**PeopleSafe - Accumulators or Accumulations (Deductible, Account Balance, MOOP, MAB)**

[Accumulators or Accumulations](#_Toc151964342)

[Releasing Accumulator Information](#_Toc151964343)

[Account Balance Screen](#_Toc151964344)

[Questions and Answers](#_Toc151964345)

[Related Documents](#_Toc151964346)

** Description****:** Assists with answering questions about accumulators, which are benefit plans that have specific financial limits, such as: Deductible, Maximum Allowable Benefit (MAB), also referred to as Pharmacy Benefit Cap by Third-Party Benefit Verification Specialists, and Maximum Out of Pocket (MOOP). Members can also find accumulators on Caremark.com.

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| **Accumulators or Accumulations** | | | |

Refer to the **Plan Summary** screen or the CIF for this information.

If the member believes there is an error with the accumulations, refer to [PeopleSafe -Corrections to Deductible, MOOP and MAB (CDH Accumulations Task) (006603)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0bb85a30-90e4-4d8d-beb4-3e090d3e9a94).

**Note:** DAW (Dispense as Written) cost differences will not go toward Deductible, MOOP (Maxiumum Out of Pocket), or OOP (Out of Pocket) as they are fees and not copays. Maintenance choice incentivized plans can also be included in not going towards the accumulations. Maintenance Choice Incentivized is plan specific and the CIF should be checked when given the information.

Refer to [PeopleSafe - Drug Cost Quick Reference Guide (005115)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=4ed2f1d5-650e-4757-8fa0-9ae6afc12268), Accumulators – Deductible, HDHP, MAB and MOOP Section.

[Top of the Document](#_top)

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| **Releasing Accumulator Information** |

**You may advise** a third-party caller of the plan Accumulator Limits (Deductible, MOOP, MAB) and if it has been met/not met but not their actual accumulations. However, details of the amount paid towards accumulators can only be provided to the **specific individual member, documented parent of minor child (check CIF to determine at what age a member is considered an adult, as some plans consider members adults before the age of 18), or documented Power of Attorney (POA)**.

**Note:** Callers who have been provided specific permissions to view PHI (Protected Health Information) for other members on the account are entitled to additional information concerning Family-Level accumulators for that individual only.

**Example**: Power of Attorney

When an individual is calling about family-level accumulators you may provide only the following details about those family-level accumulators (except for conditions outlined above):

* Total family (MOOP, MAB, Deductible) limit **has** been met.
* Total family (MOOP, MAB, Deductible) limit **has not** been met.
* Total family (MOOP, MAB, Deductible) limit and the current amount accrued toward the total limit (When a family member is calling, you **can** disclose how much has been met toward a **Family MOOP, Family MAB, or Family Deductible,** but **cannot** disclose how much each **individual** member of the family has met unless it is to the specific family member themselves, a documented parent of a child, or documented POA).

 Do **not** release any details for individual accumulators that contribute to the family-level accumulators to anyone other than the specific individual (except for conditions outlined above).

This includes:

* Date of service
* Rx number
* MOOP
* MAB and
* Deductible amount, etcetera.

 When speaking to a Third Party, you may **not** provide the amount that has been met on any accumulation, **unless the Third Party is an authorized parent of a minor member** or **the Third Party has a POA on file**. No detailed accumulation information can be released to any other Third Party callers even if they are fully authenticated (pharmacies, spouses, benefits office, etc). Refer to the [HIPAA (Health Insurance Portability and Accountability Act) Grid - CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/" \l "!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce).

**MED D:** [MED D - ICL, Coverage Gap, TrOOP, Catastrophic Coverage (022972)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=9a075697-260f-4edd-a78d-91cb5b52f73b)

[Top of the Document](#_top)

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| **Account Balance Screen** |

* Some plans do not list the total deductible, MAB or MOOP limits to be met on the Account Balance screen. Refer to the Plan Summary screen in [PeopleSafe - Plan Summary Screen Field Descriptions (Accumulations, Override and Specialty) (040585)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d339dc13-3fb0-4611-a7c2-78a417ba79eb) , [Viewing the Client Financials Screen in PeopleSafe (018520)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=ec123c65-c6d3-4876-9be8-10376d16de4e), or the CIF for information regarding these limits.
* General information on individual and family accumulators can be found under the Plan Summary screen in [PeopleSafe - Plan Summary Screen Field Descriptions (Accumulations, Override and Specialty) (040585)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d339dc13-3fb0-4611-a7c2-78a417ba79eb) , or in the CIF, the Account Balance Screen is the only screen that provides detailed accumulator information. It displays detailed information about MAB, MOOP, and Deductible balances for a specific member or an entire family.
* Medicare D accounts with STCOB, including EGWPs and other plan types: **To determine the beneficiary’s deductible or to view any other accumulations**; do not view the primary account balance instead, log into the beneficiary’s secondary wrap plan and click the **Account Balance** tab to view the deductible and other accumulations, such as max out of pocket.

