# Compass - Viewing Accumulations

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**Description:** Steps to view Accumulations in Compass.

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| Background |

Some prescription benefit plans have specific financial limits, such as:

* Deductible
* Maximum Allowable Benefit (MAB)/Calendar Year Maximum
* Maximum Out of Pocket (MOOP)/Co-insurance Limit

**** Not all plans have specific financial limits and accumulators such as Deductible, MAB, and MOOP. Any accumulations that a plan does have will show under "Summary Details" within Compass under "Accumulation Type." Compass Accumulations update automatically after a paid claim is processed and applied to the plan. Refresh Compass tabs as needed. Review CIF to see plan specifics.

For specific Specialty copay plan design questions and call handling, refer to:

* [Compass - CVS Specialty Copay Plan Design Strategies (058047)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=61656868-2241-42ad-ac78-516f378f2a43) and
* [Compass - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (058175).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=845064bd-8ae0-4d30-af0a-e21d6d81933c)

The member’s applicable out-of-pocket cost per their plan design applies to Accumulators. The system **will not reflect** any coupons or copay assistance that is used to cover the members’ out-of-pocket cost. This document provides instructions for agents to answer questions about Accumulations, such as:

* “I just went to the pharmacy and had to pay full price for my medication. I thought my co-payment was $10.00, what is going on?”
* “Can you tell me if my deductible has been met?”
* “What happens once my Maximum Out of Pocket has been met?”
* “What happens when I reach my Maximum Allowable Benefit?”

**Notes:**

* We do not release any accumulation amounts to anyone but the member. If a third party is on line with the member, ask the member if you have permission to disclose the accumulation information with the third-party on the line before releasing amounts. Refer to [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce).
* The amount a member pays out of pocket does not necessarily mean that the full amount will go toward accumulations. Factors such as DAW (Dispense as Written) cost difference and Maintenance Choice plans can affect the amount that will go toward accumulations. Review the members’ CIF for plan specific details.

**Notes:**

* If the member uses a Prescription Financial Assistance program that is not affiliated with the plan, it is possible that any out-of-pocket costs **may not** apply towards the member’s plan Accumulators.
* If the member is disputing a deductible, MOOP or MAB refer to [Compass - Corrections to Deductible, MOOP, and MAB (CDH Accumulations Task) (061925)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=247ab457-e428-4092-bde5-5b8aa2845389).

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| Releasing Accumulator Information |

To verify what information can be released to the caller after authentication, refer to the following documents, as appropriate:

* [PHD - HIPAA Decision Matrix (023155)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=700de41b-f226-4d9c-8ab3-781c5ece8054)
* [HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce)

For accounts that have multiple members, family accumulators may contain Personal Health Information (PHI) that should not be released to other members on the account.

**You MAY** **release the following information to pharmacies:**

* Whether the requested accumulator has or has not been met
* General benefit information
* Processing information
* Only if account eligibility is Active or Not Active

**Note:** If a pharmacy has questions regarding detailed information about Member Accumulations, the pharmacy should advise the member to call the Customer Care number on the back of their card.

**You may NOT release the following information:**

* The amount paid towards accumulators or any details as to what makes up that amount paid towards accumulators to anyone other than the member, parent of minor child, or POA.
* Any medication not verified by the caller.
* Specific effective/term dates
* If the plan is integrated, under **no** circumstances should information be released regarding claims with their medical plan.

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| Viewing Accumulations in Compass |

Complete the steps below:

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| **Step** | **Action** | | |
| **1** | Locate and click the **Accumulations** link from the **Quick Actions** panel on the Member Snapshot Landing Page.    **Result: Accumulations** display, including the following descriptions:   * Deductible (Mail Order) * Deductible (Retail) * OOP - Includes Deductible (Mail Order) * OOP - Includes Deductible (Retail)   **Tip:** Hovering over the **Tool Tip** icon displays the following message: "**Once deductible has been met, claim will only apply towards Out of Pocket; click link under Applied Amount for additional financial details**." | | |
| **2** | Determine if the caller needs Member or Family accumulator benefits:  **Note**: If only **Family** level accumulations exist, Compass will default to show **Family** accumulation information (instead of the individual Member.) | | |
| **If…** | | **Then…** |
| Member | | 1. Navigate to the **Accumulators - Member** section and select a member from the drop-down menu to viewan individual member’s financial usage information.      1. Proceed to **Step 3**. |
| Family | | 1. Navigate to the **Accumulators - Member Section** and select **Family** from the drop-down menu to view financial usage information for the family.      1. Proceed to **Step 3**. |
| **3** | Choose the **Benefit Period** or **Inquiry Date**,then **Apply**.  **Note:** If viewing coverage details other than current year, you will need to change the date in the Coverage Dropdown located under the Member Details panel to view the year being requested.  After the coverage date in the Member Details is changed to a prior plan year, the accumulations will default to the last day of the client’s plan year once that plan year is selected in Accumulations.    **Result:** Accumulations indicators update, based on parameters entered. | | |
| **4** | Review the following for specific information regarding each feature:  Refer to [Releasing Accumulator Information](#_Releasing_Accumulator_Information_1) for details regarding Accumulator information that can or cannot be released.   * **Details:** Show a description of the amount accumulated towards the members’ **Accumulations.**   + Click the **Details** hyperlink to view.     **Result:** A **Deductible Details** popup will display. (Click the **X** to exit.) | | |
| **Individual**    **Family** | | |
| * **Benefits Usage Section:** * **Accumulated:** Indicates how much the member has used. * **Limit:** Indicates the maximum amount for that accumulator. * **Remaining:** Indicates how much the member has remaining. | | |
| **Additional Views** | **Additional Views Defined** | |
| **Visual Indicators** | **Dark:** Accumulated  **Shadow:** Remaining | |
| **Summary Details** | Indicates a summary of the member’s **Accumulations** plan design.    Click the **chevron arrow** to expand the **Summary Details** section which displaysthe following fields:     * **Accumulation Type:** This field will display what type of accumulators the plan has, such as OOP, Deductible, MAB, etcetera. * **Account Type:** This field will display either “Individual” or “Family.” * **Start Accumulation:** This field will display the date the plan started, and the date the accumulations started. * **Accumulation Period:** This field will display if the plan is Yearly, and if any of the accumulations roll over into the next plan year or not. * **Integrated Benefits:** This field will display whether or not medical expenses also go toward accumulators. If the plan IS integrated with Medical, it will display either “Yes, Not Met” or “Yes, Met.” If the plan is NOT integrated with Medical, it will display “No.” * **Claim Type:** This field is dynamic and will display Mail/Retail/Paper. | |
| **View Claims** | Indicates specific drug details attributed to **Accumulations**. | |
| **Claims for: Deductible** | Indicates specific financial information pertaining to the claim accumulating towards the deductible.   * + 1. Click **View Claims**.     2. Navigate to the bottom of the screen.     3. Click the **Amount Applied** hyperlink to display claim information.     **Notes**:   * When the agent selects "**Family**" view, then selects **View Claims** a note displays: **“Note: Only claims from the member in session display, family level claims are not available.”** * If the **Amount Applied** hyperlink is a **Medical Claim/Adjustment**, message will display, "**Not a pharmacy claim, no details available**." | |
| **Filters** | Use the Filters to search by **Type, Rx #,** or **Drug Name**. | |
| **Special Handling** | * Displays Paper Claims contributing to **Accumulations.** * Displays **Accumulations** information for drugs with a Maximum Allowable Benefit.   **Examples:** Erectile Dysfunction, Smoking, Fertility. | |

