# PeopleSafe - Quality Prescription Services (QPS) Process and Letters

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**Description:** Information related to the Quality Prescription Services (QPS) Program, Letters, QPS RM Task, and Pharmacy Lock In.

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| Program Overview |

**Quality Prescription Services (QPS)** **Program** is in place to ensure that members are receiving quality patient care as it relates to prescription medications.

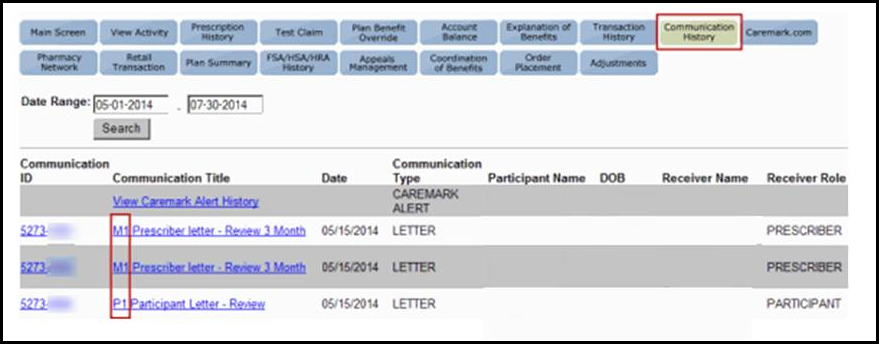
* The program focuses on prescription fraud, waste & abuse, member safety concerns, prescriber care coordination, and ensuring that benefits are being administered according to the terms of coverage outlined in the Plan Brochure.
* The QPS Program works with prescribers to ensure that members receive the most appropriate medical care for their condition.
* The Quality Prescription Services Program is meant to be an invisible process to ensure prescription benefit integrity. All information is confidential.
* Both members and physicians may receive letters that ask each to verify certain information about recent prescription claims.

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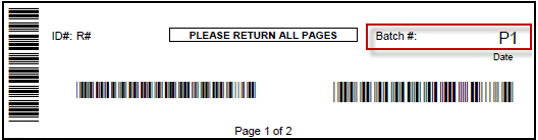
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| Viewing Letters in PeopleSafe |

Letters sent to members, or their practitioners are viewable by clicking on **Communication History** from the **Main Screen** in PeopleSafe:

The **Batch Number/Code** located at the beginning of the Communication title **and** on the bottom right corner of the letter signifies the letter type.



**Communication History Example**



**Batch Number Example**



**Code Example**

For additional details about the letters, refer to:

* [Letters Sent to Member](#_Letters_Sent_to)
* [Letters Sent to Practitioner](#_Letters_Sent_to_1)
* [Lock In Letters Sent to Pharmacy](#_Lock_In_Letters)

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| Letters Sent to Member |

Refer to the table below:

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| **Batch Number/Code** | **Type and Description** |
| **LI Lock In Letter** | Informs member of pharmacy lock. |
| **P1** | Verification of prescription claim information and return information accordingly.   * The member must verify if they filled or did not fill the medications listed in the letter. * The member will sign and return the letter in the postage paid envelope. * Review the letter under **Communication History** in the member’s account. |
| **P2** | Potential prescription utilization and/or coordination of care concerns, advising to discuss medication therapy with primary practitioners as soon as possible. |
| **P4** | Regarding prolonged use of specified medications. |
| **PS** | Review of claims shows unusual activity involving multiple practitioners prescribing controlled substances advising to meet with primary care physician to discuss current medication therapy. |
| **PO** | Safety letter regarding new opioid therapy. |
| **RC Letter** | Reconsideration letter |
| **NM** | Advises member to talk to provider about naloxone due to opioids/opioid combination. |
| **GLOM** | Safety letter regarding members prescribed Gabapentin/Lyrica and opioid with respiratory condition |
| **BSL** | Regarding benzodiazepine safety/overdose with dependents in household |

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| Letters Sent to Practitioner |

Refer to the table below:

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| **Batch Number/Code** | **Type and Description** |
| **G1** | Review of patient claims to enhance safety by increasing awareness of potentially inappropriate medications for the elderly. |
| **M1** | Verify prescription claims for utilization and/or coordination of care concerns and return information accordingly. |
| **M2** | Potential prescription utilization and/or coordination of care concerns advising providers to discuss medication therapy with member. |
| **M4** | Regarding prolonged use of specified medications. |
| **S1** | Regarding the safety issues and concerns with certain medication combinations from one office or practitioner. |
| **SP** | Regarding self-prescribed medications. |
| **NP** | Advising provider to consider prescribing naloxone due to opioids/opioid combination |
| **GLOP** | Provider safety letter regarding members prescribed Gabapentin/Lyrica and opioid with respiratory condition |

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| Lock In Letters Sent to Pharmacy |

Refer to the table below:

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| **Batch Number/Code**  **Note:** Refer to [Pharmacy Lock In](#_Pharmacy_Lock_In) section as needed. | **Type and Description** |
| **LP** | Advises Pharmacist in Charge of members’ restriction to pharmacy. |

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| Prescriber Calls |

Prescribers may call with questions regarding a letter they have received from the Quality Prescription Services Department.

