

Module Title: Pharmacy Benefit Denials: a MSR training module

Target Audience:

Member Service Representatives (MSR), current and onboarding

Demographics:

- Entry-level to mid-level professionals
- Varied experience
- Tech savvy
- Diverse in age and culture, but most learners are ages 20-40
- Majority are female

Learning Objectives:

Terminal LOs:

1. MSR will assist members with denials that require a follow up with a provider.
2. MSR will assist members with denials that require a follow up with a pharmacy.
3. MSR will educate the members as needed about their benefit plans.
4. MSR will assist members who have denials that do not have a resolution within the member's HPBS benefit plan in finding alternative resources if needed.

Enabling LOs:

1. List denials that require a follow up with a provider.
2. List denials that require a follow up with the pharmacy.
3. List denials that require further member education.
4. List alternative resources and how to access them.

Seat Time: This course will take between 11 and 15 minutes.

Outline:

- Introduction
- Denials That Require a Follow-Up with a Provider
- Denials That Require a Follow-Up with the Pharmacy
- Denials That Require Member Education
- Finding Alternative Resources for Members
- Final Graded Quiz
- Course Summary and Congratulations

Font: Rise course font; Headings: 32, Text: 17

Color Palette: Navy and white #164A83 and #FFFFFF



Global Comments:

- There are realistic photos to support each topic.
- The continue button at the bottom of each section is navy blue with white writing.
- The background is white unless otherwise stated.

Directions

Please review all fields. To leave feedback, please add a comment or track suggestions within the document text. Please ensure that your comments provide actionable feedback that can be implemented, aiming to ensure that the module is comprehensive and accurate.

Landing Page		
Visual / Display:	Slide Text:	Animation / Interaction:
No images	[text] This course equips Member Service Representatives (MSRs) with essential skills to assist members facing pharmacy benefit denials. Participants will learn to identify common denial scenarios, collaborate with providers and pharmacies, and educate members about their benefit plans. The course covers strategies for guiding members to alternative resources, such as assistance programs and savings options, when standard resolutions are unavailable. By the end, learners will confidently navigate complex denial cases, enhance member satisfaction, and improve one-call resolution	"Start Course" button opens the course

	rates. Please click "start course" to begin.	
Notes:		

Course Introduction		
Visual / Display:	Slide Text:	Animation / Interaction:
After the opening sentence, there is a picture of a woman wearing a headset, working on a computer.	[Opening sentence] Your role is the bridge between members and their healthcare solutions. By resolving pharmacy benefit denials effectively, you ensure members receive the care they need while enhancing their trust in our services. [After the picture] By the end of this training module, you will be able to: 1. Assist with denials that require provider follow up. 2. Resolve claim issues in the pharmacy. 3. Educate on benefit plans. 4. Recommend alternative resources.	Continue button at the bottom of the page leading to the next section

Notes:

Denials That Require a Follow-Up with a Provider		L.O. #1
Visual / Display:	Slide Text:	Animation / Interaction:
Under the title: Picture of a doctor or a nurse talking on the phone	[text] Resolving Provider Follow-Ups Some pharmacy benefit denials require follow-up with the prescribing provider to resolve the issue effectively. These often involve prior authorization, step therapy, or quantity limit requirements. Collaborating with the provider ensures the necessary adjustments are completed promptly. Offer to call the provider while the member is on the line to streamline the process. This increases the likelihood of resolving the issue in one call, enhancing member satisfaction.	
The accordion interactive is white with a navy blue background	[Directions for the interactive] Click the + to learn more about common denials that require a follow up with the provider: [Accordion Interactive: Text on the tab is in bold, and the text for inside each tab is below] Non-Formulary Drug Denials	Accordion interaction for each of the types of denials

