# CVS Weight Management Program (At Scale)

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

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| Program Overview |

**The CVS Weight Management Program (At Scale)** is a program that provides support to members who are eligible or currently taking weight loss medication and assists them in living a healthier life while avoiding or optimizing the use of Anti-obesity medications.

This program provides convenient access to a Care team (Registered Dieticians, and providers) via virtual care and a digital platform (Health Optimizer App). The CVS Weight Management program supports members in achieving their weight loss goals and aims to reduce the burden of obesity-related conditions through personalized nutrition and lifestyle coaching while optimizing or avoiding medication support.

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

**What are the Benefits for Our Members?**

* Receive one on one support on their journey to live healthier lives while optimizing, reducing, or avoiding the use of anti-obesity medications, as well as helping to improve weight-related co-morbid conditions.
* Receive personalized nutrition, lifestyle coaching, while optimizing, reducing, or avoiding the use of anti-obesity medications.
* Convenient access to a Care team (Registered Dieticians, Providers) via virtual care and the CVS Health Optimizer App.
* Learn how to set and reach healthy weight goals.
* Provided with the Health Optimizer App to help them live a healthier life.
* May be provided with biometric devices that connect to the Health Optimizer app to record clinically relevant data, such as, connected weight scale, blood pressure monitor, blood glucose meter and ketone monitoring device, if applicable to the members clinical presentation.
* Lab ordering and review if applicable.
* Accountability and goal setting.

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| Process |

Complete the steps below:

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| **Step** | **Action** | |
| **1** | Review the CIF to determine if the client has elected the CVS Weight Management Program. | |
| If… | Then… |
| One of the following Clients:   * State of Rhode Island * HealthTrust * Travelers * Commonwealth of Kentucky (aka Kentucky Employees’ Health Plan) * Johnson Financial Group (JFG) | Refer to the CIF for any plan specific information, then refer to [CVS Weight Management Program (Pilot Transition) (059686)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0649ac2e-3b0a-410e-8fd1-7ccbed6e8ee3). |
| **Any other client** **and** CIF states that the client **has** elected the CVS Weight Management Program | Continue to the next step. |
| Plan **has not** elected the CVS Weight Management Program | 1. Follow directions for weight management listed in the CIF. 2. Assist the member with questions/concerns as normal for the medication/s requested. |
| **2** | Assist the member with cost and coverage and/or Plan Design questions 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 member with Plan Design needs such as Prior Authorizations or Clinical Exceptions. * Utilize the Client Information Form (CIF) for client specific requirements.   **Beginning 01/01/25,** answer questions about cost share by following standard protocol and running a Test Claim by completing the following:   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.  * Is Full Cost 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.  1. 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 [#6](#Number7).  1. 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 [#6](#Number7).  1. Check the Prior Authorization (PA) Status to confirm if the member has an approved PA on file.  * **If Yes:** Educate that 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 Member will not get the drug through insurance and pays at the 100% Pharmacy rate. Continue to next step.      1. 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. Determine 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 1-800-207-2208 after the client's effective date **and** 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. | |
| **3** | Review the Q&A sections below for answers to your members’ questions.   * If the issue is not addressed, warm transfer the member to the CVS Weight Management Customer Care at 1-800-207-2208 **after** the client's effective date **and** provide the phone number to the member for future needs.   **Note:** CVS Weight Management Clinical Care Team will transfer the call back to Customer Care when for issues dealing with Prior Authorizations, cost, or plan design/benefits.  **Reminder:** Members can find more information on the program and how to enroll at cvsweightmanagement.com.  **Hours of Operation:**   * **Monday - Friday:** 8 am to 8 pm (all time zones in the Continental United States (U.S.) with the exception of U.S. federal holidays) * **Saturday:** 9 am to 4 pm (all time zones in the Continental U.S. with the exception of U.S. federal holidays) * **Sunday and holidays:** Closed.   **Notes:** If the Care Team is closed, advise the member of hours of operation, **and** provide the phone number to call back when the department is open. | |

