# CVS Weight Management Program (Pilot Transition)

[Program Overview](#_Toc201154606)

[Process](#_Toc201154607)

[Customer Care Responsibility & Program Components Q&A](#_Toc201154608)

[Program Logistics Q&A](#_Toc201154609)

[Minute Clinic Q&A](#_Toc201154610)

[Member Engagement and Communication Strategy Q&A](#_Toc201154611)

[Full Program Special Populations and Age Restrictions Q&A](#_Toc201154612)

[At Scale Letter Templates (starting 01/01/25)](#_Toc201154613)

[Related Document](#_Toc201154614)

**Description:** Provides information and procedures as it relates to the CVS Weight Management program (Pilot Transition to At Scale), how it is defined including the benefits to the members and frequently asked questions and answers.

**Starting 1/1/25**, the Commonwealth of Kentucky (KEHP) and the State of Rhode Island will transition to the At Scale Weight Management program. JFG will remain on the Pilot program. **Do not** use the word “Pilot” when speaking about the program with members.

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| Program Overview |

The current pilot program encourages the members to take steps to enroll in the CVS Weight Management program.

**What are the benefits for our members?**

* Receive 1:1 support on their journey to a healthy weight.
* Receive personalized nutrition, lifestyle coaching, and medication support.
* Learn how to set and reach healthy weight goals.
* Provided with a Weight Coach App to help them live a healthier life.

Use this guide to answer frequently asked questions during the Pilot transition period.

**Reference the table below for what is changing or staying the same on 1/1/25:**

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| **Topic Impacted** | **​Pilot Model** | **At Scale Model – Starting 01/01/2025** |
| Clinical Program​ | Same​ | Same |
| Member’s RD/Care Team | Same | Same |
| Ongoing engagement criteria | Same | Same |
| Member Application​ | Same - Healthy | Same - Healthy |
| Drug Coverage​ | The program takes the place of Prior Authorization (PA). Once members enroll and engage in the program, they receive drug coverage​. | Existing members will need to obtain a PA before 3/31/25.  Members new to the program after 1/1/25 must obtain a PA first. |
| Member Enrolls/Engages​ | Obtain/retain weight loss drug coverage​. | Member qualifies for per plan cost-share. |
| Member Disengages​ | Lose weight loss drug coverage​. | Member retains drug coverage but is responsible for the entire cost of medication (does not accumulate towards deductible or MOOP)​. |

 Do not use the word “Pilot” when speaking about the program with members.

The CVS Weight Management program provides convenient access to a Care team (Registered Dieticians, Providers) via virtual care and a digital platform (Weight Coach App). The program supports members in achieving their weight loss goals and reducing obesity-related comorbidity burden through personalized nutrition and lifestyle coaching, and medication support.

The Weight Management Pilot Clinical Team is calling from a branded phone number. Members will likely see CVS Caremark and CVS Caremark Support as the caller ID depending on cell carrier.

**Rollout Date:**

* Enrollment is open from 8/14/23 through 12/31/24.
* Enrolled members will be supported in the program through 12/31/24.
* KEHP and State of Rhode Island will transition to the At Scale model on 1/1/25.

**Clients Impacted:**

* State of Rhode Island (transitioning to At Scale 1/1/25)
* HealthTrust (terming the Weight Management Pilot on 12/31/24)
* Travelers (terming the Weight Management Pilot on 12/31/24)
* Commonwealth of Kentucky (aka Kentucky Employees’ Health Plan) (transitioning to At Scale 1/1/25)
* Johnson Financial Group (JFG) (remaining on pilot through 2025)

**Note:** JFG has purchased the pilot version as a final product, do not refer to it as a “Pilot.”

[Top of the Document](#_top)

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| Process |

Complete the steps below:

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| **Step** | **Action** |
| **1** | Assist the member with any questions/concerns regarding cost/coverage and/or Plan Design prior to transferring calls.  **Note:** The CVS Weight Management Customer Care team cannot assist members with these types of questions.  **Examples:**   * Identify if a Test Claim is needed and what the cost would be for the weight management drug. Assist the member with Plan Design needs such as Prior Authorizations or Clinical Exceptions. * Utilize the Client Information Form (CIF) for client specific requirements.   **Beginning 1/1/25**, to answer questions related to cost share follow standard protocol and run a Test Claim by completing the steps below:    1. Run a Test Claim (to answer questions about the cost share).  2. Review the Out-of-Pocket to determine the reason for the cost to the member at the exact moment.  3. Determine if the Full Cost is showing. (Member is paying 100% of the discounted rate or paying a tiered copay).   * **If Yes:** Continue to next step. * **If No:** End the Process.   4. Review the Preventive Drug List and determine if the medication is listed.   * **If Yes:** Continue to the next step. * **If No:** Educate that Member may be responsible for 100% until their deductible is met. Skip to #7.   5. Confirm the member has met their deductible.   * **If Yes:** Continue to the next step. * **If No:** Educate that Member may be responsible for 100% until their deductible is met. Skip to #7.   6. Check the Prior Authorization (PA) Status to confirm if the member has an approved PA on file.   * **If Yes:** Educate that the member is charged the entire cost (100% coinsurance) of the plan contracted rate unless they enroll in the program. Continue to next step. * **If No:** Educate that the member will not get the drug through insurance and pays at the 100% Pharmacy rate. Continue to next step.   7. Review the Weight Management Program Enrollment and If the test claim shows full cost, confirm the member is enrolled or engaged in the Weight Management program.   * From the Claims Landing Page in Compass, in the Quick Actions panel, click the **Client Program Offerings** hyperlink. * In the Available Client Program Offerings pop-up, click **Manage Enrollment**.        * From the Manage Client Program Enrollment screen if the Program Name indicates Weight Management Program, review the Enrollment Status.     **Enrollment Status Definitions:**   * **Engaged:** Member is enrolled and meeting minimum monthly engagement criteria. * **Exempt:** Member has been exempted from the program and is not required to enroll for plan cost-share. * **Not Enrolled/Engaged:** Member has either never enrolled in the program or has disengaged. * If there are additional questions about a member’s **enrollment status**, warm transfer the member to the CVS Weight Management Customer Care at 1-800-706-9317 after the client's effective date and then provide the phone number to the member for future needs.     Once enrolled in the program, notify the member that they should wait 2-3 (two to three) business days before going to pick up their prescription to ensure the pharmacy system has time to process their enrollment. |
| **2** | Review all Q&A’s in this document to resolve all other member questions.  **Note:** CVS Weight Management Clinical Care Team at 1-800-706-9317 will transfer back to Customer Care when it deals with the cost or plan design.  **Hours of Operation:**   * **Monday - Friday:** 8 am to 8 pm (All time zones in the Continental United States (U.S.) except for U.S. federal holidays) * **Saturday:** 9 am to 4 pm (All time zones in the Continental U.S. except for U.S. federal holidays) * **Sundays and holidays:** Closed |

[Top of the Document](#_top)

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| Customer Care Responsibility & Program Components Q&A |

Refer to as needed:

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| **#** | **Question / Statement** | **Action / Resolution** | |
| **1** | **How will CVS Caremark Customer Care assist the member as it relates to the CVS Weight Management Program support?** | * Add/Update Do not call requests * Inquiries related to Co-Pays and plan-specific details/requirements * How to obtain a PA? (Process cannot be initiated until 1/1/25) * Initial Benefit Review (IBR)/Appeals * Mail order pharmacy invoices, medication re-ordering/refills | |
| **2** | **When should I transfer to CVS Weight Management Clinical Care Team at 1-800-706-9317 (Cecelia Health)?** | * Enrollment into the CVS Weight Management Program (**Example:** How do I enroll?) * Eligibility Verification * Enrollment Verification * Questions about how to engage with healthcare providers for care (but not related to benefits coverage) * Program requirements * Digital app/website support * Clinical questions | |
| **3** | **How do I determine if the members’ plan covers this new program?** | Review the CIF.  **Clients Impacted:**   * State of Rhode Island (transitioning to At Scale 1/1/25) * HealthTrust (terming 12/31/24) * Travelers (terming 12/31/24) * Commonwealth of Kentucky (aka Kentucky Employees’ Health Plan) (transitioning to At Scale 1/1/25) * Johnson Financial Group (JFG) (remaining on Pilot through 2025)   **Note:** JFG has purchased the pilot version as a final product, do not refer to it as a “Pilot.” | |
| **4** | **How is member privacy protected?** | Our program is designed to comply with the Health Insurance Portability and Accountability Act(HIPAA) and privacy regulations. | |
| **5** | **When will the Weight Management Pilot be available for the Member?** | Refer to the Client Information Form (CIF) for more details on the client specific implementation date. | |
| **6** | **The member is asking direct questions using the name of Cecelia Health, what should I do?**  Do **not** mention “Cecelia Health” to members. Only reference “Cecelia Health” if the member mentions it first.  This program is supported by our partner Cecelia Health. | Warm Transfer the member to CVS Weight Management Customer Care at **1-800-706-9317.** | |
| **Questions** | **Answers** |
| **What if the member mentions Cecelia Health?** | Cecelia Health is a provider network that CVS has partnered with to provide support and clinical program care. |
| **What if the member is concerned about talking to Cecelia Health?** | Cecelia Health is a provider network that CVS has partnered with to provide support and clinical program care. To participate in the program, the member will work with Cecelia Health clinicians. |
| **Will Cecelia Health be calling the member, if so, what number is displayed on the Caller ID?** | Yes, Cecelia Health will be calling on behalf of CVS Caremark. The caller ID display shows CVS Caremark (15 character) or CVS Caremark Support (32 characters). |
| **7** | **Will members receive devices as a part of the program?** | Yes, all eligible & enrolled members will receive a connected weight scale.  Members may be eligible for additional devices (and device supplies) depending upon their comorbid conditions and/or dietary pattern selection. Other potential devices include: A blood pressure monitor, a blood glucose meter, and a ketone meter. | |
| **Related Questions** | **Answers** |
| **What is a connected weight scale?** | It is a body weight scale that connects via Bluetooth to the Weight Coach App. |
| **To whom does this connected weight scale communicate?** | Weight data is added to the Weight Coach App which can be reviewed by you at any time as well as your designated clinician. |
| **Does the member need to designate who their weight will be shared with?** | The member will not have to take additional steps to share with their designated clinician. |
| **How will they know if they are eligible for the additional devices/supplies?** | Their clinician will inform the member which devices they will receive. |
| **Are the additional devices/supplies charged to the member?** | No, there is no charge. |
| **What if a device is received but not ordered by the member?** | Warm transfer the caller to CVS Weight Management Customer Care (Registered Dietitians) at 1-800-706-9317. |

[Top of the Document](#_top)

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| Program Logistics Q&A |

Refer to as needed:

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| **#** | **Member Questions and Issues** | **Answer / Resolution** |
| **1** | **Why was my** **weight loss medication claim rejected** **(only applicable to KEHP, Travelers, and JFG)?** | **Prior to 1/1/25:**  **Program Reject code:** M1: Patient Not Covered in this Aid Category (Due to this being a pilot, this reject code will not be added to the Master Reject code list.)    Reject message member will receive at pharmacy:  PLAN REQS PATIENT ENROLL IN FREE PROGRAM refer patient to call 1-800-706-9317.   * If a member is receiving an M1 reject and feels that is in error, complete and submit an [Escalation Form](https://apps.powerapps.com/play/e/default-fabb61b8-3afe-4e75-b934-a47f782b8cd7/a/a247b0cc-657c-472e-b51e-124b2b242bb6?tenantId=fabb61b8-3afe-4e75-b934-a47f782b8cd7&amp%3Bsourcetime=1734560627078&source=sharebutton&sourcetime=1734706144102). (Do not share this link with the member.) If you cannot access the Escalation Form, continue to use the [Microsoft Form](https://forms.office.com/r/8t5BXeXAhH).   **Result:** Once the escalation is resolved, the product team who manages escalations ensures that Cecelia Health reaches out to the member.  **After 1/1/25:**   1. **Run a Test Claim** to determine if medication is still being rejected and reason for rejection (Claim rejects 75 (Prior Authorization Required) or 70 (Non-Formulary Exclusion) 2. Provide the member with the custom rejected message displayed. 3. Inform them that the medication requires a Prior Authorization (PA) and they will need to work with their prescriber to initiate the request.   **Note:** The Prior Authorization process is separate and distinct from the CVS Weight Management program.  Do not tell the member that their claim was denied because they are not participating in the CVS Weight Management Program. |
| **2** | **What should I do if a member calls and wants to opt out of the program?** | Warm transfer member to CVS Weight Management Customer Care at 1-800-706-9317. |
| **3** | **Who can assist if the member has a question related to the devices or supplies for the program?** | Warm transfer member to CVS Weight Management Customer Care at 1-800-706-9317.  **Note:** The member may be further routed to a device-specific manufacturer to address particular questions/concerns. |
| **4** | **Is there a member fee associated with the Weight Management program?** | No, the member is not charged to participate or for the devices/supplies in this program. |
| **5** | **What if a member asks why they were contacted and/or states they are not overweight/obese?** | Warm transfer the member to CVS Weight Management Customer Care at 1-800-706-9317. |
| **6** | **Will I have a copay for my labs?** | * A Clinician (Cecelia Health) will address all lab-specific questions. * Labs are not required to enroll or participate in the program, but they may be requested or ordered to better support your care. * Labs are used to:   + Tailor a more personalized approach to your care.   + Establish your baseline values and show success within those results or areas of improvement.   Warm transfer the member to CVS Weight Management Customer Care at 1-800-706-9317. |
| **7** | **How do I resolve questions about medication deductibles that have increased significantly?** | 1. Refer to the CIF regarding coverage. 2. Run a Test Claim. 3. Answer all benefit questions before warm transferring the call to CVS Weight Management Customer Care at **1-800-706-9317**. |
| **8** | **Prior Authorizations and Appeals**    **I was denied weight loss medication coverage and would like to appeal the decision.**  **Example:** Member was rejected when they tried to fill at the pharmacy or via mail-order pharmacy. | **Prior to 1/1/25:**  Starting on the dates indicated for each client, utilize the response below:   * Travelers: October 1, 2023 * Kentucky Employees’ Health Plan: November 1, 2023 * Johnson Financial Group: January 1, 2024   As of <applicable date above> your prescription benefit plan requires enrollment in the CVS Weight Management program. Weight loss medications will be covered when participating in the CVS Weight Management Program, according to the timelines below:  **CCR:** As of January 1, 2025, new Prior Authorizations (PA) are required for all members of these clients. Prior PAs are not valid for weight loss medications regardless of prior approval dates.    Determine If member is:   * **Interested/willing** to enroll in the program. Warm transfer the member to the CVS Weight Management Customer Care at 1-800-706-9317 to enroll. * **Not interested/willing** to enroll in the program but wants coverage for their weight loss medication, refer to:  * + [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c)   + [Compass – Viewing and Advising on Prior Authorization (PA) or Clinical Exception Status (056368)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6d3aac37-46a9-4417-ac20-fa3a32337652)   **Exception:** If the member calls about an adverse determination letter, or a letter to appeal that they received, or they will receive, an adverse determination notice with their rights to an appeal. The member should appeal via the instructions presented on this letter (if the member did not yet receive the letter, it will come about 30 days following the “reconsideration of approval” notice).  **After 1/1/25:**  If a member does not enroll in the Weight Management program, they will be responsible for 100% of the cost of their medication.   * Prior Authorization Denial/Appeals questions should **not be routed** CVS Weight Management Program Customer Care. Refer to the CIF and to the [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c).     **Note:** The Prior Authorization process is separate and distinct from the CVS Weight Management program.  Do not tell the member that their PA was denied because they are not participating in the CVS Weight Management Program.  **Note:** In all scenarios in which a member is eligible, the member should be notified of the program benefits and encouraged to participate as this is a **requirement** for coverage per their plan. Warm transfer to CVS Weight Management Customer Care at 1-800-706-9317 for more information on the program and its benefits. |
| **9** | **Appeals and Escalations**  **I received a “reconsideration of approval” notice. What does this mean?**  **(Only applicable to KEHP, Travelers, and JFG)** | Through 12/31/24, members will receive a reconsideration of approval notice if they meet one of the following criteria:   * They have not completed the necessary steps to enroll in the program. * They have not met the minimum program participation criteria. * They have not met the weight loss requirements specific to the weight loss medication you were prescribed.   In any case, warm transfer the member to CVS Weight Management Customer Care at 1-800-706-9317 for next steps on how to maintain medication coverage.   * If the member does not want to participate in the CVS Weight Management program, notify the member that they will receive an adverse determination letter following the termination date noted on their reconsideration of approval letter. The adverse determination letter will provide the member with instructions on how to appeal. * **Starting 1/1/25**, members who are not enrolled or engaged may receive warning letters. Refer to the letter template section at the end of this document. |
| **10** | **I have a question about my Prior Authorization.** | Prior Authorization questions should **not** be routed to Cecelia Health. Review the CIF.  Refer to:   * [Compass - Prior Authorization, Exceptions, Appeals Guide (063978)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=657ddfe3-27d1-4a21-8f51-8cbd3961001c) * [Compass – Viewing and Advising on Prior Authorization (PA) or Clinical Exception Status (056368)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6d3aac37-46a9-4417-ac20-fa3a32337652)   About 30 days prior to go-live, the member receives a benefit change letter. In this letter, members are notified of when their existing prior authorization expires and when their coverage will be terminated as a result of program implementation.  **Note:** To be considered for coverage after the coverage termination date (based on the timelines provided in the member letter), a new Prior Authorization is **not** needed. The next step is to enroll in the CVS Weight Management Program for uninterrupted coverage.  Once enrolled, members do not need to seek prior authorization for their medications, as long as they continue to meet program requirements. |
| **11** | **Where do I go/Who do I contact for any escalations or questions that I have for this program?** | If you have reviewed the above triage scenarios and continue to need assistance complete and submit an [Escalation Form](https://apps.powerapps.com/play/e/default-fabb61b8-3afe-4e75-b934-a47f782b8cd7/a/a247b0cc-657c-472e-b51e-124b2b242bb6?tenantId=fabb61b8-3afe-4e75-b934-a47f782b8cd7&amp%3Bsourcetime=1734560627078&source=sharebutton&sourcetime=1734706144102) If you cannot access the Escalation Form continue to use the [Microsoft Form](https://forms.office.com/r/8t5BXeXAhH). |
| **12** | **Program Graduation\***  **KEHP only** | Once KEHP members have completed 12 months of the Weight Management program they are no longer required to engage with the program. Members will receive a graduation letter with notification that they are no longer required to participate in the program. Receipt of this letter serves as official notification member has fulfilled the requirement. If a member has not received this letter, they should continue to remain engaged in the program. |

