easy open caps. Non-childproof "Easy Open" caps can be requested by creating an RM task for fulfillment. The caps are the easy "twist-off" type. These caps are not the ones that convert from child proof to easy open; they are simply twist on and twist off. "Snap off" caps are not available. Educate the member to save and reuse these caps for future orders.

If requested include: The CCR requested caps to be mailed to the member.

[Compass - Non-Childproof or Easy Open Cap Requests (063812)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=479f7303-84ce-46e4-b7c3-9f890ea26d92)

**REASON:** Member expressed dissatisfaction with the prescription order packaging for <**medication**>, <**Rx or** **order number**>.

**ACTION:** Member was informed that poly bags, bubble bags and boxes are currently the only packages available at the CVS Caremark Mail Service Pharmacy.

**RESULT:** Unfortunately, the mail service pharmacy does not offer an easy-tear package for mail orders.

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| Mail Order or Retail (Pharmacy): Bottle Size Too Big or Too Small |

Among many cost saving benefits of automated pharmacy systems, it also gives the pharmacy the ability to fill more prescriptions in less time to ensure orders are received as soon as possible. The automated equipment employs only one bottle size; the mail service pharmacy is doing so to remain as cost efficient as possible.

[Compass - Non-Childproof or Easy Open Cap Requests (063812)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=479f7303-84ce-46e4-b7c3-9f890ea26d92)

**REASON:** Member expressed dissatisfaction with the size of the prescription bottles as they are too <**big/small**> for <**medication**, <**Rx or** **order number**>.

**ACTION:** Member was advised that most prescriptions are filled using automated pharmacy equipment.

**RESULT:** CCR apologized for any dissatisfaction this may have caused.

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| Fraud and Abuse |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

See relevant sections below:

* [Alleged Fraudulent Use of Medicaid Plan](#AllegedFraudulentUseofMedicaidPlan)- Client 1113/20 CHP only
* [Improper Billing by Pharmacy](#ImproperBillingByPharmacy1)
* [RRP Restricted Member Complaints](#RRPRestrictedMember)

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| Alleged Fraudulent Use of Medicaid Plan – Client 1113/20 CHP only (Fraud and Abuse) |

[Compass - Reporting Alleged Fraud CCR (057131)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba630879-142f-4c5a-89c6-50b5018fe3b6)

**REASON:** Member is upset because <**Pharmacy Name**> is processing <**medication**> when they are no longer prescribed the medication or did not receive it.

**ACTION:** CCR reviewed the fill history and contacted the pharmacy and spoke to <**Name and title**>. CCR advised the member did not (want or receive) the prescription to process and the pharmacy reversed the claim.

**RESULT:**  CCR apologized to the member for any dissatisfaction and will document their concerns.

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| Improper Billing by Pharmacy (Fraud and Abuse) |

**Billing the member for prescriptions they did not receive.**

[Compass - Reporting Alleged Fraud CCR (057131)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba630879-142f-4c5a-89c6-50b5018fe3b6)

**REASON:** Member is dissatisfied and states <**Pharmacy Name**> is billing for prescriptions they are not prescribed or did not receive.

**ACTION:** CCR reviewed the fill history and contacted the pharmacy and spoke to <**name and title**>. CCR advised the member did not (want or receive) the prescription to process and the pharmacy reversed the claim.

**RESULT:**  CCR apologized to the member for any dissatisfaction and will document their concerns.

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| Improper Billing by Pharmacy (Fraud and Abuse) |

Charged the member either the full price without using insurance or incorrect price.

[Compass - Reporting Alleged Fraud CCR (057131)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ba630879-142f-4c5a-89c6-50b5018fe3b6)

**REASON:** Member is dissatisfied and states <**Pharmacy Name**> did not run the prescriptions through the insurance. The member advised they were charged <**amount**> for the prescription.

**ACTION:** CCR ran a test claim to confirm cost. Reviewed the fill history and contacted the pharmacy and spoke to <**name**>, <**title**>. CCR advised the member did not (want or receive) the prescription to process and the pharmacy reversed the claim.

**RESULT:** CCR apologized to the member for any dissatisfaction and will document their concerns.

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| RRP Restricted Member Complaints (Fraud and Abuse) |

**Tip:** Review the CIF Override section for Pharmacy Lock process. Sometimes members get locks because of trying to fill too soon too often.