	Non-formulary drug denials occur when a medication is not included in the plan's formulary. Providers may change the prescription to alternative medications that are covered or submit an appeal to justify the necessity of the prescribed drug. In some cases, the medication may technically be on the formulary but has been repackaged by an unapproved manufacturer, leading to a denial. In this case, the MSR should assist the member in calling the pharmacy to verify the manufacturer and change the medication to an approved manufacturer. Step Therapy Requirements Step therapy requirements mandate that patients try a preferred drug before moving to other options. Providers must either request an exception if the preferred drug is not suitable or adjust the prescription as needed. To proceed, prescribers should determine the next steps and ensure all necessary documentation is submitted to support the exception request if applicable. This process helps justify the need for bypassing the step therapy protocol. Prior Authorization Requests Prior authorization requests require providers to demonstrate the medical necessity of certain medications. This involves submitting detailed documentation to the insurance	
--	---	--

	plan for review and approval. Providers should ensure that all required forms and supporting evidence are complete and accurate to avoid delays. This step is crucial for obtaining timely approval for the prescribed medication. Quantity Limit Overrides Quantity limit overrides are needed when the prescribed dosage exceeds the plan's allowable limits. Providers can request an override by providing proper justification for the higher dosage. Alternative approaches include splitting doses or adjusting the frequency of administration. If these options are not viable, members may choose to pay out of pocket for the excess amount or explore alternative resources for assistance. Exclusion of Drug Class Some drug classes, such as weight loss or cosmetic medications, are excluded from coverage by many plans. Providers can explore alternative prescriptions that are included in the formulary or submit an appeal for coverage. If no alternatives are available, providers should consult the plan's guidelines and consider submitting a detailed appeal. Alternative resources may also be helpful in addressing the patient's needs if an appeal is denied.	
--	--	--

	Appeal a Denial When a denial occurs, providers have the option to appeal by submitting supporting medical documentation. This documentation should clearly justify the necessity of the prescribed medication. If the provider or member decides to proceed with an appeal, they can contact the appeals department for assistance. Warm transferring the member or provider to the appropriate department ensures a smoother process.	
Each self-check question has a picture: • [Question 1] a doctor signing a document • [Question 2] a pharmacist counseling a patient	[Question 1] What is the most effective way for a member service representative to assist a member with a prior authorization request? Choose the best answer. • Advise the member to contact the provider directly to handle the prior authorization request. • Offer to call the provider with the member on the line to ensure the necessary documentation is submitted. • Tell the member to submit the required documentation themselves to expedite the process. • Explain the prior authorization process to the member and provide them	Multiple choice self-check questions (not a part of the final quiz grade) Feedback for each question: [Question 1, feedback in choices in order] [feedback by choice, reveal correct answer, and unlimited retries] • While the provider is responsible for submitting the request, the member service representative should actively assist in facilitating the process to ensure a smoother experience for the member. Please try again. • Good job! By offering to call the provider with the member, the representative can help clarify the next steps and ensure the process moves forward efficiently.er experience for the member. • The provider is responsible for

	with a checklist of required steps. [Question 2] What is the best course of action when a prescribed medication exceeds the plan's quantity limit? Choose the best answer. • Advise the member to pay out of pocket for the excess amount without involving the provider. • Suggest calling the provider with the member on the line to submit a quantity limit override request with proper justification. • Suggest calling the provider with the member on the line to submit a quantity limit override request with proper justification. • Inform the member that the medication cannot be covered due to the plan's restrictions without contacting the provider.	submitting the necessary documentation, and the representative should assist in coordinating this effort rather than placing the burden on the member. Please try again. • While providing information is helpful, the representative should take a more active role in assisting the member to ensure the process is completed efficiently. Please try again. [Question 2, feedback in choices in order] [feedback by choice, reveal correct answer, and unlimited retries] • While paying out of pocket is an option, it is not the best first step. Providers can often request an override or explore alternative solutions, and involving the provider can streamline the process and improve the experience for the member. Please try again. • This is the best course of action as it ensures the provider can justify the higher dosage and potentially get approval from the plan, while also clarifying next steps for the member. • Although this may be a viable option in some cases, it is unsafe to change a dosage without consulting the provider. Please try again. • This may not be accurate as there could be steps that can be taken to address the denial, such as submitting an override request or exploring alternatives, which often require
--	---	---

		provider involvement. Please try again. Continue button at the bottom of the page leading to the next section
Notes:		