Perform the steps below:

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| **Step** | **Action** |
| **1** | Select the correct member in the **Eligibility Drop Box** on the PeopleSafe Main Screen to view the individual’s accumulators.  A screenshot of a computer  AI-generated content may be incorrect.  **Note:** Member-specific information for various family members can be viewed by accessing the family members individually from the Eligibility Drop Box while viewing the Account Balance Summary. |
| **2** | Click the **Account Balance** button in PeopleSafe. |
| **3** | Click on **View Balance Details** button to open the complete list of claims for an Accumulation Period.    This is for prescription information only. |
| **4** | Adjust the **selection criteria** as needed.  A screen shot of a computer  AI-generated content may be incorrect.  The **Selection Criteria section** of the screen allows you to customize your Account Balance inquiries.   * **Account Type** check box allows displaying either family or individual-specific balance information. * **Account Class** check box allows specifying the combination of balance information for Deductible, MAB and/or MOOP. * TrOOP and Drug Spend are specific to Medicare Part D clients. * [Health Reimbursement Account (HRA) (029146)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5faf1746-7a91-4622-9cc3-647c5b51d690) is for specific clients with an integrated deductible program. * **Inquiry Date** (This field allows you to change the date of your search).   **Tip:** The Search Button allows the user to execute the search.  Review the **Current Start Month**. In the above example, the accumulators begin on April 1st. Other common examples are January, March, May, and July. |
| **5** | Review the **Account Balance Summary**.    The **Account Balance Summary** describes what is happening within a plan member’s MAB, MOOP, or Deductible. It is divided up into 10 columns. Each column provides information that will be useful when speaking to plan members.  **Notes:**   * Some plans do not list the total deductible, MAB or MOOP limits to be met on the Account Balance screen. Refer to the Plan Summary screen in [PeopleSafe - Plan Summary Screen Field Descriptions (Accumulations, Override and Specialty) (040585)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d339dc13-3fb0-4611-a7c2-78a417ba79eb) or the CIF for information regarding these limits. * Accumulated Amount displays how much of the Accumulator has been used. Limit Amount displays the total amount of funds that were initially available. Remaining Amount displays the amount left in the accumulator.   Integrated Benefits indicates whether the accumulations for that time period are integrated with medical benefit accumulations and whether the benefit has been met or not.  Other types of accumulators include:   * [Health Reimbursement Accounts (HRA) (29146)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5faf1746-7a91-4622-9cc3-647c5b51d690). * Integrated medical and prescription plan designs, such as [High Deductible Health Plans (HDHP) (038546)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91ada5ca-68dd-4fcf-a6a4-a13b33923759).   For **MOOP-IN-DED** and **MOOP-EX-DED** refer to [High Deductible Health Plans (HDHP) (038546)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=91ada5ca-68dd-4fcf-a6a4-a13b33923759) and [Health Insurance Exchange Marketplaces (078381)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=32f9e836-6dfa-435b-931c-2b6bc62745c4)    Medical and Pharmacy Claims can be adjusted or reversed. This can cause a perceived error in accumulations. If no claims have been reversed or adjusted, refer to [PeopleSafe - Corrections to Deductible, MOOP and MAB (CDH Accumulations Task) (006603)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0bb85a30-90e4-4d8d-beb4-3e090d3e9a94).  Medical claims information for some clients are displayed, including the date of service and if it was a claim or adjustment. Follow the [HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce) guidelines before releasing information.    **Example:** If POS is listed below the delivery system column and under the account class deductible, this means that only POS claims apply to the deductible. No deductible exists for the other delivery systems.  Click the **Delivery System** hyperlink to display a pop-up that indicated the limit (amount).   * **INN - In Network:** A retail pharmacy, mail-order pharmacy, or specialty pharmacy that has entered into an agreement with us to provide prescription drugs or specialty pharmacy medications to Enrollees. * **OON - Out of Network:** Means that a pharmacy, doctor, or physician does not have a contract with your health insurance plan provider. This can sometimes result in higher prices. Some health plans, such as an HMO plan, will not cover care from **out-of-network** providers at all, except in an emergency.      * **MOR - Mail Order:** A pharmacy that fills prescriptions for members via mail delivery. * **POS - Point of Sale:** Refer to retail location transactions. * **PCL - Paper Claim:** Drug reimbursement claims filed via paper (usually filed by the member). * If the specific limit amounts does not display on the Account Balance screen, click the **Delivery System** hyperlink next to the accumulator in question to view the limit amounts.   A screenshot of a computer  AI-generated content may be incorrect.  **Example:** Displays two different deductible scenarios.   * The first highlighted entry identifies accumulations pertaining to MOR (Mail Order), POS (Point Of Sale),and PCL (Paper Claims)that are INN(In Network). * The second highlighted entry identifies OON (Out Of Network) Deductible for Paper Claims (PCL)   A screenshot of a data  AI-generated content may be incorrect.  **Example:** Displays two different OOP-IN-DED (Out Of Pocket In Deductible) scenarios.     * The first highlighted entry identifies accumulations pertaining to MOR (Mail Order), POS (Point Of Sale),and PCL (Paper Claims)that are INN(In Network). * The second highlighted entry identifies PCL (Paper Claims) that are OON(Out Of Network).   A screenshot of a computer  AI-generated content may be incorrect.  **Example:** Displays adjustments made to an Integrated Plan. |
| **6** | View additional information as needed by using the buttons as illustrated below located at the bottom of the screen.  **RxClaim buttons available:**  A close-up of a button  AI-generated content may be incorrect.   * **View Balance Details:** Provides the complete list of claims for an Accumulation period. * **View Comments:** Moves to the View Comments screen to view comments that have been entered or RM tasks sent. * **View Account Class Details:** Provides basis code details for when the benefits take effect for the accumulator selected under Account Balance Summary. If there is a LIFETIMEMAX, it displays under the Accumulation Period column as well as under the View Account Class Details button.   Callers who have been provided specific permissions to view PHI for other members on the account are entitled to additional information concerning Family-Level accumulators for that individual only.  **Example:** Via Power of Attorney.  **Delivery System Column:** If a delivery system is listed in this column, this means that accumulator applies to that delivery system.  **Note:** There will be a hyperlink in this column if the MAB applies to a class of medications. Click on the hyperlink to reveal the class of medications that have a MAB. To view the basis code information which indicates how the accumulator must be met, click on the View Account Class Details button. The View Account Class Details will also show is there is a lifetime maximum allowable benefit and which drug class is applicable. Refer to [Table of Basis Code-Long Description](#FigureA) for a list of codes and descriptions.  A screenshot of a computer  AI-generated content may be incorrect.    Maximum Allowed Benefit (MAB) is plan specific, please review the CIF for details regarding drug class or amount totals.    **RxClaim Example:** |