Refer to the table below:

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| **Call Type** | **Advise the Prescriber** |
| **For further information about a letter they received.** | **There are three (3) Options:**   1. The number **(855) 222-4280** is where you can leave a message or request on the voicemail and the Quality Prescription Services department will return your call. 2. Inquires can be faxed to the Quality Prescription Services department at **(844) 814-2256**. 3. I can submit a request for the Quality Prescription Services department to contact you (the prescriber).   Since a Retail RM Task will be submitted, you **MUST** select **RETAIL** for the **Contract Type** field in the **Capture Activity** screen. Refer to [PeopleSafe - Log Activity (042891)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=08023401-0eee-4e2b-97fe-f0bc7c5aa2f0).   * Send a [Quality Prescription Services (QPS) RM Task](#_QPS_RM_Task); take the prescriber's name, phone number, and the most convenient time to return a call and state in the notes that the prescriber is requesting a call. |
| **Advising the member information they received is not a patient of theirs.** |
| **To inform us that the information we have for them is incorrect.** |
| **To advise the information was sent to the wrong prescriber (possibly similar names).** |

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| Member Calls |

Members may call with questions regarding a letter they have received from the Quality Prescription Services Department.

Refer to the following:

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| **Call Type** | **Advise the Member** |
| **Member is calling for further information about a letter they received.** | Per the Letter (P1), the member may either submit a response/question with the letter in the enclosed postage paid envelope **OR** fax the response/questionwith a copy of the letter to **(844) 814-2256**. |
| **Member is threatening to contact an Attorney, or they feel that HIPAA Laws have been broken by disclosing drug information.** | As part of its administration of the prescription drug benefits, the plan may disclose information about a member's prescription drug utilization to a treating prescriber or a dispensing pharmacy.  This information is available in the Benefit Plan brochure: How this Plan works.   * Medical and claims records are confidential. |
| **Member is calling to inquire which prescribers were sent letters.** | The QPS Program sends letters to any practitioners that have prescribed medication in the last four months. |
| **Member calling to inquire about the determination for medical necessity.** | Even though covered physicians, hospitals, or other professional or facility providers have prescribed, recommended, or approved a service or supply does not, in itself, make it medically necessary or covered under this Plan.   * The decision is based on the information currently available to us, which may include information provided by the practitioner.   + Refer to the definitions of terms section in the Benefit Plan brochure for the Plan's definition of medical necessity. |
| **Member calling to inquire about CVS Caremark being unable to dispense certain medication(s) at this time.** | A drug safety review has been initiated.   * To complete our review, we are requesting additional information from the physician. * Once we have received the requested information, we will contact the member with the results of our review. * If no additional information is received within 60days, we will make our benefit decision based on the information at hand. |
| **Member is calling about possible drug abuse.** | For safety, our medical consultant will attempt to reach the practitioner to obtain information that would provide a medical justification for continuation of the drug(s) of concern at current dosages. |
| **Member is calling to inquire about treatment from multiple doctors.** | Receiving controlled substances from multiple sources may pose health and safety risks when practitioners are unaware.   * Due to safety concerns, we urge members to meet with their primary care physician to discuss current medication therapy if they are not already aware. |

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| QPS RM Task |

When a Prescriber calls with questions regarding a letter they have received from the Quality Prescription Services Department, refer first to the [Prescriber Calls](#_Prescriber_Calls) section.

* If needed, proceed to the **Action** column in the chart below to create the QPS RM Task.

For other call types, determine if any further action is required. Refer to the following scenarios:

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| **Scenario** | **Action** |
| **High or frequent use of medications on prior approval (Stadol, Imitrex) or of controlled substance prescriptions (C2 - C5); these are medications with noted abuse potential.**  This list is **NOT** complete and is not meant to take the place of the QPS review process. It is to be used as a tool when deciding which members may need to be forwarded to QPS.  **Controlled Medication** **Examples:**   * **C2:** Demerol, Lortab, Methadone, Morphine, Oxycontin, Oxycodone, Percocet, Tylox, Vicodin, Hydrocodone * **C3:** Fiorinal, Tylenol #3 * **C4:** Stadol, Ultram, Tramadol, Valium, Diazepam, Xanax, Alprazolam, Soma, Carisoprodol * **Other Muscle Relaxant** **Examples:** Flexeril, Cyclobenzaprine, Baclofen | 1. Click on the prescription number. 2. Click the email address links below, or copy-paste the address manually. If you have no access to email, perform a procedural transfer to Commercial [Senior Team (016311)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9eef064d-c7d7-42f7-9026-1497496b4d51) or MED-D [Senior Team (018060)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d3ca13af-f894-45b7-b16a-f2cb777adf77).  * ([[Anedra.Thomas@CVSHealth.com](mailto:Anedra.Thomas@CVSHealth.com)](mailto:Anedra.Thomas@CVSHealth.com), [Amy.Eskievich@CVSHealth.com](mailto:Amy.Eskievich@CVSHealth.com), [Jennifer.Haney@CVSHealth.com](mailto:Jennifer.Haney@CVSHealth.com), [Jonathon.Battle@CVSHealth.com](mailto:Jonathon.Battle@CVSHealth.com)) * CC: your supervisor with the template below  1. Copy-paste this Subject Line: **SECUREMAIL – Quality Prescription Services (QPS) – This email may contain PHI or other sensitive information.** 2. Copy-Paste the template below into the email, then fill in the required information.   **Task Category:** Retail  **Task Type:**  Quality Prescription Services (QPS)  **Queue:**  Retail Research:   * + Date Reported   + Select the applicable QPS Type   + NPI/NCPDP ID   + Drug Label/Drug Name   + Fill Date   + Member’s Name and Phone number   + Select the applicable Retail Reason and Site Location   Include Notes accordingly:  **Task Notes:** Enter a **detailed** note explaining the issue and your observations (including potential fraud).  **Task Notes for duplicate letter:** Send duplicate Quality Prescription Services letter (provide any specifics of Quality Prescription Services letter) to <member or prescriber>, verified <address on file or provide different address>.  **Task Notes for over 30 Qty per day:** Confirmed pharmacy verified dosage with prescriber.  Information may include:   * Dates of fill and time frames. **Example:** “Reviewed and found 15 overrides for <drug name(s)> in the past 3 months." * What triggered the alert that this was a Quality Prescription Services issue. **Example:** "Pharmacist has concerns about multiple drugs/fills for <drug name(s)>."  1. Click **Send**. |
| **High number of "stolen" prescriptions** |
| **Use of multiple pharmacies** |
| **Use of multiple prescribers** |
| **High number of vacation overrides requested** |
| **Frequent requests for early refills** |
| **Information provided about domestic violence or member abuse** |
| **Reporting a stolen prescription card (Potential Fraud)** |
| **Request for duplicate Quality Prescription Services** **letters** |

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| Pharmacy Lock In |

The Benefit Plan continues to see unusual activity involving multiple healthcare providers prescribing controlled substances using multiple pharmacies.

* Due to safety concerns, the Service Benefit Plan is limiting benefits to **1** pharmacy.
* The restriction starts 30 days from the date on the letter received and is in place for a minimum of 18 months.
* The pharmacy was chosen based on the member’s location, variety of services and hours of operation. In most cases a pharmacy the member has used in the past is selected.
  + Members may request to change the Retail Pharmacy (including temporarily change for travel/emergencies) **or** to utilize Mail Order. (This can be changed back to the restricted Preferred Retail Pharmacy after the prescription is filled at mail).

For Pharmacy Lock In related calls, perform the following steps:

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| **Step** | **Action** | | |
| **1** | Check **High Priority Comments** to view the comment entered by QPS that will include the date the letter was mailed. | | |
| **2** | From the PBO tab, click on the **View Provider Lock**.    **Result:** The View Provider Lock will display Prescriber and Pharmacy Lock In/Out:   * Prevents ‘doctor shopping’ – A prescriber lock is entered on a member’s profile, locking into a particular prescriber. Claims from any other prescriber will reject. * Prevents ‘pharmacy shopping’ – A pharmacy lock is entered on member’s profile, locking them into a particular pharmacy. Claims from any other pharmacy will reject. * Can also prevent access to particular pharmacies or prescribers, or even lists of providers. * Can also be limited to specific drugs.   **Examples:**   * Member **A** must always fill Drug **Y** at CVS on Main Street. * Claims for Drug **Z** written by Doctor **B** will always be denied. | | |
| **3** | Select the **Radio Dial** next to the **Lock In** record. | | |
| **4** | Click the **Notes** button to verify the Plan Benefit Override Notes reflects “QPS LOCK IN”. | | |
| **5** | Determine Pharmacy Lock In Call Type: | | |
| **Call Type** | **Action** | |
| Member fills prescription at another pharmacy **without** having a pharmacy change approved in advance | You will not be reimbursed by the Benefit Plan for any retail prescription purchases outside of the Preferred Retail Pharmacy you are restricted to **unless your request for pharmacy change has been approved in advance.** You still have the option of purchasing medications at your own expense. | |
| Member limited to 1 pharmacy and requesting to **change Lock in Pharmacy** or requesting a **duplicate Quality Prescription Services** Letter | 1. Email the **RM task team directly** ([Anedra.Thomas@CVSHealth.com](mailto:Anedra.Thomas@CVSHealth.com), [Amy.Eskievich@CVSHealth.com](mailto:Amy.Eskievich@CVSHealth.com), [Jennifer.Haney@CVSHealth.com](mailto:Jennifer.Haney@CVSHealth.com), [Jonathon.Battle@CVSHealth.com](mailto:Jonathon.Battle@CVSHealth.com))and CC: your supervisor with the template below:  * **Email Subject Line:**  QPS Pharmacy Lock In - **SECUREMAIL - Quality Prescription Services (QPS) -This email may contain PHI or other sensitive information.** * **Body:** Copy and paste the bullets below and complete all fields with the corresponding information:   + **Task Category:** Retail   + **Task Type:**  Quality Prescription Services (QPS)   + **Queue:**  Retail Research:   + Date Reported   + NPI/NCPDP ID   + Drug Label/Drug Name   + Fill Date   + Member’s Name and Phone number   + **Task Notes:** Enter a **detailed** note explaining the issue and your observations. | |
| **Scenario** | **Task Notes** |
| Requesting to change the Locked In Retail Pharmacy | Member requesting to change Lock In pharmacy to (pharmacy info), advised member of turnaround time (TAT). |
| Requesting to change from Retail Pharmacy to use Mail Order Pharmacy | Member requesting to change Lock In pharmacy to Mail Order, advised member of TAT. |
| Travel/Emergency | Member requesting to change Lock In pharmacy to (pharmacy info) due to (reason), advised member of TAT. |
| Duplicate Copy of Letters | Member requesting a duplicate QPS letter (any specifics of letter) to, (address on file or provide different address). |
| Member requests to **dispute** the Lock In | You have the right to ask for reconsideration of this decision as described in the Benefit Plan brochure.  **Note:** The following information is included in the letter the member received:  In order for the Plan to reconsider its decision, a written request must be received FROM THE MEMBER within six (6) months of the date of this letter. Your request should be sent to Quality Prescription Services at the address listed below or submitted by fax at **(844) 814-2256.**  **Quality Prescription Services**  **Clinical Services, MC 206**  **P.O. Box 52184**  **Phoenix, AZ 85072-2184**  Within 30 days after the receipt of your request for reconsideration, the Plan must uphold the restriction decision in writing to you, remove the pharmacy restriction, or request additional information reasonably necessary to make a determination. If the additional information is not supplied within 60 days, the Plan will base its decision on the information on hand.  **For the following QPS clients with members who are Federal Employees (Mail Handlers Benefit Plan [MHBP], National Association of Letter Carriers [NALC], Rural Carriers Benefit Plan [RCBP], [HMSA Fed 87])**  You may ask the Office of Personnel Management (OPM) for a review if the Plan fails to respond within 30 days of your written request for reconsideration or 30 days after you supplied additional information. In this case, OPM must receive a request for review within 120 days of your request to the Plan for reconsideration or the date you were notified by the Plan that it needed additional information. | |
| Member requests to **dispute the denial of a reconsideration request for a Lock In** | You can request a review by OPM by following the information provided in the letter you received.  **Note:** The following information is included in the letter the member received:  Because the Plan has upheld its denial decision, you have a right to a review by OPM to determine if the Plan has acted in accordance with its contract in its claim decision. You may request OPM review by sending a written request to:  **United States Office of Personnel Management**  **Healthcare and Insurance**  **Federal Employee Insurance Operations**  **Health Insurance 1**  **1900 E Street NW**  **Washington, DC 20415-3610**  OPM must receive your written request, along with a copy of your letter to the Plan and its reply within 90 days of the Plan notifying you of its decision. In your request for review, provide the following information:   * Date of your request to the Plan. * Dates the Plan requested additional information and the date you provided that information to the Plan. | |

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| Turn Around Time (TAT) |

**Resolution Times:**

* **Quality Prescription Services (QPS) Task:** Up to 21 days
* **Prescriber Call or Fax inquiries:** 1 business day

**Note:** Faxes and Voice Mail are monitored Monday through Friday.

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| Related Documents |

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

**Parent Document:** [QPS-075498 Quality Prescription Services (QPS) - CVS Health Fraud, Waste, & Abuse [FWA] for QPS CLIENTS](https://policy.corp.cvscaremark.com/cs/groups/public/@pnp/@all/@1110/documents/sop/chmt/mdc1/~edisp/qps-075498.pdf),

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

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