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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?** | * Inquiries about [member benefit change letters](#_Letter_Templates): Sent ~30 days prior to go live to notify members of program requirements. * Do not call requests.   + Clarify from member whom they request to not outreach to them   **Example:** CVS in general (follow the CVS/Caremark Do Not Call process), CVS Weight Management Program (provide CVS Weight Management Program phone number **and** attempt a warm transfer to the CVS Weight Management Program for Program opt-out.   * Anti-obesity medication claim rejection. * Inquiries related to medication cost share and plan-specific details/requirements. * Inquires related to Prior Authorizations. * Initial Benefit Review (IBR)/Appeals. * Mail order pharmacy invoices, medication re-ordering/refills. * Support with identification of CVS pharmacy locations with drug supply for medications with shortages. | |
| **2** | **What does CVS Weight Management Customer Care handle for CVS Caremark Members?** | * Enrollment into the CVS Weight Management Program (**Example:** How do I enroll?) * Verification of Eligibility * Questions specifically on 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.  **Note:** Only members of clients for whom the CIF states they the client **has** elected the CVS Weight Management Program where they may participate.   * If there is no mention of the CVS Weight Management Program, assist the member with questions based on CIF information for weight management and test claims.   **Note:** Do **not** transfer members to the CVS Weight Management Team if the plan does not state they elected the program. | |
| **4** | **Understanding client program requirements** | Use the CIF to understand the client requirements for Weight Management:  **Program Targeting:**   * **Weight Loss Medication User Targeting**   + Claims based targeting members who are currently taking weight loss medication and have received Prior Authorization for their drug coverage. * **Prevention Targeting**   + Targets members who are not currently taking weight loss medication but meet certain BMI and/or weight-related comorbid condition(s) criteria.   **Weight Management Required Benefits Integration:**  **Benefit Integration Option**   * **Benefits Integration - Required**   + Member who is new to therapy or currently on an anti-obesity medication with an Approved Prior Authorization is required to remain active and engaged in the program.   + If the member does not enroll, they will need to pay the entire cost of their anti-obesity medication.   + If a member’s weight loss medication Prior Authorization was denied due to lack of participation in any weight management program for 6 months, they are able (but not required) to participate in the CVS Weight Management program to fulfill PA requirements.   **All members** - **Enrollment and engagement requirements:**   * + Member downloads and registers in the Health Optimizer app.   + Member completes eligibility screening.   + Member schedules/attends Initial clinician visit.   + Member continues to meet program engagement requirements once enrolled. | |
| **5** | **What anti-obesity medications are included under this program?** | Each **benefit plan** may have varied anti-obesity medication coverage on their **pharmacy formulary**; there is no requirement to cover all weight loss medications.  The agent needs to determine the weight loss medications that are included on this member’s pharmacy formulary by running a test claim to determine formulary status. | |
| **6** | **How is member privacy protected?** | Our program is designed to comply with the Health Insurance Portability and Accountability Act(HIPAA) and privacy regulations. | |
| **7** | **When will the Weight Management Program be available for the Member?** | Refer to the Client Information Form (CIF) for more details on the client specific implementation date.  **Note:** Members are unable to enroll in the program prior to the clinical program go-live date. | |
| **8** | **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 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 Health Optimizer App. |
| **Who does this connected weight scale communicate to?** | Weight data is added to the Health Optimizer App which can be reviewed by you at any time as well as your designated clinician. For additional information, warm transfer the caller to CVS Weight Management Customer Care at **1-800-207-2208.** |
| **Does the member need to designate who their weight will be shared with?** | The member does not need 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 informs the member which devices they will receive.  For additional information, warm transfer the caller to CVS Weight Management Customer Care at **1-800-207-2208.** |
| **Are the additional devices/supplies charged to the member?** | Warm transfer to CVS Weight Management Customer Care at **1-800-207-2208.** |
| **What if a device is received but not ordered by the member?** | Warm transfer the caller to CVS Weight Management Customer Care at **1-800-207-2208** after the client's effective date for this program. |
| **9** | **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 Program Customer Care at **1-800-207-2208.** | |
| **Related Questions** | **Related Questions** |
| **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. In order to participate in the program, the member works with Cecelia Health clinicians. |
| **Will Cecelia Health be calling the member, if so, what number displays on the Caller ID** | Yes, Cecelia Health will be calling on behalf of CVS Caremark. The caller ID display shows “CVS Caremark” or “CVS Caremark Support.” |