Denials That Require a Follow-Up with the Pharmacy		L.O. #2
Visual / Display:	Slide Text:	Animation / Interaction:
Background for flashcard interactive: image of a pharmacy	[text] Pharmacy Follow-Up Denials Pharmacy benefit denials often require follow-up with the pharmacy to resolve issues like claim errors, incorrect information, or stock shortages. Prompt action ensures members receive their medications without delays. Offer to contact the pharmacy with the member on the line to clarify the denial and take immediate action, such as correcting claim details. This approach enhances satisfaction and speeds up resolutions. Please click on the flashcards below for more information about denials that require a follow-up with the pharmacy. [Flash card interactive]	Flashcard Interaction for the information

	[Card 1 front] Out of Network Pharmacy [Card 1 back] Locate a pharmacy that is in-network and near the member. You can work with the member to request an exception if member has limited access. [Card 2 front] Addressing Stock Issues [Card 2 back] Verify with the pharmacy about the availability of the medication or suggest alternative pharmacies that may have the stock. Please note that specialty medications require specialty pharmacies. [Card 3 front] Correcting Patient Information [Card 3 back] Call the pharmacy with the member to ensure the patient's details are accurate in the system and resubmit the claim with the corrected information. [Card 4 front] Fixing Claim Processing Errors [Card 4 back] Call the pharmacy with the member to identify the error in the claim, correct it, and resubmit it. Errors may include invalid NDC	
--	--	--

	code, incorrect quantity, or incorrect dosage. [Card 5 front] Updating Expired Insurance Coverage [Card 5 back] Verify updated insurance details with the member and call the pharmacy with the member in order to resubmit the claim with the current coverage information.	
The background of the matching activity is navy blue, and the matching cards are white.	[Matching knowledge check] [Choice] Out of Network Pharmacy [Match] Locate an in-network pharmacy or apply for an exception if the member has limited access [Choice] Out of Stock [Match] Call the pharmacy with the member to see when the medication will be in stock. Assist in locating an alternative pharmacy if needed. [Choice] Incorrect patient information [Match]	Matching question Feedback for the matching question: [Correct] Nice work! Now let's learn about member education. [Incorrect] If there are stock issues, verify with the pharmacy about the availability of the medication. Further concerns about stock issues may be resolved by finding alternative pharmacies or specialty pharmacies. If the patient information is incorrect, assist the member in calling the pharmacy to correct the pertinent details with the pharmacy. If there is a claim processing error, call the pharmacy to correct the error in the claim. This may include invalid NDC codes, incorrect quantities, or incorrect dosages. If a pharmacy denies a claim because of expired insurance coverage, please assist the

	Call the pharmacy with the member to ensure the patient profile is corrected. As the pharmacy to process the claim again. [Choice] Claim Processing Error [Match] Call the pharmacy with the member to check the NDC code, dosage, and frequency of the medication. Correct as needed. [Choice] Expired Insurance coverage [Match] Call the pharmacy with the member in order to update insurance details. Ask the pharmacy to process the claim again with the updated insurance information. [Matching Question] Match the denial with its correct resolution. [Choice] Out of Network Pharmacy [Match] Locate an in-network pharmacy or apply for an exception if the member has limited access [Choice]	member in verifying the correct insurance details and correcting it with the pharmacy. You can review the flash cards, and please try again. [Settings for the matching question] Reveal correct answer Unlimited retries Freeze matches
--	---	--

	Out of Stock [Match] Call the pharmacy with the member to see when the medication will be in stock. Assist in locating an alternative pharmacy if needed. [Choice] Incorrect patient information [Match] Call the pharmacy with the member to ensure the patient profile is corrected. As the pharmacy to process the claim again. [Choice] Claim Processing Error [Match] Call the pharmacy with the member to check the NDC code, dosage, and frequency of the medication. Correct as needed. [Choice] Expired Insurance coverage [Match] Call the pharmacy with the member in order to update insurance details. Ask the pharmacy to process the claim again with the updated insurance information.	Continue button at the bottom of the page leading to the next section
Notes:		