**REASON:** Member is dissatisfied they cannot go to any pharmacy in network and are restricted on one pharmacy for <**medication(s)**>

**ACTION:** CCR ran a test claim there is a lock for <**Pharmacy Name**>. The CCR reviewed the CIF and <**transferred to the plan** **or** **contacted Senior Team**>.

**RESULT:** CCR apologized to the member for any dissatisfaction and will document their concerns.

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| Quality of Care (QOC) / Access to Care |

**http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png Complete the member specific information between the <symbols>.**

See relevant sections below:

* [Incorrect Address](#IncorrectAddress)
* [Incorrect RX shipped](#IncorrectRxShipped)
* [Mail Order Delay](#MailOrderDelay)
* [Mail Order Delivery](#MailOrderDelivery)
* [Mail Order Error](#MailOrderError)
* [Medication Access](#MedicationAccess)

* [Member out of Medication due to Plan, Pharmacy or Prescriber Error](#MemberOutofMedicationDuetoPlan)

* [Retail RX Error](#RetailRXError)

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| Incorrect Address (Quality of Care) |

Confirm the correct address and research for potential reasons for the incorrect address on the order. The Plan may not have updated member’s address and medication shipped to incorrect address. Assist with order reships. Verify the amount of medication on hand.

[Compass - Order Reships (057985)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6851523-18b2-4009-90a5-8fd53ee9669b)

[Compass - PBM Error Expediting Mail Order Processing Time and/or Upgrading Order Shipping (062861)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a367086-d68a-4202-baea-6b30dfa4aaba)

**REASON:** Member expressed dissatisfaction that they did not receive their <**medication**>.

**ACTION:** CCR reviewed the <**order number**> and provided the shipping address in the order. The CCR verified the member has <**quantity**>on hand. The CCR corrected the shipping information and reviewed the CIF for mail order issues.

**RESULT:** CCR provided the member with the reship details.

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| Incorrect RX Shipped (Quality of Care) |

Assist member with all Customer Service issues **before** transferring to Clinical for Bridge Supply, Changeback Requests, Request to return a medication or receive a refund. Research the CIF to confirm what is allowed by the plan.

[Compass - When to Transfer Calls to Clinical Care (062778)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d2dab105-056c-45be-b28b-bfad61c60a2f)

[Compass - Bridge Supply (056367)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5ecd7b05-8aed-4dbd-b4ef-8cb4912a543b)

[Compass - Intervention Changebacks (062768)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=2379cb90-2a49-4be2-a38d-6d66d10365fe)

[Compass - Return Order Request (Formerly Refund Copay Credit/Mail Tag Request) (058097)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=9e7e3115-e2d6-41c6-bd9e-83a67e0ec196" \t "_blank)

**REASON:** Member expressed dissatisfaction that they did not receive their <**medication**> but instead received <**medication**>.

**ACTION:** CCR reviewed the <**order number**> and confirmed the shipping address. CCR verified the member has <**quantity**>on hand. CCR corrected the shipping information and reviewed the CIF for mail order issues.

**RESULT:** CCR provided the member with the reship information.

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| Mail Order Delay (Quality of Care) |

Medication lost in transit/delivery. Verify the amount of medication on hand. Research the CIF for available options to the member for Mail order delays. If needed contact the Senior team for assistance.

[Compass - Order Reships (057985)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=a6851523-18b2-4009-90a5-8fd53ee9669b)

[Compass - PBM Error Expediting Mail Order Processing Time and/or Upgrading Order Shipping (062861)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a367086-d68a-4202-baea-6b30dfa4aaba)

**REASON:** Member expressed dissatisfaction that they did not receive their <<**DRUG**>>.

**ACTION:** CCR reviewed the <**order number**> and confirmed the information. The CCR verified the member has <**quantity**>on hand. CCR tracked the shipping information and reviewed the CIF for mail order issues.

**RESULT:** CCR provided the member with information.

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| Mail Order Delivery (Quality of Care) |

Medication lost in transit/delivery. Verify the amount of medication on hand. Research the CIF for available options to the member for Mail order delays. If needed contact the Senior team for assistance.

