# High Deductible Health Plans (HDHP)

[Identifying an HDHP on a Member’s Account](#_Toc201127621)

[Determining if the Deductible Applies to the Maximum Out of Pocket (MOOP)](#_Toc201127622)

[Determining if the Member has Met the Deductible (RxClaim)](#_Toc201127623)

[How to Handle Member Reimbursement for Overpayments for HDHP Plans](#_Toc201127624)

[Related Documents](#_Toc201127625)

**Description:** How to identify a HDHP member and view accumulation details related to Maximum Out of Pocket (MOOP) or deductible. The Deductible is where member would pay 100% of the negotiated cost of medication until deductible is met.

|  |
| --- |
| Identifying an HDHP on a Member’s Account |

To ensure that PHI is protected when discussing accumulators with members, any information relating to family-level accumulators should be limited to High-level accumulator information, such as:

* If the total family (Maximum Out of Pocket (MOOP), Maximum Allowable Benefit  (MAB), Deductible)) limit has been met.
* If the total family (MOOP, MAB, Deductible) limit has not been met.
* The total family (MOOP, MAB, Deductible) limit and the current amount accrued toward the total limit.

Do **not**release any details for individual accumulators that contribute to the family-level accumulators other than the individual’s own.  Any details that make up the amount paid towards individual accumulators includes:

* Date of service
* Rx number
* MOOP
* MAB
* Deductible amount, etcetera

In some cases, the High Deductible Health Plans (HDHP) have a preventative drug list, which medications on that list would bypass deductible and apply to MOOP. Refer to [HDHP/HSA Preventive Drug List](https://www.caremark.com/portal/asset/preventive_dl.pdf).



Perform the following steps:

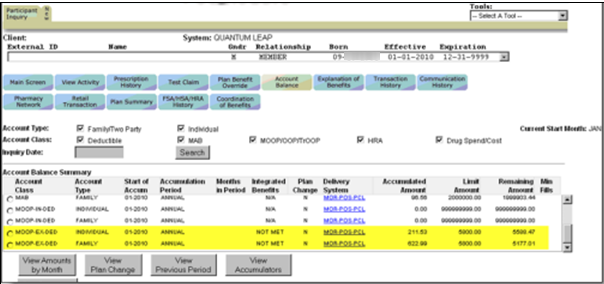
|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | 1. Access PeopleSafe and click on the **Account Balance** tab then review the Deductible line item for Individual or Family.   **Note:** There is a line item for family and individuals. Unlike a traditional deductible, only one of these fields applies to the account.   1. Determine if the account is an individual or family on the Main screen.   **Note:** If CIF does not state if it is integrated then click the **View Balance Details** in Account Balance to search for medical claims. If medical claims display that means the plan is integrated. | |
| **2** | Review the Integrated Benefits Column. | |
| **If the Integrated Benefit column is…** | **Then…** |
| N/A or Undetermined | Review the CIF for the member under the Plan Design Highlights section and below the Account Balance subtitle then determine if deductible is integrated with medical or If deductible is embedded/non-embedded. Proceed to step 3. |
| Met or Not Met | The member has “integrated benefits” and is part of an HDHP therefore, medical and prescription claims accumulate together to satisfy one deductible amount.  **Turnaround Time (TAT):** There is no set TAT for updates to medical adjustments since this information either comes from the client or a third-party administrator.  The Deductible is where member would pay 100% of the negotiated cost of medication until deductible is met.  **Note:** Some High Deductible Plans have a preventative drug list which will bypass the deductible and apply to MOOP. |
| **3** | Refer to [Determining if the member has met the deductible (RxClaim)](#_Determining_if_the_2) and determine the remaining amount needed to meet the deductible. | |
| **If the deductible is…** | **Then…** |
| N/A | Refer to the Individual or Family for deductible amount based on the caller’s concern. |
| Met | The member has “integrated benefits” and they (Individual or Family) have met their deductible amount for the benefit year (count type displays as met) and the member is responsible for paying its co-insurance amount.  **Note:** Some High-Deductible Plans have a preventative drug list which will bypass the deductible and apply to MOOP. |
| Not Met | Refer to the “Remaining Amount” for the Individual or Family Account Type.  **Note:** Some High-Deductible Plans have a preventative drug list which will bypass the deductible and apply to MOOP. |
| **4** | Quote the Remaining Amount needed to satisfy the Deductible Limit Amount and review the CIF for deductible amounts.  **Example 1 (Non-Embedded):**   * Although this individual family member has not accrued any charges, the family has accumulated $759.05. * Everyone is not required to meet the deductible. * The family (not the individual) must pay an additional $1740.95 to meet the $2500 deductible amount. * Once this family deductible is met, the member will begin paying its co-insurance/copay amount.   **Example 2 (Embedded):**   * An individual is only required to meet the individual deductible before the plan benefits are paid. * All other individuals on the family plan must pay until their individual or family deductible has been satisfied.   **Example 3:**   * Member has a $500 embedded deductible and met it; member will pay co-insurances going forward. * Whereas the family members within the same plan must meet their own individual deductible of $500 not to exceed the family deductible of $1,500. | |

[Top of the Document](#_top)

|  |
| --- |
| Determining if the Deductible Applies to the Maximum Out of Pocket (MOOP) |

Take the following action from the Account Balance Screen in PeopleSafe to determine if the deductible applies to the MOOP.