Denials that Require Member Education		LO #3
Visual / Display:	Slide Text:	Animation / Interaction:
[tab interaction] • An image of a clock on the “refill too soon” tab • An image of a pharmacy for the “out of network” tab • An image of a computer on a desk for the “high deductible plans” tab • An image of a hand holding a pill for the “non-formulary drugs” tab	[text] Educating Members on Pharmacy Denials Pharmacy denials often result from plan rules, such as 'refill too soon,' out-of-network pharmacies, high deductibles, or non-formulary drugs. Educating members on these issues helps them understand restrictions, locate in-network pharmacies, or explore covered alternatives. Clear guidance empowers members to navigate their benefits and resolve issues effectively. Click on each tab below for more information. [tab interaction, 4 total tabs] Refill Too Soon Refill restrictions can prevent members from obtaining their medications before the allowed time frame. This is especially common with controlled substances, which have stricter regulations. Educate members that for controlled substances or early refill attempts, they may only be able to refill a smaller amount at a time. If a member is running out of their prescription and needs more, advise them to contact their provider for a new prescription. This ensures compliance with regulations while addressing the member's needs.	[tab interaction, 4 total tabs]

Out-of-Network

Some insurance plans require members to use in-network pharmacies to receive coverage for their prescriptions. If a pharmacy is out-of-network, refer the member to an in-network pharmacy near their location.

For specialty or limited distribution drugs, confirm the approved pharmacy using the internal LDD list and guide the member to the appropriate pharmacy to ensure access to their medication.

High Deductible Plans

Members with high deductible health plans (HDHPs) may face high out-of-pocket costs until their deductible is met. This can lead to confusion about medication coverage.

Educate members about their HDHP benefits, explaining that medication costs contribute to meeting their deductible. Use tools like the accumulator screen to clarify how much remains to meet their deductible and out-of-pocket limits.

Non-Formulary Drugs

Non-formulary drugs, which are not considered medically necessary, may not be covered under many plans. Members must decide whether to pay out-of-pocket or explore formulary alternatives with their provider.

Provide members information about formulary options and assist them in calling their provider if needed. This ensures members are informed about their options and can make decisions that align with their needs and coverage. If there are no other formulary options, please see alternative resources for

[scenario interaction] The character is Nora, and she is standing in her living room. The background is blurred throughout the scene. Her character is shown throughout the scene. Scene 1.1: • Neutral pose Scene 1.2 • Asking pose • Neutral pose Scene 1.3 • Worried pose • (01) Alarmed pose • (02) Confused pose	further support. [Scenario Interaction] [Scene 1.1] Call with Nora, a verified member Nora has been verified in the system, and you have access to her claims. [Scene 1.2] Hi, I just picked up my prescription for Vaniqa, and I was shocked at the price. The pharmacy told me it's not covered. Can you tell me why? {Responses} I'd be happy to look into that for you. {Feedback} Thank you. [Scene 1.3] Why was my medication not covered? {Responses} (01) Vaniqa is a non-formulary medication, which means it is not included in your plan's covered drug list. {Feedback} Oh no. (02) Vaniqa is a non-formulary medication, which means you cannot take this medication. {Feedback} I already paid for it out of pocket, and I didn't	[Scenario Interaction] [Scene 1.1] • Go to: Next in Scene [Scene 1.2] {Responses} (01) Go to : Next in Scene [Scene 1.3] {Responses} (01) Go to: Next in Scene (02) Try again
--	---	--

[Scene 1.6] • Disappointed pose • (01) Happy pose • (02) Confused pose	insurance. {Feedback} I thought that non-formulary drugs would not go to my out of pocket maximum? [Scene 1.6] That's frustrating. My doctor prescribed it to help with unwanted facial hair, and I thought it would be covered. {Responses} (01) I understand your concern. While Vaniqa isn't covered, I could help you find other resources to help pay for it. Would you like that? {Feedback} Thank you. (02) I understand your concern. While Vaniqa isn't covered, you could call the pharmacy to see if there are other covered options. {Feedback} I didn't think a pharmacy could change my prescription?	[Scene 1.6] {Responses} (01) Go to: End Scenario (02) Try again Continue button at the bottom of the page leading to the next section
Notes:		