[Top of the Document](#_top)

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| Minute Clinic Q&A |

Refer to as needed:

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| **#** | **Question / Statement** | **Action / Resolution** |
| **1** | **What care is offered to members in this program through MinuteClinic?** | None. |

[Top of the Document](#_top)

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| Member Engagement and Communication Strategy Q&A |

Refer to as needed:

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| **#** | **Question / Statement** | **Action / Resolution** |
| **1** | **How does the Weight Management pilot engage members?** | Actionable messaging and coaching delivered via phone and email. |
| **2** | **Are members able to opt out if they do not wish to participate?** | Members are able to opt out of the program by calling CVS Weight Management Customer Care at 1-800-706-9317.  However, enrollment is required to maintain coverage for weight loss medications (AOMs). Opting out will likely result in a loss of medication coverage. |

[Top of the Document](#_top)

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| Full Program Special Populations and Age Restrictions Q&A |

Refer to as needed:

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| **#** | **Question / Statement** | **Action / Resolution** |
| **1** | **What age groups can participate in the Pilot program?** | Age 18+  At this time, members younger than 18 years old are not eligible to participate in the program. |
| **2** | **What if a member is retired, on Consolidated Omnibus Budget Reconciliation Act (COBRA), or there is another circumstance where the member is receiving benefits but not actively working for client?** | Retired and COBRA members are included in the program. Refer to the CIF. |
| **3** | **Are there any medical conditions that a member may have that could exempt them from the program?** | Warm Transfer members to CVS Weight Management Customer Care at 1-800-706-9317. |

[Top of the Document](#_top)

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| At Scale Letter Templates (starting 01/01/25) |

Refer to as needed:

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| **Letter Name (CVS Weight Management Program)** | **When and / or why it is Sent** |
| CVS Program Information Letter (Weight Management Program) | **For members with a weight loss medication Rx:** If they do not enroll after filling their Rx at 100%, they receive this letter.  **For new weight loss medication users:** They receive this letter when they get a new approved PA (Prior Authorization) for weight loss medications. |
| CVS Ineligible Member Letter (Weight Management Program) | Members receive this letter if they have been determined to be ineligible to participate in the program. Ineligible members will be able to obtain their medication at plan cost-share. |
| CVS Warning Notice Letter (Weight Management Program) | Members who do not meet program engagement requirements receive a warning letter that their cost share may change by xx date if they do not remain engaged in the program. |
| CVS Final Disengagement Letter (Weight Management Program) | Members receive this final notice letter if they have not met engagement requirements for the program to inform them that is changing. |
| CVS Accordant Ineligible Member Letter  (Weight Management Program) | Members who are eligible for the AccordantCare program are not eligible for the Weight Management program. This letter notifies the members that they are not eligible for the Weight Management program and will be able to obtain their medication at plan cost-share. |
| CVS CVD Eligible Member | Member receives this letter if their weight loss medication PA was approved for a cardiovascular (CVD) diagnosis. Members approved for CVD are invited to join the program but not required. |

[Top of the Document](#_top)

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| Related Document |

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

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

[Top of the Document](#_top)

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