[Compass - Order Reships (057985)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a6851523-18b2-4009-90a5-8fd53ee9669b)

[Compass - PBM Error Expediting Mail Order Processing Time and/or Upgrading Order Shipping (062861)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=3a367086-d68a-4202-baea-6b30dfa4aaba)

**REASON:** Member expressed dissatisfaction that they did not receive their <**medication**>.

**ACTION:** CCR reviewed the <**order number**> and provided information. The CCR verified the member has <**quantity**>on hand. CCR provide <**details of action taken**>.

**RESULT:** CCR provided the member with the reship details.

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| Mail Order Error (Quality of Care) |

Assist the member with all Customer Service issues (**Example:** Auto Refill Program fails, mail order cold pack breaks in-transit and drug arrives spoiled, member shorted medication, prescription bottle contains two different pills) **before** warm transferring to Clinical.

[Compass - When to Transfer Calls to Clinical Care (062778)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d2dab105-056c-45be-b28b-bfad61c60a2f)

[Compass - PBM Error Expediting Mail Order Processing Time and/or Upgrading Order Shipping (062861)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=3a367086-d68a-4202-baea-6b30dfa4aaba)

**REASON:** Member expressed dissatisfaction that they did receive their <**medication**> but state <**details of issue**>.

**ACTION:** CCR reviewed the <**order number**> and confirmed the shipping address. The CCR verified the member has <**quantity**>on hand. CCR reviewed the CIF for mail order issues. CCR provide <**details of action taken**>.

**RESULT:** CCR provided the member with information.

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| Medication Access (Quality of Care) |

Access to care is when the member is having issues getting a prescription due to the plan, a pharmacy or prescriber but is not out of medication.

**REASON:** Member expressed dissatisfaction that they did not receive their <**medication**> from <**pharmacy**>.

**ACTION:** CCR reviewed the <**Rx/order number**>, ran a test claim and confirmed the information. CCR verified the member has <**quantity**>on hand. CCR provide <details of action taken>.

**RESULT:** CCR provided the member with information.

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| Member Out of Medication Due to Plan, Pharmacy or Prescriber Error (Quality of Care) |

QOC applies when Manufacturer backorder of medication and pharmacy did not reach out to prescriber for alternative, member’s medication delayed because of Plan, prescriber, and/or pharmacy error. Ask probing questions as to how/why this may have occurred. Make every effort to assist the member getting medication before ending the call.

[Compass – Member Unable to Locate Medication at Mail Order or Retail with Lifeline Support (Backorder, Shortage, Not in Stock) (065451)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=47f1fc7c-d771-45ae-9de3-179ac312f222)

QOC **does not** apply if the member’s medication was delayed due to: A Prior Authorization or Appeal denial, their decision to not obtain the medication due to cost or neglect to order the medication. Ensure that you take all steps necessary to ensure the member has medication before ending the call. Since the member is OOM, contact the doctor and/or the pharmacy.

When documenting a QOC grievance, include in the description of issue how the plan, pharmacy, or provider caused the member to be without medication or caused a delay in them receiving their medication. Provide the last fill date and quantity as evidence of the member being out of medication.

**REASON:** Member expressed dissatisfaction that they do not have their <**medication**> from <**pharmacy**>.

**ACTION:** CCR ran a test claim and provided <**results of Test claim**>. CCR verified the member has <**quantity**>on hand. CCR provide <**details of action taken**>.

**RESULT:** CCR provided the member with information and paid claim, Rx <**000000000**> (if applicable).

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| Retail RX Error (Quality of Care) |

If there is an error with Non-CVS pharmacist, contact the pharmacy manager. If the issue is with CVS, contact 1-800 SHOP CVS (800-746-7287). If the doctor wrote the wrong prescription, Contact the office and have a new RX sent.

**REASON:** Member expressed dissatisfaction that they did not receive their <**medication**> but instead received < **medication** > from <**pharmacy**>.

**ACTION:** CCR reviewed the <**Rx number**> and confirmed medication. CCR verified the member has <**quantity**>on hand. CCR contacted the pharmacy and spoke to <**name**>. CCR provide <**details of action taken**>.

**RESULT:** CCR assisted the member getting the issue corrected.

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| Related Documents |

[Medicaid Prior Authorization (PA) and Electronic Prior Authorization (ePA)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=7c3ff2ae-2451-4c2c-9609-3f9f4dfda78c) (048857)

[Medicaid Appeals (Claims)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=e6050bdf-fff0-45ce-96d8-7a376600c14b) (003477)

[Customer Care Abbreviations, Definitions, and Terms](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606) Index (017428)

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