Finding Alternative Resources for Members		LO #4
Visual / Display:	Slide Text:	Animation / Interaction:
Numbers in the numbered list are inside navy blue circles.	Alternative Medication Resources When members face medication denials or high costs, alternative resources can help. Patient assistance programs like NeedyMeds and RxAssist offer support based on income and insurance status. Prescription discount cards, such as GoodRx and SingleCare, can reduce costs, while state and federal programs like BenefitsCheckUp.org and Medicaid provide additional aid. Manufacturer copay programs and charities like the HealthWell Foundation also offer financial assistance, ensuring members can access necessary medications affordably. [Numbered List] Patient Assistance Programs: These programs provide support based on income and insurance status, helping individuals access necessary medications at reduced or no cost. NeedyMeds and RxAssist are available to those who qualify for assistance; links are available at the end of this course. Prescription Discount Cards: Discount cards and coupons can significantly lower medication costs. Popular options include GoodRx, SingleCare, and Optum Perks, which requires Optum as the PBM. Medicaid and Medicare Extra Help: These government programs assist eligible individuals with medication costs. Applications for Extra Help can be submitted through the website, which	

	is found at the end of this course. 4. Community Health Centers and Charities: Organizations like the HealthWell Foundation and Patient Advocate Foundation offer financial assistance and resources for those in need. 5. State and Local Programs: State and local assistance programs provide tailored support for residents. Use tools like benefits checkup to identify programs available in your area. 6. Manufacturer Copay and Savings Programs: Many drug manufacturers offer copay cards and savings programs through their websites, reducing out-of-pocket costs for brand-name medications.	
Navy blue heading	Sort the following scenarios into the appropriate solution:	
A white painted brick wall is the background for the sorting activity. Sorting cards are white with a blue strip across the top.	[Category • with items] Member Education • Why is my Xyrem so expensive? I have a HDHP. • Why is my Ozempic not covered for weight loss? • Why can't my Kymriah be picked up at my local Walgreens? Offer Alternative Resources • Are there any ways to help cover the	[Sorting Activity]

	cost of an EpiPen? • Wegovy has been very helpful to me, but it's so expensive. How can I cut costs? • My insulin is too expensive, even with insurance. What can I do? Follow Up with the Pharmacy • My Enbrel was denied because of a claim processing error. Can you help? • My pharmacy told me that my health insurance has expired, but that's not true. • My amoxicillin was denied because it wasn't formulary. Something must be wrong!	Continue to the Quiz button at the bottom of the page leading to the next section
Notes:		

Final Graded Quiz		
Visual / Display:	Slide Text:	Animation / Interaction:
Correct answer color: Navy blue #164A83 Incorrect answer color: Red #D84738	You're almost done! This final quiz will assess your understanding of the key concepts covered in this module. The quiz consists of 5 multiple-choice questions. You must score at least 80% to pass. Take your time, and feel free to review the material before starting. When you're ready, click 'Start Quiz' to begin! For each question, assume you have verified and located the member in the system.	Unlimited retries No timer Passing Score: 80% Randomize question order: on Shuffle answer choices: on Reveal all answers after submitting each question

[Question 1] A woman talking on her cell phone	[Question 1] A member calls your line and says, "My new Trulicity 1.5 mg prescription was denied by my insurance because of 'step therapy.' I don't understand what that means. Can you explain?" What is the best response? • Thank you for reaching out to us. I can see that your denial was due to a step therapy requirement. This means that you are required to take Ozempic 0.5 mg first before you can take Trulicity 1.5 mg. Would you like for me to call the pharmacy with you on the line so they can adjust the medication? • Thank you for reaching out to us. I can see that your denial was due to a step therapy requirement. This means that you are required to try taking a lower cost medication before you take Trulicity. You will need to pay out of pocket until you can get this resolved. Would you like some help in getting assistance for paying out of pocket? • Thank you for reaching out to us. I can see that your denial was due to a step therapy requirement. This means that your plan requires you to try a lower cost or preferred alternative before it will cover Trulicity. You will need to call your doctor to let them know that he needs to change your prescription. • Thank you for reaching out to us. I can see that your denial was due to a step therapy requirement. This means that your plan requires you to try a lower cost or preferred alternative before covering Trulicity. Would you like for me to call your doctor with you on the line so that we can get this sorted out	[Question 1] [Feedback by correct/incorrect] • [Correct] Correct! Step therapy requires trying a lower-cost or preferred alternative before the insurance will cover the prescribed medication. Offering to assist the member in contacting the doctor or pharmacy ensures resolution and improves member satisfaction. • [Incorrect] Incorrect. The correct response involves explaining step therapy and offering to assist the member in contacting their doctor or pharmacy to resolve the issue. This approach ensures clarity and member satisfaction.
--	---	---