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| Prior Authorization Q&A |

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| **#** | **Member Questions and Issues** | **Answer/Resolution** |
| **1** | **Why was my anti-obesity medication claim rejected?** | 1. Run a Test Claim to determine if medication is still being rejected and reason for rejection.   **Note:** Claim rejects 75 (Prior Authorization Required) or 70 (Non-Formulary Exclusion)   * + Member is given the custom reject message displayed.   + Member is informed drug requires a Prior Authorization (PA).  1. Member should work with prescriber to initiate the PA.   **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** | **I have a question about my Prior Authorization** | Prior Authorization questions should **not** be routed CVS Weight Management Program Customer Care. 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). |
| **3** | **Member’s Prior Authorization was denied due to not meeting criteria for participation in a comprehensive weight management program for 6 months** | **PA Status Reason in CRM:** We did not receive enough information to process your request. You may receive a letter with a full explanation shortly.  Current plan approved criteria allow coverage of the requested drug when the patient has participated in a comprehensive weight management program that encourages behavioral modification, reduced calorie diet, and increased physical activity with continuing follow-up for at least 6 months prior to using drug therapy. Based on the information that was provided, the use of this drug is either unknown or does not meet the requirement.   * This is the standard Prior Authorization (PA) criteria for several anti-obesity medications and **is not** related to the CVS Weight Management Program. * A member’s PA can be denied for this reason whether or not their plan offers CVS Weight Management. * Prior Authorization questions should **not** be routed to CVS Weight Management Program Customer Care. * If a member calls in due to receiving a PA denial refer to [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. |
| **4** | **Prior Authorizations and Appeals**    **I was denied weight loss medication coverage and would like to appeal the decision.**  **Example:** Member’s Prior Authorization was denied due to the member not meeting PA criteria for the medication. | Prior Authorization Denial/Appeals questions should **not** be routed CVS Weight Management Program Customer Care. Refer to:   * Review the CIF. * [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. |

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| Benefits Integration Q&A (Benefits Integration Clients Only) |

