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

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

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| Program Overview |

**Quality Prescription Services (QPS) Program** is in place to monitor fraud, waste, and abuse for prescription medications.

* This program focuses on prescription fraud, waste & abuse, member safety concerns, prescriber care coordination and ensuring that benefits are administered according to the terms of coverage outlined in the Plan Brochure.
* Works with prescribers to ensure that members receive the most appropriate prescription care for their condition.
* It 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 individual to verify certain information about recent prescription claims.

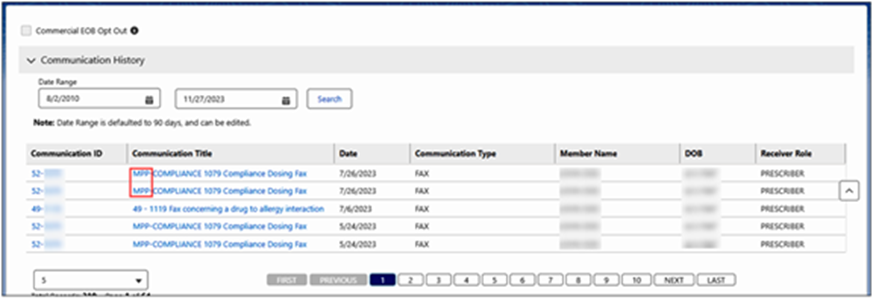
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| Letters |

Letters sent to members, or their practitioners are viewable by clicking the **Communications** hyperlink from the **Quick Actions** panel on the **Member Snapshot Landing Page**.

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 (refer to appropriate chart below for additional details and sample letters):

**Communication History Example:**



**Batch Number Example:**



**Code Example:**



Refer to section below for Letters Sent to **Member**:

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| **Batch Number/Code**  **Note:** Click on link for sample letter. | **Type and Description** |
| **LI Lock In Letter** | Inform member of pharmacy lock |
| **P1** | Verify 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. |
| **P0** | Safety letter regarding new to opioid therapy |
| **RC Letter** | Reconsideration letter |
| **NM** | Advising 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 |

Refer to section below for Letters Sent to **Practitioner**:

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| **Batch Number/Code**  **Note:** Click on link for sample letter. | **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 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 |
| **COPL** | Regarding opioid safety after cardiac surgery |

Refer to section below for Lock in Letters Sent to **Pharmacy**:

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| **Batch Number/Code**  **Note:** Click on link for sample letter & 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 following:

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| **If…** | **Then advise the prescriber…** |
| **Calling for further information about a letter they received** | **There are two (2) Options:**   1. Call **(855) 222-4280** and leave a message or request on voicemail.   **Result:** Quality Prescription Services department will return the call.   1. Fax Inquiries to the Quality Prescription Services department at **(844) 814-2256.** |
| **Calling and advising the member information they received is not a patient of theirs** |
| **Calling to inform us that the information we have for them is incorrect** |
| **Calling 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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| **If…** | **Then advise the member…** |
| **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**. |
| **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**   * The member’s medical and prescription claims records are confidential. |
| **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. |
| **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. |
| **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 **60** days, we will make our benefit decision based on the information at hand. |
| **Calling about possible drug abuse** | For safety, our medical consultant will attempt to reach the practitioner to obtain information that would provide medical justification for the continuation of the drug(s) of concern at current dosages. |
| **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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| 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** (one) pharmacy.
* The restriction starts 30 days from the date listed on the letter received and is in place for a minimum of 18 months.
* The pharmacy was chosen based on the members’ 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 a temporary 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** | Review **Member Alerts** to view the comment entered by QPS that include the date and letter that was mailed. | | |
| **2** | 1. From the **Claims** **Landing Page**, click the **Override/PA History** hyperlink in the Quick Action panel to displaythe **Override/PA History** screen. 2. Click an Override ID hyperlink from the **ID** column to view the **Override Details** screen. 3. Click the **Pharmacy/Provider Locks** tab to view locks on the member’s account.   **Note:**  The icon displayed on the **Pharmacy/Provider Locks** tab indicates a lock is present.    **Note:** The Pharmacy/Provider Locks tab displays Pharmacy, Provider, Pharmacy Network, and Provider Network Lock In/Out:   * Prevents ‘doctor shopping’ – A provider lock is entered on a member’s profile, locking into a particular provider. Claims from any other provider will be rejected. * Prevents ‘pharmacy shopping’ – A pharmacy lock is entered on member’s profile, locking them into a particular pharmacy. Claims from any other pharmacy will be rejected. * Can prevent access to particular pharmacies or providers, or even lists of providers. * Can 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** | Click **Lock ID** hyperlink under the **ID** column to view messages regarding the lock and to verify the Override message reflects “**QPS LOCK IN**.” | | |
| **4** | Determine Pharmacy Lock In Call Type: | | |
| **If…** | **Then…** | |
| Member fills prescription at another pharmacy **without** having a pharmacy change approved in advance | Advise the member:  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 one (1) pharmacy and requesting to **change Lock in Pharmacy** or requesting a **duplicate Quality Prescription Services** Letter | **Contact the Senior Team for assistance with the scenarios listed below:** | |
| **Scenario** | **Details** |
| **Requesting to change the Locked In Retail Pharmacy** | Member requesting to change Lock In pharmacy to (pharmacy info), advise 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, advise member of TAT. |
| **Travel/Emergency** | Member requesting to change Lock In pharmacy to (pharmacy info) due to (reason), advise 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.  **Notes:** 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. | |

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| Additional Information |

**Resolution Times:**

**Prescriber Call or Fax inquiries:**

* One (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 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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