	together?	
[Question 2] A woman is angrily talking on a phone (on speaker phone)	[Question 2] A member calls your line upset, stating, 'My prescription for Wegovy 2.4 mg isn't covered at the pharmacy, and it costs over \$1000! This medication is crucial for my health, and I can't afford it. What should I do?' What is the best response? • I am so sorry that you are upset. Unfortunately, your plan does not cover weight loss medications, including Wegovy. You could check with the manufacturer to see if there is a savings program, or you could check with your doctor to see if there is a less expensive alternative. Would you like for me to call your doctor with you on the line? • I am so sorry that you are upset. Unfortunately, your plan does not cover weight loss medications, including Wegovy. You will need to call your doctor for a different medication that does not cost as much. • I am so sorry that you are upset. Unfortunately, your plan does not cover weight loss medications, including Wegovy. You cannot take this medication if you cannot afford it. Can you pay out of pocket for this medication? • I am so sorry that you are upset. Unfortunately, your plan does not cover weight loss medications, including Wegovy. Would you like for me to call the pharmacy with you on the line so we can get this medication changed to	[Question 2] [Feedback by answer] • This is correct. The provider is the only person who can change the prescription to a less expensive option. Offering to call the doctor with the member on the line increases member satisfaction and provides a clear path to resolution. • This is incorrect. Always offer to call the doctor with the member on the line. This approach increases one-call resolutions and member satisfaction. • This is incorrect. You cannot advise a member about whether or not to take medication. That decision is between the member and the provider. • This is incorrect. The pharmacy cannot change a prescription; only the provider can change to a less expensive option unless there is a generic equivalent?

[Question 3] A picture of a man with an inhaler	a less expensive option? [Question 3] A member calls and says, 'My albuterol inhaler was denied at the pharmacy. The pharmacy tech told me it's not on the formulary, but this medication is medically necessary and has always been on the formulary before. What should I do?' How would you advise this member? • Albuterol is a very common medication, but it is not on your formulary. Would you like for me to contact your doctor to find another therapeutic medication? • Albuterol is a very common medication, and it is in your formulary. Would you like for me to call the pharmacy with you so we can help understand why they are saying the medication is not on the formulary? • Albuterol is a very common medication, but this medication is not on your formulary. Would you like for me to help you get set up with some alternative assistance? • Albuterol is a very common medication, but this medication is not on your formulary. Because this is not, your prescriber can submit an appeal. Would you like for me to transfer you to the appeals department?	[Question 3] [Feedback by answer] • This response is incorrect because the medication is on the formulary, and the issue likely lies with the pharmacy's processing of the claim. • This response is correct because it addresses the issue directly by contacting the pharmacy to resolve the claim processing error. • This response is incorrect because the medication is on the formulary, and alternative assistance is not necessary in this case. • This response is incorrect because the medication is on the formulary, and an appeal is not required.
[Question 4] A picture of a man looking out the window,	[Question 4] A member calls and says, "My Xarelto cost \$478 at the pharmacy. I thought my insurance was	[Question 4]

talking on the phone [Question 5] A picture of a woman talking on the phone	supposed to cover this medication. Why isn't it covered?" Choose the best response. • I'm so sorry for the confusion. I can see that the claim is processing and that your Xarelto is covered. Would you like for me to call the pharmacy with you on the line so we can find the mistake? \$478 is more than you should be paying for this medication; most copays are around \$50. • I'm so sorry for the confusion. I can see that the claim is processing and that your Xarelto is covered. Would you like for me to call the doctor to see if there are any less expensive alternatives for you? • I'm so sorry for the confusion. I can see that the claim is processing and that your Xarelto is covered. This drug is considered not medically necessary, so you will need to pay for the entire cost out of pocket. Would you like for me to help you find some less expensive options? • I'm sorry for the confusion. I can see that the claim is processing and that your Xarelto is covered. I also see that you have a high deductible health plan, which means that you are responsible for the full cost until you meet your deductible. After you meet your \$2000 deductible, you will only need to pay 20% of the cost. Would you like me to explain how your deductible works? [Question 5] A member calls your line and says, "My Farxiga 10 mg was denied at the pharmacy because it	[Feedback by answer] • This response assumes a mistake without verifying the member's plan details. Always check for a high deductible health plan when there is an unexpectedly high cost for a medication. • This may be appropriate after educating the member on their high deductible health plan and how it works. • This drug is medically necessary for many members, and it is on many formularies. Always check if the member has a high deductible health plan before recommending less expensive options. • Some members may be shocked at the price for medications if they have recently switched to a high deductible plan or if they have a more expensive new medication. Educating the member about their plan and offering options like alternative resources, mail-order pharmacies, or generic medications can help. [Question 5]
--	---	--