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| Integrated Benefits Scenario Guide |

Refer to as needed:

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| **Scenario – Integrated Benefits column displays…** | **Action** |
| **No** | The member does not have integrated benefits and is not part of an HDHP. |
| **Yes, Met or Yes, 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. * The Deductible is where member would pay 100% of the negotiated cost of medication until deductible is met.   **Note:** Some High Deductible Plans have an [HDHP/HSA Preventive Drug List](https://www.caremark.com/portal/asset/preventive_dl.pdf) web page which bypasses the deductible and apply to MOOP. Review the CIF. |

Refer to as needed:

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| **Question/Scenario** | **Answer/Resolution** |
| **A member is asking the amount of their Deductible/OOP.** | We can provide total Deductible/OOP for both individual members and family levels. |
| **A member is asking how much their spouse/adult dependent accumulated.** | We can only provide specifics about what the member has met if speaking to the member directly.  If there is a third-party on the line with the member, ask the member for permission to release accumulation amounts with the third-party present before disclosing. We can release general information on the family level, but no specifics about another member on the plan. |
| **Third party callers (Example: Benefit Verification Specialist) are asking about the total of the accumulators.** | Provide the total (because that is not PHI) but not how much has been accumulated.  **Example:**  The total Maximum Out of Pocket for this member is $4000. I can disclose that it has not been met but am unable to disclose how much has been met. |
| **A member is asking what goes toward their Deductible, OOP, MAB.** | Any amounts paid for Rx expenses that went through the insurance coverage. If integrated, any medical expenses also apply. (Review the members’ CIF to see if the plan is integrated with medical.) |
| **What happens when a member’s deductible is met?** | Plan coverage starts where the member will begin to pay the copay/coinsurance. (Review the CIF for exceptions and plan specific details.) |
| **Why are some of the members’ prescriptions not going toward the deductible?** | In some cases, some plans have a preventative drug list, and medications on that list would bypass deductible and apply to MOOP. (Refer to the CIF for plan specifics.) |
| **What happens once OOP is met?** | Most plans will then cover at 100% for covered medications. (Exceptions apply, review the CIF for plan specific details.) |
| **What happens once MAB is met?** | Most plans will then no longer be covered under the plan’s specific copay/coinsurance schedule. (Exceptions apply, review the CIF for plan specific details.) |
| **When do the accumulators reset?** | This depends on the member’s plan. The accumulators will reset on the first day of the following plan year.  **Example:** The members’ plan runs on a calendar year (January 1 to December 31). The accumulators will reset January 1st the following plan year. If the plan runs on a rolling year (June 1 to May 31), the accumulators will reset on June 1 the following plan year. |
| **Where do I look for information on Manufacture Copay assistance Cards and member accumulators?** | Refer to the **Scenarios** outlined in [Compass - Manufacturer Copay Assistance Cards (063965).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8eb849ae-eaa3-4d01-bbf8-195b9cd4bdbf) |
| **How to determine calendar plan year or rolling/fiscal plan year?** | * Check the CIF for plan year details. * On the Accumulations page, change the plan year dropdown to Future Plan Year. The accumulation start date will display on the Inquiry Date. |

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| Related Documents |

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

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

[Compass - CVS Specialty Copay Plan Design Strategies (058047)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=61656868-2241-42ad-ac78-516f378f2a43)

[Compass - Specialty Pharmacy (CTS - Caremark Therapeutic Pharmacy Services) Call Handling (058175)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=845064bd-8ae0-4d30-af0a-e21d6d81933c)

[Compass - Manufacturer Copay Assistance Cards (063965)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=8eb849ae-eaa3-4d01-bbf8-195b9cd4bdbf)

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