**Note:** Once the MOOP has been satisfied, the family is charged $0 for their prescriptions for the remainder of the benefit year.



|  |  |
| --- | --- |
| **If the Account Class is…** | **Then the Deductible…** |
| MOOP-IN-DED | Deductible is included and applied in the MOOP amount.  **Note:** Some High Deductible Plans have a preventative drug list which bypasses the deductible and applies to MOOP. |
| MOOP-EX-DED | Deductible is excluded (does not apply) to the amount needed to reach the MOOP amount.  **Example:** In the above illustration, the member’s deductible is not applied to the MOOP expenses. Therefore, the accumulated amount to date is only $622.99. |

[Top of the Document](#_top)

|  |
| --- |
| Determining if the Member has Met the Deductible (RxClaim) |

Perform the steps below:

|  |  |
| --- | --- |
| **Step** | **Action** |
| **1** | Access PeopleSafe then click on the **Account Balance** tab and determine the remaining amount needed to meet the deductible. Refer to [Identifying an HDHP on a Members Account.](#_Identifying_a_HDHP) |
| **2** | Quote the Remaining Amount needed to satisfy the Deductible Limit Amount.  **Example 1 (Non-Embedded):**   * This individual family member has not accumulated any charges to the deductible; the family has accrued $383.44 * Everyone is not required to meet the deductible * Family (not the individual) must pay an additional $4416.56 to meet the $4800 deductible amount * Once this family deductible is met, the plan will begin paying its co-insurance amount   **Example 2 (Embedded):**   * Individual is only required to meet the individual deductible before the member benefits are paid * All other individuals on the family plan must pay until their individual or family deductible has been satisfied   **Example 3:**   * Member has a $500 embedded deductible and met it * Member will pay co-insurances/copay going forward * The family members within the same plan must meet their own individual deductible of $500 not to exceed the family deductible of $1,500 |
| **3** | Click **View Balance Details** for an itemized list of the charges that have been applied to deductible.  **Note:** Some High Deductible Plans have a preventative drug list which will bypass the deductible and apply to MOOP.  **Result:** A list of medical and pharmacy claims display, which may vary on plans.    **Example:**   * In the example above, the family deductible is $4800. * This member has contributed $172.85 (8.08+2.77+99+63) towards the family deductible. * This amount does not apply to the MOOP amount. * The MOOP expenses do not start accruing until the deductible has been met. |

[Top of the Document](#_top)

|  |
| --- |
| How to Handle Member Reimbursement for Overpayments for HDHP Plans |

In cases of deductible or MOOP overpayments on HDHP plans, the medical plan will reimburse members.

**Note:** Pharmacy claims are real time and medical claims can have a delay depending on when they are submitted.

|  |  |  |
| --- | --- | --- |
| **Step** | **Action** | |
| **1** | View the **Account Balance** screen then the View Balance Details. Review the Pharmacy Claims and Pharmacy/Medical Adjustments and look for reversals.  **Note:**  Reversals are identified by a “-“ sign next to the amount. | |
| **If a Reversal is…** | **Then…** |
| Present | Advise the member there has been a reversal from their medical plan and this may have brought them under their required balance for deductible or MOOP. This means that the balance has not been met at this time. |
| Not present | Proceed to the next step. |
| **2** | Verify that the Accumulated Amount is more than the Limit Amount for either the deductible or the MOOP. Refer to [Accumulators or Accumulations (Deductible, Account Balance, MOOP, MAB (064862)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a22d707e-1643-448e-9968-f44d1a828038) **or** [CarelonRx Accumulators - Deductible, HDHP, MAB and MOOPs (018947)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=12f37233-9a3a-4a6d-bd6f-a3ce23787904). | |
| **If…** | **Then…** |
| Yes | Proceed to the next step. |
| No | Advise the member that our records do not display on overpayment at this time, ask probing questions to determine why the member feels they are entitled to an overpayment.   * If possible, advise the member to contact their medical benefits or provider to ensure all claims have processed as expected.   **Example:** The member may have a medical claim that has not processed. |
| **3** | Review the CIF for plan-specific procedures.  **Note:** If the CIF directs to submit a Consumer Driven Health Accumulations Task to correct accumulations to Deductible/MOOP/MA, **do not** create a Participant CallBack Request RM task. The Account Manager verifies the accumulations and the member will be called back regarding resolution based on the phone number in the task. | |
| **4** | Advise the member to direct the inquiry to their medical plan.  **Note:** If the member disputes the accumulations, becomes escalated, or insists they will not pay for anymore prescriptions until reimbursed, submit Consumer Driven Health Accumulations Task to correct accumulations to Deductible/MOOP/MA. | |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

[Log Activity/Capture Activity Codes](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bdac0c67-5fee-47ba-a3aa-aab84900cf78) (005164)

[PeopleSafe - Corrections to Deductible, MOOP and MAB Consumer Driven Health (CDH Accumulations Task-006603)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=0bb85a30-90e4-4d8d-beb4-3e090d3e9a94)

**Abbreviations/Definitions:** [Customer Care (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606) / [CarelonRx (019003)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4d4bedc3-6ab8-46ce-8b90-f0b7bdabc984)

**Parent Documents:** [Customer Care Internal and External Call Handling (CALL-0049)](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0049) **or** [CarelonRx Customer Care - Internal and External Call Handling (IRXME-060930)](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=IRXME-060930)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**