while looking at her computer	was considered out of network. I've used this pharmacy before without any issues. Why is this pharmacy now considered out of network, and what can I do about it?" Choose the best response. • I'm sorry to hear that your claim was denied. I see that your denial was due to the pharmacy being out of network for your prescription coverage. Your plan requires you to use an in-network pharmacy to receive coverage. There were changes to your pharmacy network as of January 1. Would you like to pay out of pocket and request reimbursement? • I'm sorry to hear that your claim was denied. I see that your denial was due to the pharmacy being out of network for your prescription coverage. Your plan requires you to use an in-network pharmacy to receive coverage. There were changes to your pharmacy network as of January 1. Would you like to find another pharmacy that is in-network and close to you? • I'm sorry to hear that your claim was denied. I see that your denial was due to the pharmacy being out of network for your prescription coverage. Your plan requires you to use an in-network pharmacy to receive coverage. There were changes to your coverage as of January 1. Would you like to apply for an out-of-network exception? • I'm sorry to hear that your claim was denied. I see that your denial was due to the pharmacy being out of network for your prescription coverage. Your plan requires you to use an in-network pharmacy to receive coverage. There were changes to your coverage as of	[Feedback by answer] • Before you recommend paying out of pocket, see if there are other local options for an in-network pharmacy. • Many plans will have changes as of January 1. If a member complains that they have always used that pharmacy, medication, etc., it may be due to changes at the new year. After you find an in-network pharmacy that is relatively conveniently located for the member, ask if the member would like to stay on the line so you can help get the prescription transferred to the new pharmacy. • Before you recommend applying for an exception, make sure to see if there are any local, in-network options for the member. • Updating insurance information will not help this member; they need to know their in-network pharmacy options.
--------------------------------------	---	--

	January 1. Would you like for me to call the pharmacy so you can update your insurance information with them?	
Notes:		

Course Summary and Congratulations		
Visual / Display:	Slide Text:	Animation / Interaction:
A person sitting at their computer, smiling [Numbered List] Numbers are inside blue circles	Congratulations and Key Takeaways Congratulations on completing the Pharmacy Benefit Denials training module! Your dedication to mastering these skills will greatly enhance your ability to assist members effectively and efficiently. Now that you completed this course, you should be able to fluently do each of the following: [Numbered List] 1. Assist members with denials requiring follow-ups with providers. 2. Assist members with denials requiring follow-ups with pharmacies. 3. Educate members about their benefit	[Numbered List]

	plans. 4. Guide members toward alternative resources when necessary. Thank you for helping our members receive the best and most efficient care. Your hard work helps keep everyone healthy and happy.	
Navy blue subheading	Additional Resources for Members	
[Numbered List] Numbers are inside navy blue circles	[Numbered List] 1. Discount Programs: Explore options like NeedyMeds (www.needymeds.org) and GoodRx (www.goodrx.com) to find discounts on medications. 2. Medicaid and Medicare Extra Help: Apply for assistance programs through the Social Security Administration at ssa.gov. 3. Community Health Centers and Charities: Seek support from local health centers and charitable organizations for affordable healthcare options. 4. State and Local Programs: Investigate programs in your state or locality that provide healthcare and medication assistance. 5. Manufacturer Copay and Savings Programs: Visit the manufacturer's website to learn about copay and savings programs they may offer.	[Numbered List] 1. Link to the website is included: (www.needymeds.org), (www.goodrx.com) 2. Link to the website is included: ssa.gov. 3. No links included 4. No links included 5. No links included
Notes:		