A screenshot of a document

AI-generated content may be incorrect.

**Table of Basis Code-Long Description**

[Top of the Document](#_top)

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| **Questions and Answers** |

Refer to as needed:

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| **Questions/Statement** | **Answer/Resolution** |
| **What is my deductible/OOP?** | I can provide what your individual total is and any specifics about that or the family level and how much. |
| **How much has my spouse/adult dependent accumulated?** | I can only provide specifics about what you have met and general info on family level but no specifics about another member on the plan. |
| **Third party calls (Example: Benefit Verification Specialist) asks what the accumulators are.** | Provide the total (because that is not PHI) but not how much has been accumulated. |
| **What makes up my deductible, OOP, MAB?** | Any amounts paid for Rx expenses that went through your insurance coverage (and medical for some plans as well, review the CIF). |
| **What happens when deductible is met?** | Plan coverage kicks in where you will begin to pay your copay/coinsurance. (Review the CIF for exceptions and plan specific details.) |
| **Why are some of my prescriptions not going toward my deductible?** | In some cases, some plans have a preventative drug list, which medications on that list would bypass deductible and apply to MOOP. Refer to the CIF. |
| **What happens once OOP is met?** | Most plans will then cover at 100% for covered medications (Exceptions apply, review the CIF for plan specific details). |
| **What happens once MAB is met?** | Most plans will then no longer cover under the plan’s specific copay/coinsurance schedule (Exceptions apply, review the CIF for plan specific details). |
| **When do the accumulators reset?** | This depends on the member’s plan. The accumulators will reset on the first day of the following plan year. For example, if the member’s plan runs on a calendar year (January 1st to December 31st),the accumulators will reset January 1st the following plan year. If the plan runs on a rolling year (example: June 1st to May 31st),the accumulators will reset on June 1st the following plan year). |

[Top of the Document](#_top)

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| **Related Documents** |

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

[HIPAA (Health Insurance Portability and Accountability Act) Grid – CVS (028920)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=5b354e50-0d15-42d0-b9c2-0711ea02d9ce)

[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), [CALL-0011 – Authenticating Callers](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0011)

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| **Abbreviation** | **Definition** |
| **INN** | In Network: A retail pharmacy, mail-order pharmacy, or specialty pharmacy that has entered into an agreement with us to provide prescription drugs or specialty pharmacy medications to Enrollees. |
| **MOR** | **Mail Order:** A pharmacy that fills prescriptions for members via mail delivery. |
| **OON** | **Out of Network:** Means that a pharmacy, doctor, or physician does not have a contract with your health insurance plan provider. This can sometimes result in higher prices. Some health plans, such as an HMO plan, will not cover care from **out-of-network** providers at all, except in an emergency. |
| **OOP** | **Out of Pocket**- An amount of money paid by the member or amount not covered by the insurance, which is considered the member’s responsibility, |
| **PCL** | **Paper Claim:** Drug reimbursement claims filed via paper (usually filed by the member). |
| **POS** | **Point of Sale:** Refers to retail location transactions. |

[Top of the Document](#_top)

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