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| **#** | **Member Questions/Issues** | **Answer/Resolution** |
| **1** | **Prior Authorization (PA) Decisions & Benefits Integration Requirements** | **Prior Authorization Decisions for Anti-Obesity Medications**  Refer to CIFto determine if the client offers Weight Management with Benefits Integration before continuing.   * If PA **Approved:** The member and prescriber receive a modified letter of approval with information about the CVS Weight Management program and how to enroll.   Your employer requires that you enroll and engage in the CVS Weight Management program. This program is offered at no cost to you and is designed to work alongside your weight loss medication, providing additional support to help you meet your goals and maintain healthy changes. A team of clinicians provide tailored support to help you develop a nutrition plan, track important health data, and manage your medications.    In accordance with your plan requirements, if you choose not to enroll, you will be responsible for the entire cost of the medication, and it may not count towards your deductible or out-of-pocket maximum.   * For support with program enrollment, warm transfer the member to CVS Weight Management Customer Care at **1-800-207-2208.** Members can find more information on the program and how to enroll at cvsweightmanagement.com |
| **2** | **I Received a Benefits Change Letter Related to my anti-obesity medication. What does it mean?** | Refer to CIF to determine a member’s clinical program effective date (date of program go-live) and Benefit Integration effective date (date of benefit’s change).     * Members are **unable** to enroll prior to their clinical program effective date. * If a member calls in prior to their clinical program go-live date, they will be unable to enroll.   About 30 days prior to their Benefit Integration effective date, members who currently have an approved Prior Authorization for an anti-obesity medication will receive a benefit change letter notifying them of an upcoming change to their benefits.  In this letter, members are notified of the date when their prescription benefits will change for their anti-obesity medication with the requirement to participate in the CVS Weight Management program.  After the benefit effective date, if the member chooses not to enroll in the program, they will still have access to their medication but will be required to pay the entire cost of their medication.  The letter informs the member of the next steps for how to enroll in the program.   * If the member is interested in enrolling in the program, warm transfer the member to CVS Weight Management Customer Care at **1-800-207-2208**. Members can find more information on the program and how to enroll at cvsweightmanagement.com. |
| **3** | **What is the cost share?** | Cost share or member cost is the share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and copayments.  You should refer to your plan documents to determine what cost share you may have as per your plan design as your cost share may change based on whether you have a deductible, and if you have a percentage co-insurance or copayment for a given medication. |
| **4** | **What is my cost share for my prescription weight loss / anti-obesity drug?** | Follow standard protocol and run a Test Claim.  **Note:** The out-of-pocket amount at the time of the test claim will reflect the member’s cost at that exact moment in time.  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.  **Note:** Refer to [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 hyperlink with members**) and complete for the member. If you cannot access the Escalation Form continue to use the [Microsoft Form](https://forms.office.com/r/8t5BXeXAhH).   * All test claims will be in Real-Time, following enrollment and it will take2-3 (two to three) business days for coding to be complete to reflect updated member cost. * **Self Service:** Refer the member to Caremark.com or the Caremark mobile app to understand current cost for their medication, as well as updates to their anti-obesity medication cost based on enrollment (following the 2-3 (two to three) business day processing time). * **Enrollment Support:** Refer the member to CVS Weight Management Customer Care at **1-800-207-2208**. Members can find more information on the program and how to enroll at cvsweightmanagement.com. |
| **5** | **What costs accumulate towards my deductible and out of pocket maximum?** | Confirm Member’s Plan Type to determine if member has a HDHP with HSA or non-HDHP by checking Plan Summary and/or Plan Design Highlights   * If a member is enrolled and remains engaged within the CVS Weight Management program any costs, they pay towards their medication will accumulate towards any applicable deductible and/or out of pocket maximum. * If a member is participating in a health plan **WITHOUT** a High Deductible Health Plan with HSA (HDHP) (**Example:** PPO, HMO, EPO, POS, etcetera.) **and** they choose not to enroll or remain engaged in the CVS Weight Management Program, costs they pay towards their anti-obesity medications may not accumulate towards any applicable deductible or out of pocket maximum. |
| **6** | **I just paid the entire cost of my weight loss medication prescription. Can you refund me?** | Confirm if the member has enrolled in the CVS Weight Management Program or is currently participating.   * If the member is **not enrolled**:   No, we are not able to refund you for previously paid claims.   * + - Warm transfer the member to CVS Weight Management Customer Care at **1-800-207-2208** for support with enrollment. Members can find more information on the program and how to enroll at cvsweightmanagement.com. * If the member is **currently enrolled/participating** at the time of their claim:   + 1. Validate if the member has met their deductible (if applicable).     2. Conference the member with CVS Weight Management Customer Care to confirm enrollment.   **Note:** Escalation should be sent to the CVS Product team via the [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) for the Product team to investigate. If you cannot access the Escalation Form continue to use the [Microsoft Form](https://forms.office.com/r/8t5BXeXAhH). |
| **7** | **I received a letter informing me that my plan designated cost share will end for my anti-obesity medication. What can I do?** | Members receive a warning notice informing them that they are not meeting program requirements and are at risk of having to pay the entire cost of their medication if:   * They have not completed the necessary steps to enroll in the program. * They have not met the minimum program participation criteria.   Warm transfer the member to CVS Weight Management Customer Care at **1-800-207-2208** for next steps on how to maintain program participation and avoid paying a higher cost for their drug.   * If the member does not want to participate in the CVS Weight Management program, inform the member that they will receive a final notice letter notifying them that due to not meeting the minimum participation requirements for the CVS Weight Management program, they will be required to pay the entire cost of their drug as of the effective date provided within their letter. * If the member wishes to reengage in the program, warm transfer the member to CVS Weight Management Customer Care at **1-800-207-2208** for next steps on how to re-engage. Members can find more information on the program and how to enroll at cvsweightmanagement.com. |

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| General Program Information Q&A |

Refer to as needed:

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| **#** | **Question / Statement** | **Action / Resolution** |
| **1** | **Where does the Caremark Customer Care representative go? /  Who do I contact for any escalations, questions, or problems that I need to report for this program?** | Submit an escalation form if a member or client question/concern requires immediate attention or has a high potential to negatively impact the member journey, client relationship, or product as a whole.  Refer to [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 members)** and complete for the member. If you cannot access the Escalation Form continue to use the [Microsoft Form](https://forms.office.com/r/8t5BXeXAhH). |
| **2** | **Who can assist if the member has a question related to the devices or supplies for the program?** | If there are issues with their device connecting and syncing to the Health Optimizer application (app), direct the member to Health Optimizer Customer Care at 1-888-511-4228 and select **option 1** for the CVS Weight Management Program between the hours of 8 am – 6 pm CT.  Warm transfer member to CVS Weight Management Customer Care at **1-800-207-2208** after the client's effective date for this program.  **Note:** The member may be further routed to device-specific manufacturer to address questions/concerns. |
| **3** | **Is there a member fee associated with the Weight Management program?** | The CVS Weight Management Program is funded by your benefits plan and there is no cost to the member for the program.  Warm transfer the caller to CVS Weight Management Customer Care at **1-800-207-2208** to inquire as to any program specific out of pocket costs around device supplies and/or required lab work. |
| **4** | **What if a member asks why they were contacted and/or states they are not overweight/obese?** | The member was contacted to notify them of a new benefit that is available at no cost to them as part of their existing benefit plan if they are eligible. Member eligibility is determined by the member completing a required eligibility survey located in the Health Optimizer app.  Outreach may have been conducted due to any of the following:   * BMI ≥30 without a comorbid condition * BMI ≥27 with a comorbid condition * They are currently taking weight loss medication.   For additional questions regarding outreach and eligibility, warm transfer the member to CVS Weight Management Customer Care at **1-800-207-2208**. |
| **5** | **Will I have a payment for my labs?** | * 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   All lab-specific questions will be addressed by a CVS Weight Management program clinician. Warm transfer the member to CVS Weight Management Customer Care at **1-800-207-2208**. |
| **6** | **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 **1-800-207-2208** after the client's effective date for this program. |
| **7** | **Why was I denied enrollment into the CVS Weight Management™** | Warm transfer the member to CVS Weight Management Customer Care at **1-800-207-2208** after the client's effective date for this program for any additional program denial questions. |

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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 program engage members?** | Actionable messaging and coaching delivered via video/phone**,** secure chat, 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 being transferred to the CVS Weight Management Customer Care at **1-800-207-2208.** |

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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 CVS Weight Management program?** | Members ages 18 and up may participate, with no maximum age limit.  **Note:** Members younger than 18 years old are not eligible to participate in the program. |
| **2** | **Is there a downloadable app for the Program?** | Yes, to participate in this program, members must download the Health Optimizer application (app).   * If “prior” to client effective date, the eligibility file will not be available for a member to create their account. * If “on or after” the client's effective date for this program: A member can download the Health Optimizer App. * A member should be transferred to the Health Optimizer Customer Service for any issues within the Health Optimizer app: **1-888-511-4228** Monday – Friday between the hours of 7 am – 5pm CT / 8 am - 6 pm ET.   **After hours:** Provide the member with the toll-free number to the Health Optimizer customer service team and select option #1 for the CVS Weight Management Program.  **Example:** Health Optimizer App download:     * Members can find more information on the program and how to enroll at cvsweightmanagement.com. |
| **3** | **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?** | Refer to the CIF for client specific information and restrictions. |
| **4** | **Are there any medical conditions that a member may have that could exempt them from the program?** | Yes. In order to determine if they meet clinical eligibility requirements, the member should download the Health Optimizer app, complete their registration, and take the eligibility survey.  Warm transfer members to CVS Weight Management Customer Care at **1-800-207-2208** after the client's effective date for this program for additional information and assistance. Members can find more information on the program and how to enroll at cvsweightmanagement.com. |

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| Letter Templates |

Refer to as needed:

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| **Letter Name (CVS Weight Management Program)** | **When and/or why it is Sent** |
| [CVS Benefit Change Letter (Weight Management Program) (067887)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c68f4a0a-854b-488f-8ff7-a74a763bfef3) | Sent 30 days prior to the benefit change date (start of clinical program go-live) for all members who are current weight loss medication users. |
| [CVS Program Information Letter (Weight Management Program) (067888)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ef0412c6-a187-4f34-8ec8-0fc99808d1f6) | * 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 a weight loss medication. |
| [CVS Ineligible Member Letter (Weight Management Program) (067889)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c2a2dfed-4fd6-4007-8f20-a94fd8dfa43d) | 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) (067890)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9a6e4a36-699e-481e-b817-67eadfdfb0c8) | 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) (067891)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=89ed2dc9-cdb3-4e6a-bb71-492cddb261fd) | 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. |

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| Related Documents |

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

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

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

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